

Value & Flex Systematic Transfer Plan Enrolment Form (Please fill in BLOCK Letters)

APPLICATION NO.

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder Applicable only if ARN is mentioned but EUIN box is left blank. "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person				
ARN-257030		of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned: "I/ We hereby give you my/our consent to share/provide the transactions data feed/oortfolic				
Sub-broker ARN	Representative EUIN	holdings/ NAV etc. in respect of my/oúr investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered InvestmentAdviser/SEBI Registered Portfolio Manager whose code is mentioned herein."				
	E 479794					
For office use only		Sole / First Unit Holder	Second Unit Holder	Third Unit Holder		
INVESTOR DETAILS (To be filled in Block Letters. Please provide the following details in full. Please refer instructions)						
My Name						

Scheme Name/Plan/Option

© STP DETAILS							
Type of STP (Please ✓ th		Value STP Flex STP (Value STP & Flex STP is available only in Growth option in target schemes)					
STP Freque Period	ency & Enrolment	Weekly (Please ✓) Monthly Quarterly Mon Tue Wed Thu Fri					
STP Date		D D M M Y Y Y	STP To* D D M Y Y Y *In case no end date is mentioned, the default time period taken will be 5 years.				
STP Installı	nent Amount (Rs.)						
Scheme Details	Source (Scheme)						
		Plan (✓)					
	Target (Scheme)						
		Plan (✓)					

" Income Distribution cum capital withdrawal

DECLARATION

Mv Folio Number

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. I/We confirm that the hinds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gitts, directly or indirectly in making this investment and are not in contravention or evasion of any laws in force. [/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties) arc not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me to Authorised Parties including any of during any of minimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner; all / any of the information provided by me to Authorised Parties including any of during any of advising me/us of the same. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authoriz

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder