Application Form For Tata Mutual Fund

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

1. Advisor / Distributor Information

ΤΛΤΛ

mutual fund

| | | | | | | | | | | | | | 0,01 000. |
|---|---|--|---|--|-------------------------------|---|--|-----------------------------|-------------------------|-------------------------------|--|-----------------------------|--------------------------|
| ARN / RIA ^ Code | | Sub-Broke | r ARN Code | | Sub-Bro | oker / Bank B | ranch C | ode | EL | JIN Code | | | |
| ARN-2 | 57030 | | | | | | | | | | -47979 | | |
| Internal Code | | without any int provided by the | tion for "execution-only eraction or advice by t employee/relationship | ne employee/rela manager/sales p | tionship man person of the | ager/sales person (distributor and the | of the abov distributor | e distributo has not cha | or or notv arged any | vithstanding v advisory fe | the advice of in- es on this transa | appropria | ateness, if any, |
| In case the subscription amo other than First time mutual commission shall be paid dir ^ By mentioning RIA code, I / | ectly by the inves | stor to the AMF | I registered Distrik | utors based o | n the inves | tors' assessmer | nt of vario | us factor | s includ | ling the se | rvice rendered | d by the | distributor. |
| Sole / 1 st Appl Thumb I | icant Signatur mpression | | | 2 nd Applican Thumb Ir | | | | | | | nt Signatur Impression | | |
| 2. Applicant's In | formatio | n | | | | | | | | | Re | fer Se | c. A, C & |
| | with 1 st applic under the US | ant as a mino Securities Act | should be as men r. Any applicants of 1933 and corp ase C-KYC No. is r | should not be orations or o | a residen ther entiti | t of Canada or es organised u | a person nder the | who fall laws of t | ls withi the U.S. | n the defi . For Inve | nition of the stors New to | term "l | J.S. Person" |
| I st Applicant's Det | | | | | . , | | | Folio N | | | | | |
| The first applicant >> will be the primary | Mr. M | s M/s. | PAN / PEKRN | | | | C-KYC | 2 | | | | | |
| holder and all correspondence will be sent to him/her. Only the first holder | Name | | | | | | | | | | | | |
| can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4. | Date of Birth | | Y Y Y Y | In ca | se of Mir | nor: Proof of | - | | | | chool leavin | - | |
| Investors to ensure that PAN is linked to Aadhaar. | Mobile No. | IVI IVI 1 | T T T T | | | | | Passpor e belong f | - | | thers | | |
| | | | | | | | Spo | | | C | | | |
| Contact Barcon Decim | | | MPL/ TMF to ser | • | | | | • | | | | ole nu | mber. |
| Contact Person - Design POA / Proprietor / | | | vestors) / row | | ey (PUA) | / Flopfield | - | PEKRN | | | applicalit) | | |
| Guardian Details | Mr. | Ms. | | | | | | | | | | | |
| | Name | | | | | | | | | | | | |
| For Non Individual » | Entity Identif | ier (LEI) Nun | nber Mandatory | for Transac | tion Valu | e of INR 50 c | rore and | 1 above | | | | | |
| | | | | | | | | | | | | | |
| To be filled by ≫ Guardian | | | 10r Applicant Legal Guardi | | of Relatio h certifica | nship ate 🗌 School | leaving | certifica | ate 🗌 | Passport | Others | | |
| | Mobile No. | | | Date o | | | C | С-КҮС | | | | | |
| - | | | | DD | / M M | / Y Y Y | Y | | | | | | |
| Tax Status | 🗆 Resident I | ndividual | Sol | e Proprietors | shin | Body Cor | norate | | | Overse | as Citizen o | of Indi | <u> </u> |
| | NRI-Repat NRI-Non-R Minor - Re Minor - NF Person of | riation epatriation sident Indiv RI | ☐ Hin □ Par idual □ Cor □ Tru | du Undivide tnership npany st | d Family | Body Corp Limited Li Body of Ir Society / Non Profi | iability F ndividua Club t Organi | ls ization | hip | Foreig Qualifi Foreig | n National F ed Foreign n Portfolio I n Institutior | Resider Invest nvesto | nt in India :or or |
| 3. Contact Detai | ls | | | | | | | | | | | R | efer Sec. I |
| Mailing address is » | | | | | | | | | | | | | |
| required for initial communication. We | | | | | | | | | | | | | |
| will overwrite this address with the 1 st | | | | | | | | (| City | | | | |
| Applicants address as per the KRA | PIN | | | State | | | | (| Counti | ry | | | |
| records | Residence Ph | one (prefix | STD Code) | Office I | Phone (pi | efix STD Co | de) | | | | | | |
| | Email | | | | | | | 1 | | Extn belongs | to Self | | Parent |
| | | | nt have email a vsical copy of t | | | ual report or | abridg | ed sum | mary | thereof | Spouse | | Child No |
| % TATA | | | | | | | | | | | | | - > |
| nutual fund | | | | nowledgemer | | | | | | | | | |
| Received from Mr./Ms./M/s. | | | | | | PAN | | | | ₹ | :f: | | |
| for purchase in | | | | | | | | | Subj | ject to ver | ification and I | realisati | on. |

| Overseas address | | | |
|---|-------|----------|---------|
| Mandatory for Non- Resident Individuals and Overseas Investors in addition to the mailing address. | | | |
| | | | City |
| | State | ZIP Code | Country |

4. Investment Instrument Details

Refer Sec. E

Refer Sec. F & Product Labels

| The name of the » first applicant | Gross Amount (₹) (A) | DD Charges (₹) (if any) (B) | | Net Amount (₹) (Cheque / DD Amount) (A - B) | |
|--|----------------------|--------------------------------|----------|--|--|
| should be available on the investment | | | | | |
| Cheque. | Account Number | | A/c Type | Dated | |
| Cheque/ DD to be drawn in fayour | | | | D D / M M / Y Y Y | |
| of 'Name of the Scheme' | Drawn on Bank | | | Cheque / DD No. | |
| | Branch | | | Branch City | |

5. Investment Scheme Details

| Scheme Name » | |
|--|-------------------------------|
| Plan (select any one) ≫ | Regular Direct |
| Option » | |
| Sub Option » | |
| Div. Payout Option (select any one) » | IDCW Reinvestment IDCW Payout |

IDCW - Income Distribution cum Capital Withdrawal.

6. Bank Account Details

Refer Sec. G

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable).

| This must be an Indian account. The 1 st applicant should be a holder in this | Bank Name | | Brar | Branch | | |
|---|----------------|---------------|------|----------------------------|--|--|
| account. | Account number | | A/C | C type Savings Current NRO | | |
| | | | | NRNR NRE | | |
| | MICR | IFSC for RTGS | IFSO | C for NEFT | | |
| | Address | | | | | |
| | City | PIN | Stat | e | | |
| % | | | · | ≫₀ | | |
| Cheque Details | | | | Acknowledgement Slip | | |
| Cheque/DD No | dated | A/c. No | Bank | | | |
| C (1 (022) C202 7777 (M) 1 | | • • | | | | |

| Mode of Holding | Single | [| Joint | Any one or Survivor (E | Default) | | | |
|---|---|---|---|--|-------------------------|----------------------------------|--|--|
| II nd Applicant's Detai | ls | | | | | Investors | to ensure that PAN is | s linked to Aadhaar |
| Mr. Ms. | | | | Status | | PAN / PEK | RN | |
| | | | | 🗌 Resident Individual | NRI | | | |
| Name | | | | 1 | | | | |
| Mobile No. | | Mobile belon | gs to | Date of Birth | | С-КҮС | | |
| | | Self | Parent Child | | YY | | | |
| III rd Applicant's Deta | ils | | | 1 | | Investors | to ensure that PAN is | s linked to Aadhaar |
| Mr. Ms. | | | | Status | | PAN / PEK | RN | |
| | | | | Resident Individual | NRI | | | |
| Name | | | | | | | | |
| Mobile No. | | Mobile belon | J | Date of Birth | | C-KYC | | |
| | | Self | Parent Child | | YY | | | |
| 8. Know Your Ci | ustomer (| (KYC) Det | ails | | | | | Refer Sec. |
| CATEGORIES | | PLICANT (Inclu | 3 | SECOND APPLICAN | - | | THIRD AP | |
| Occupation >> | Public Sec Governme Profession Housewife | ent Sector | Retired Business Agriculturist Forex Dealer Student | Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specified) | Busin Agric Fore> | ess ulturist Dealer ent | Private Sector Servic Public Sector Servic Government Sector Professional Housewife Others (please spector) | e Business Agriculturist Forex Dealer Student |
| Gross Annual Income » | | | 1-5 Lacs | Below 1 Lac | □ 1-5 L | | Below 1 Lac | 1-5 Lacs |
| | □ 5-10 Lacs □ >25 Lacs- | | 10-25 Lacs | 5-10 Lacs >25 Lacs-1 crore | □ 10-2 □ >1 ci | | 5-10 Lacs >25 Lacs-1 crore | □ 10-25 Lacs □ >1 crore |
| | | . , | Non-individual) | Networth in | | | Networth in ≠ | |
| | | м м / Ү | | ₹ on DD/MM | | | ₹ D D / M M , | |
| | (not older than | • | | (not older than 1 year) | | | (not older than 1 year) | |
| Others » | · · · | cable Exposed Perso Politically Exp | | Not Applicable Politically Exposed Pe Related to Politically | | erson | Not Applicable Politically Exposed Related to Political | |
| Additional KYC De | | | | | | | | |
| For Non Individuals » only (Companies, Trust, Partnership etc.) | (if No, mand Non Individu Foreign Ex | atory to attach Ial investors in | the UBO declara volved/providing changer Service | diary of Listed Company of ation) g any of the mentioned se ces Gaming / Gamblin None of the above | ervices ig / Lottery | | | ′es 🗌 No |
| 9. Foreign Accou | | | | | | | | Refer Sec. |
| For Individuals | | PLICANT (inclu | | SECOND APPLICAN | | DIAN | THIRD APP | • |
| Country of Birth \gg | | | | | | | | |
| Place of Birth \gg | | | | | | | | |
| Nationality » | | ase specify) | U. S. | Indian Others (Please specify) | 🗌 U. S. | [| Indian Others (Please specify | U. S. |
| Type of address given at KRA \gg | | l or Business | Residential Business | Residential or Busines | | ential | Residential or Busine Registered Office | |
| Ann ann alas a maidemt in a | | | | | _ | | | |
| Are you also a resident in \gg | No No | L | Yes | No No | Yes | | | |
| any other country(ies) for tax purposes? | | ete section bel | | No | ☐ Yes | | | |
| any other country(ies) for tax | | | | No | L Yes | | | |
| any other country(ies) for tax purposes? | | | | □ No | U Yes | | | |
| any other country(ies) for tax purposes? Country of Tax Residency 1 >> | | | | _ No | ☐ Yes | | | |
| any other country(ies) for tax purposes? Country of Tax Residency 1 » Tax Identification Number 1 » | If yes, compl | ete section bel | | Reason A B | C | | Reason 🗌 A 🗌 B | C |
| any other country(ies) for tax purposes? Country of Tax Residency 1 » Tax Identification Number 1 » Identification Type 1 » If TIN is not available please » | If yes, compl | ete section bel | ow. | | | | Reason 🗌 A 🗌 B | C |
| any other country(ies) for tax purposes? Country of Tax Residency 1 >> Tax Identification Number 1 >> Identification Type 1 >> If TIN is not available please >> tick the reason A, B or C * | If yes, compl | ete section bel | ow. | | | | Reason 🗌 A 🗌 B | C |
| any other country(ies) for tax purposes? Country of Tax Residency 1 >> Tax Identification Number 1 >> Identification Type 1 >> If TIN is not available please >> tick the reason A, B or C * Country of Tax Residency 2 >> | If yes, compl | ete section bel | ow. | | | | Reason 🗌 A 🗌 B | C |

only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

| 0. Nomination | Details | | Refer Sec. | | | | |
|---|--|---|---|--|--|--|--|
| Mandatory for Individual(s) applying | You can nominate up to 3 persons to receive the Units a made to such Nominee(s) and Signature of the Nominee | allotted to you in your folio in the unfortuna | te event of death of all unit holders. All payments and settlements a valid discharge by the AMC/ Mutual Fund/ Trustees. | | | | |
| singly or jointly. | Register nomination as below | I do not wish to nom | | | | | |
| Select any one | » | | | | | | |
| 1 st Nominee | Nominee Name | | | | | | |
| | Relationship with Nominee | Date of Birth | | | | | |
| | | | | | | | |
| | Address | City | | | | | |
| | State | PIN | Country | | | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | | | |
| 2 nd Nominee | Nominee Name | | | | | | |
| 2 nd Nominee | | | | | | | |
| | Relationship with Nominee | Date of Birth | | | | | |
| | Address | City | | | | | |
| | State | PIN | Country | | | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | | | |
| 3 rd Nominee | Nominee Name | | | | | | |
| | Relationship with Nominee | Date of Birth D D / M M Y Y Y | | | | | |
| | Address | Address | | | | | |
| | State | PIN | Country | | | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | | | |
| | | | | | | | |

11. Demat Account Details

| ure that the ce of names ioned in the | Depository participant Name | |
|--|---------------------------------------|--|
| application form ches with that of the account held with the | Central Depository Securities Limited | National Securities Depository Limited |
| Participant. | Target ID No. | DP ID No. |
| e details are | | IN |
| e incorrect, e allotted in | | Beneficiary Account No. |
| iysical mode. | | |

12. Declaration and Signatures

Refer Sec. N

Refer Sec. M

- I/We am/are not prohibited from accessing capital markets under any order//uling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under-(1)I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form /We am/are eligible investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of (2)
- Twe any are engine investor(s) as per the scheme related documents and any are autionised to make the scheme(s) is through regulations, notifications or directions issued by any regulatory autionised to make the scheme (s) is through regulations, notifications or directions issued by any regulatory autionised to find at the scheme (s) is through regulations, notifications or directions issued by any regulatory autionised to find at the scheme (s) is through regulations and are autions of directions and any are autions and any are autions where the scheme (s) is through regulations of directions issued by any regulatory aution and/or evasion of any are autions of the scheme (s) is through regulations, notifications or directions issued by any regulatory authority in India. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Pvt. Ltd. (TAMPL)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. (3)
- (4)

I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (5) (6)

The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (7)

- 1/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/ts distributor for this investment. I/We are that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance. (8)
- (9)
- For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account (10) of change in residential status.
- (11) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign Iaws. I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form. Date: (12)

| Thumb ImpressionThumb ImpressionThumb Impression | 1st Applicant Signature / | 2 nd Applicant Signature / | 3 rd Applicant Signature / |
|--|---------------------------|---------------------------------------|---------------------------------------|
| | Thumb Impression | Thumb Impression | Thumb Impression |

| Application form for Tata Retirement Savings Fund | Tata Retirement Savings Fund | Retirement | For Tata | Form I | plication | Ap |
|---|-------------------------------------|------------|----------|--------|-----------|----|
|---|-------------------------------------|------------|----------|--------|-----------|----|

| Moderate Plan & | Conservative |
|---|---|
| Progressive Plan | Plan |
| HSK-O-METER | A DEC -O - METER |
| vestors understand that their principal | investors understand that their principal |
| will be at Very High Risk | will be at Moderately High Risk |

Refer Sec. B

| •• | or Tata Re | e tirement Savings Fun I, Fort, Mumbai - 400 001 | This product is suitable for investors who are se Moderate Plan: - Long Term Capital Appreciati (between 65%-85%) savings scheme which provid investors. Progressive Plan: - Long Term Capital 85%-100%) savings scheme which provides tool for Conservative Plan: - Long Term Capital Apprec (between 70%-100%) savings scheme which prove investors. *Investors should consult their financial adviso suitable for them | ion & Current Income. • An e les tool for retirement planning I Appreciation. • An equity orie retirement planning to individua ciation & Current Income. • A dies tool for retirement planning | to individual need (between al investors. debt oriented o to individual | Conservative Plan December 2010 December 201 |
|--|---|---|--|--|---|--|
| ALL THE DETAILS REQ 1. Advisor / Distribu | | HE FORM ARE MANDATORY ation | FOR EACH OF THE APPLIC | ANTS | | Refer Sec. E |
| ARN / RIA ^ Code ARN-2 | 57030 | Sub-Broker ARN Code | Sub-Broker / Bank Br | ranch Code | EUIN Code E-47 | 79794 |
| Internal Code | | this is an "execution-only" transact distributor or notwithstanding the a | nly" transaction - I/We hereby conf ion without any interaction or advic dvice of in-appropriateness, if any, not charged any advisory fees on th | e by the employee/re provided by the emplo | lationship manager/sales p | erson of the above |
| other than First time mutual commission shall be paid dire | fund investor) wi ectly by the invest | r more and your Distributor has opt ill be deducted from the subscription for to the AMFI registered Distributor a to share with the SEBI Registered Ir | n amount and paid to the distributor s based on the investors' assessmen | r. Units will be issued It of various factors in | against the balance amoun cluding the service rendered | t invested. Upfront by the distributor. |
| Sole / 1 st Appli Thumb I | cant Signature mpression | | Applicant Signature / humb Impression | | 3 rd Applicant Signature Thumb Impression | |
| 2. Applicant's Inform | nation | | | I | Rej | fer Sec. A, C & |
| I st Applicant's Deta | as a minor. Any a corporations or o number. In case | Applicants should be as mentioned in applicants should not be a resident of Ca other entities organised under the laws the C-KYC number is not available, kind | anada or a person who falls within the d of the U.S. Individual Investors who are | lefinition of the term "U e KYC KRA verified after | S. Person" under the US Securi 10th Feb 2017, should additi | ities Act of 1933 and |
| The first applicant » will be the primary holder and all | Mr. Ms | . M/s. PAN / PEKRN | | C-KYC | | |
| correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may | Name | | | | | |
| mention the Folio no. and proceed to Sec. 4 | Date of Birth | м м / | In case of Minor: Proof of I | DOB: DBirth certif | icate School leaving | - |
| | Mobile No. | | | Mobile belongs to Self Spouse | Parent Child | |
| Power Of Attorney (POA | , | uthorize TAMPL/ TMF to send in / Guardian details (minor ag | • | saction updates to | o me on WhatsApp mob | ile number. |
| POA / Proprietor / Guardian Details | | 1s. | | PAN / PEKRN | | |
| | Name | | | | | |
| To be filled by » Guardian | · · | with the Minor Applicant | Proof of Relationship | looving cortificato | Baccoport Others | |
| | Mobile No. | Father Legal Guardian | Date of Birth | C-KYC | | |
| | | | | Y Y Y | | |
| Tax Status | | | | | | |
| | Resident Ir NRI-Repatr NRI-Non-Re Minor - Res | iation | Minor - NRI Person of Indian Origin Sole Proprietorship Hindu Undivided Family | 🗆 Fe | verseas Citizen of India oreign National Residen ualified Foreign Investo | it in India |
| 3. Contact Detai | ls | | | | | Refer Sec. L |
| Mailing address is » required for initial communication. We will overwrite this | | | | | | |
| address with the 1 st Applicants address | | | | City | / | |
| as per the KRA | PIN | | State | Cοι | intry | |
| records | Residence Pho | one (prefix STD Code) | Office Phone (prefix STD Coo | de) | Extn | |
| · | Email | | | Ema | ail belongs to Self | Parent Child |
| | | who do not have email addre receive physical copy of the s | | abridged summa | ry thereof 🗌 Yes | □ No |
| | | | | | | <i>≫</i> ⊚ = - |

mutual fund Received from Mr./Ms./M/s.

Acknowledgement Slip

PAN

₹

Overseas address

| Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address. | | | |
|--|----------------------|--------------------------------|--|
| maning address. | | | City |
| | State | ZIP Code | Country |
| 4. Investment Instru | ment Details | | Refer Sec. E |
| The name of the » first applicant should be available on the investment | Gross Amount (₹) (A) | DD Charges (₹) (if any) (B) | Net Amount (₹) (Cheque / DD Amount) (A - B) |

| Cheque/ DD to be |
|--------------------|
| drawn in favour of |
| 'Tata Retirement |
| Savings Fund' |

Cheque.

 (B)
 (A - B)

 Account Number
 A/c Type

 Dated

 Drawn on Bank

 Branch

 Branch City

Refer Sec. F & G

Refer Sec. G

5. Investment Scheme Details

 TATA RETIREMENT SAVINGS FUND

 Select any one
 Plan Name
 Please tick the appropriate option (any one per plan)

 Progressive Plan - Regular Plan
 Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),

 Progressive Plan - Direct Plan
 Auto Switch Option 2 (Progressive to Conservative @ age 60)

 Moderate Plan - Regular Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Moderate Plan - Regular Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Conservative Plan - Direct Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Conservative Plan - Direct Plan

6. Auto SWP Facility

| Select any one only » Will be applicable after attaining 60 | | No Auto SWP | | | |
|---|----|---|-----------|----|-----------------------|
| years | OR | Fixed SWP (Select Frequency) | O Monthly | OR | O Quarterly (Default) |
| | OR | □ Fixed Amount (Frequency Monthly only) Rs. | | | |
| | | | | | |

7. Bank Account Details

| This must be an Indian account. The 1 st applicant | Bank Name | Branch | | | | |
|--|---|------------------------------------|--|--|--|--|
| should be a holder in this account. | Account number | | A/C type Savings Current NRO | | | |
| The bank account | | | | | | |
| details provided below will be held on record and | MICR | IFSC for NEFT | IFSC for RTGS | | | |
| considered as default bank mandate to pay redemption proceeds and IDCW payouts | Address | · | | | | |
| (if applicable). | | | | | | |
| | City | PIN | State | | | |
| | | | | | | |
| % | | | 🎉 | | | |
| Cheque Details | Ac | knowledgement Slip | | | | |
| Cheque/DD No | dated | A/c. No | Bank | | | |
| Call (022) 6282 7777 (M | onday to Saturday 9:00 am to 5:30 pm) • | SMS: TMF To 57575 • E-mail: eng_T@ | camsonline.com Subject to realisation. | | | |

8. Joint Applicant's Details

Country of Tax Residency $2 \gg$ Tax Identification Number 2 \gg

| 8. Joint Applicant's I | Details | | | | | | | Refer Sec. E & |
|---|----------------------------|--|-------------------------|--|-------------------------------|-----------------------|--|---|
| Mode of Holding | □ Single | | 🗆 Joint | Any one or Survivor (De | efault) | | | |
| II nd Applicant's Detai | ls | | | | | Investors | to ensure that PAN is li | nked to Aadhaar |
| Mr. Ms. | | | | Status | | PAN / PEK | RN | |
| | | | | Resident Individual | NRI | | | |
| Name | | | | | | | | |
| Mobile No. | | Mobile belon | igs to | Date of Birth | | C-KYC | | |
| | | Self Spouse | Parent Child | D D M M M V Y | | | | |
| III rd Applicant's Deta | ils | | | | | Investors | to ensure that PAN is li | nked to Aadhaa |
| Mr. Ms. | | | | Status | | PAN / PEK | RN | |
| | | | | Resident Individual | NRI | | | |
| Name | | | | | | | | |
| Mobile No. | | Mobile belor | igs to | Date of Birth | | C-KYC | | |
| | | Self Spouse | Parent Child | | YY | | | |
| 9. Know Your Custo | mer (KYC) l | Details | | | | | | Refer Sec. |
| CATEGORIES | FIRST API | PLICANT (Incl | uding Minor) | SECOND APPLICAN | T / GUAR | DIAN | THIRD APPLI | CANT |
| Occupation » | 🗆 Private Se | ctor Service | Retired | Private Sector Service Public Sector Service Government Sector Professional | • | ed ess ulturist | Private Sector Service Public Sector Service Government Sector Professional | Retired Business Agriculturist Forex Dealer |
| | 🗆 Housewife | e [| Student | HousewifeOthers (please specify | 🗆 Stude | nt | Housewife Others (please specify) | Student |
| Gross Annual Income » | □ 5-10 Lacs □ >25 Lacs- | Lacs 🗌 10-25 Lacs | | Below 1 Lac 5-10 Lacs >25 Lacs-1 crore Networth in | □ 1-5 L □ 10-2! □ >1 cr | 5 Lacs | ☐ Below 1 Lac ☐ 5-10 Lacs ☐ >25 Lacs-1 crore Networth in | 1-5 Lacs 10-25 Lacs >1 crore |
| | ₹ | M M / Y | as on | ₹ | / | as | ₹ D D / M M / | as on Y Y Y Y |
| | (not older than | 1 year) | | (not older than 1 year) | | | (not older than 1 year) | |
| Others » | Politically | cable Exposed Pers Politically Exp | | Not Applicable Politically Exposed Per Related to Politically E | | erson | Not Applicable Politically Exposed Pe Related to Politically | |
| 10. Foreign Account | Tax Compl | iance Act (| FATCA) & CRS | 5 Details | | | | Refer Sec. |
| For Individuals | FIRST API | PLICANT (incl | uding Minor) | SECOND APPLICANT | / GUARI | DIAN | THIRD APPLIC | CANT |
| Country of Birth \gg | | | | | | | | |
| Place of Birth \gg | | | | | | | | |
| Nationality \gg | | ase specify) | U. S. | Indian Others (Please specify) | U. S. | | Indian Others (Please specify) | U. S. |
| Type of address given at KRA \gg | | l or Business | Residential Business | Residential or Business Registered Office | Resid Busin | | Residential or Business Registered Office | Residential Business |
| Are you also a resident in \gg | □ No | | Yes | □ No | 🗌 Yes | [| No | Yes |
| any other country(ies) for tax purposes? | If yes, comp | ete section be | low. | | | | | |
| Country of Tax Residency 1 \gg | | | | | | | | |
| Tax Identification Number 1 \gg | | | | | | | | |
| Identification Type 1 \gg | | | | | | | | |
| If TIN is not available please » tick the reason A, B or C * | Reason 🗌 | A B | C | Reason 🗌 A 🗌 B | C | F | Reason 🗌 A 🗌 B | C |

| Identification Type 2 \gg | | | | | | | | | | | |
|--|--------------|---------|------------|-----------------------|-------------|------------|-----------|-----------------------|------------|------------------|------------------------|
| If TIN is not available please \gg tick the reason A, B or C * | Reason | □ A | B | □ C | Reason | □ A | B | □ C | Reason | □ A □ B | □ C |
| * Reason A: The country whe | ere the Acco | unt Hol | der is lia | ble to pay tax does n | ot issue Ta | x Identifi | cation Ni | umbers to its residen | ts; Reason | B: No TIN requir | ed (Select this reason |

only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

| 11. Nomination Deta | uls | | Refer Sec. L | | |
|---|--|---|---|--|--|
| Mandatory for Individual(s) applying singly or jointly. | You can nominate up to 3 persons to receive the Units allott made to such Nominee(s) and Signature of the Nominee(s) a | ed to you in your folio in the unfortunate event o cknowledging receipt thereof, shall be a valid dis | f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees. | | |
| singly of jointly. | Register nomination as below | I do not wish to nominate. | | | |
| Select any one 🤉 | • | | | | |
| 1 st Nominee | Nominee Name | | | | |
| | Relationship with Nominee | | Date of Birth D D I M M I Y Y Y Y | | |
| | Address | | City | | |
| | State | PIN | Country | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | |
| 2 nd Nominee | Nominee Name | | | | |
| | Relationship with Nominee | Date of Birth D D I M M I Y Y Y Y | | | |
| | Address | City | | | |
| | State | PIN | Country | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | |
| 3 rd Nominee | Nominee Name | | | | |
| | Relationship with Nominee | | Date of Birth | | |
| | | | | | |
| | Address | | City | | |
| | State | PIN | Country | | |
| | Guardian Name in case of Minor | Allocation (%) | Signature of Nominee / Guardian | | |
| | 1st Applicant Signature / Thumb Impression | 2 nd Applicant Signature / Thumb Impression | 3 rd Applicant Signature / Thumb Impression | | |

12. Demat Account Details

| Ensure that the | Fill these details only if you wish to have your units in Demat mode. | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| sequence of names as mentioned in the | Depository participant Name | | | | | | | | | |
| application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode. | Central Depository Securities Limited Target ID No. | National Securities Depository Limited DP ID No. I N Beneficiary Account No. | | | | | | | | |

13. Declaration and Signatures

Refer Sec. N

Refer Sec. M

- 13. Declaration and Signatures
 Refer Sec. N

 I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:

 (1)
 I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.

 (2)
 I/We an/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.

 (3)
 The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Pvt. Ltd. (TAMPL)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.

 (4)
 The information given in / with this application or be faise / untrue/misleading , I/We will be liable for the consequences arising therefrom.

 (5)
 I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it inducing the regulator) submission, any India or foreign statutory, regulatory, judicial, quasi- judicial undinformation agreent Company, its employees, agents and third party

Date:

| 1st Applicant Signature / | 2 nd Applicant Signature / | 3 rd Applicant Signature / |
|---------------------------|---------------------------------------|---------------------------------------|
| Thumb Impression | Thumb Impression | Thumb Impression |
| | | |

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|--------|------|
| mutual | fund |

Debit Mandate Form NACH (One Time Mandate - OTM)

Date D D M M Y Y Y Y

| mutuui | | U | MRN | | | | Office u | | | ··1 | | | | | | | |
|---|---|---|---|--|--|-------------------------------------|--|--|--------------------------------------|---|-----------------------------------|---------------------------------------|-----------------------|-------------------------|-----------------------|----------------------------|--|
| Choose (✓) Spor | nsor Bank Code | | Office use only | | | | | Utility Code | | | Office use only | | | | | | |
| MODIFY | hereby authorize | | TATA MUTUAL FUND to debit (✓) □ SB □ | | | | | CA | CA CC SB-NRE SB-NRO Other | | | | | | | | |
| CANCEL Bank A/c No.: | | | | | | | | | | | | | | | | Ouloi | |
| With Bank: | | Bank Nar | ne & Brancl | h | | IFSC | | | | | N | /ICR | | | | | |
| an amount of Rupee | es | | | | Amount in | Words | | | | | | ₹ | | | | | |
| FREQUENCY (preselected) Reference / Folio No | S. | XQ | uarterly | 🗵 Hal | , | Í As wł Email Id | | nted (default) |) | DEBIT | TYPE | I Fixed | l Amou | nt 🗹 M | aximun | n Amount | |
| Scheme / Plan refer | | | | | sing to debit my ac | count as | per latest s | chedule of charg | Mobi jes of the | | | | | | | | |
| PERIOD From D D M | IMYYY | Y Sig | n <u>Sigr</u> | nature of F | First Account Hole | der | Sign | Signature of S | Second A | ccount H | older | Sign | lignatur | e of Third / | Account | Holder | |
| to DDM | | Y 1 | | | | 2. | | | | | 3 | | | | | | |
| This is to confirm that the interview of the second s | ne declaration has be | ncel / amend | ead, understo this mandate | as in Ban od & made by approp | k Records by me/us. I am aut riately communicati | thorising ng the ca | the user Er ancellation / | Name as in Ba tity / Corporate t amendment req | ank Rec to debit m uest to the | ords y account, l e user entit | y / corpor | the instruct ate or the b | ions as a ank whei | e I have au | signed by thorised | | |
| Please tick (√) as ap Advisor Details (Tr | | gistration o | of SIP | Registrati | / Renewa on of MICRO SIP ough distributo | R | tenewal of | SIP. | | | | y) | | | | | |
| ARN / RIA [^] Code | ้ ง-2570 |)30 | Sub-Brok | er ARN | Code | | Sub-Bro | oker / Bank | Branch | n Code | I | EUIN Co | ^{de} E | -47 | 979 | 94 | |
| Internal Code | | | an "executi notwithstan distributor | on-only" ti iding the a has not ch | or "execution-only ransaction withou advice of in-appro narged any adviso RA) the details of | it any in opriatene ry fees c | teraction o ess, if any on this trai | or advice by the provided by the saction. ^ By n | e employ he emplo nentionir | ree/relatio oyee/relatio ng RIA cod | nship ma onship m e, I / we | anager/sal nanager/sa authorize | es perso lles pers | n of the a on of the | bove dis distribu | tributor or tor and the | |
| | st Applicant S humb Impress | | | | 2nd Ap Thu | | t Signat npressio | | | | 3r | | | ignatur ression | | | |
| Investor Details | | Applicat | ion No. | | | | | | Fol | io No. | | | | | | | |
| 1 st Holder Name | 1 | | | | | | | | | PAN | | | | | | | |
| 2 nd Holder Name | 5 | | | | | | | | | PAN | | | | | | | |
| 3 rd Holder Name | 2 | | | | | | | | | PAN | | | | | | | |
| First SIP Chequ | e Details | | | | | | | | | | | | | | | | |
| Cheque No. | | | | Cheque | e Amount in R | s. | | | | Cheque | Date | | / M | M / | | | |
| Bank Name | | | | Branch | | | | | | City | | | | | | | |
| SIP Scheme Sub Op | | Plan: | Regular 🗌 I | Direct | SIP Instalme Amount (₹) | | | | SIP St | art Date | | | (Defau | SIP End lt : 31 Dec | | 2099) | |
| | | | | | | | Daily ^ Weekly Monthly Ouarter | * | | | | | | | | (| |
| Day of the week fo | r weekly frequen | v · Mor | udav. | Tuesday | wednes | day (De | | y Direction Thursday | | Friday | nuay to | Friday - | On Bus | iness Da | ys oniy | · | |
| SIP Top-up | op-up Amount (R n multiples of Rs. | , s.) | | Tuesday | SI | P Top L | Jp Freque | | | | SIP Am | ount (Rs.) | | | | | |
| Auto Switch Opt | ion : Applicable | for Tata | Retireme | nt Savin | | | • | | - | SID. | | | | | | | |
| Plan Name | | | | | ate Autoswitch | - | | | | | | | | | | | |
| Progressive Plan | | | | | (Progressive to (Progressive to | | | | | Conservation Switcl | | ge 60), | | | | | |
| Moderate Plan | | | | | (Moderate to C | | | - | (T D/ | | Auto Sw | itch | | | | | |
| Systematic Withd No Auto SWP | | | | | Quarterly (D | | | ixed Amount | | | nthly or | nly) Rs. | | | | | |
| Declaration and S conditions overleaf scheme/s. I/We her in ECS/Direct Debit different cometing | , I/We hereby app eby declare that the Standing Instruc | ly for the i ne particula tion. The A | respective U Irs given are RN Holder, | nits of Ta correct & where ap | ata Mutual Fund complete & exp plicable, has dis | Schemoress my sclosed | e/s at NA y willingn to me/us | V based resaless to make pa all the comm | e price & ayments issions (| & agree to towards ! | o abide SIP insta | by terms, llments re | conditi ferred a | ons, rules bove thro | s & regu ough pa | lations of rticipation | |
| SIGNATURE/S | Sole / 1st Unith | | | | | | - | ure / Thumb In | | n | 3rd | Unitholder | Signatu | re / Thum | b Impre | ssion | |
| | | | | | | | | | | | | | | | | | |

SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

TATA mutual fund

| 1. ADVISOR DETAILS | | | | | | | Refer Ins | struction 2 | |
|--|--|--|---|---|--|--|---|--|--|
| ARN / RIA ^ Code | 257030 | Sub-Broker | ARN Code | Sub-Broker / Bank Branch | n Code | EUIN Code | E-479 | 9794 | |
| Internal Code | | interaction or advic relationship manage | e by the employee/relationship manager/ er/sales person of the distributor and the o | eby confirm that the EUIN box has been int ales person of the above distributor or no distributor has not charged any advisory fee / our transactions in the schemes(s) of Tat | advice of in-appropriater | iess, if any, provide | d by the employee/ | | |
| | pplicant Signati | ure / | | nt Signature / mpression | | 3rd Applicant Thumb Im | | / | |
| 2. INVESTOR DETAI | LS | | | | Folio No. | | | | |
| 1 st Holder Name | | | | | PA | N | | | |
| С-КҮС | | | e of Birth D | Mobile No. | Ма | bile belongs to | Self | Parent | |
| 2 nd Holder Name | | | | | PA | N | | | |
| С-КҮС | | | e of Birth D / M M / Y Y Y | Mobile No. | Mc | bile belongs to | o Self | Parent Child | |
| 3 rd Holder Name | | | | ' | PA | N | | | |
| С-КҮС | | | e of Birth D | Mobile No. | Mo | bile belongs to | Self | Parent | |
| 3. PURPOSE OF FORM | 1 (tick any one) | | | | | | | | |
| Fresh Registration | | Cancel | lation | | | | | | |
| 4. SYSTEMATIC TRAN | | | | | | | | | |
| Flex STP | | No (Default) | | Flex STP is available for Mo | nthly and Quar | rterly frequencies: | Flex STP is not | available from | |
| Refer Instruction 5 | | | | "Daily / Weekly" IDCW plans option of the target scheme. | s of the source | | | | |
| Scheme Details | | | | | | | | | |
| Source Scheme / Plan | / Option | | | | | | | | |
| Target Scheme / Plan | / Option | | | | | | | | |
| Target Scheme Sub O | ption | | | Div. Payout Option: (s | elect any on Div. Payo | | | | |
| Transfer Plan Details | s (Select any one | e) Flex STP is | applicable only under Fix | ked Amount Transfer Plan. | | | | | |
| Fixed Amount Transfer Plan (FATP) /1st Installment for | Amount in Rs. | | | Amount in Words | | | | | |
| Flex STP Fixed Units Transfer Plan (FUTP) | Number of Unit | S | | Units in Words | | | | | |
| Capital Appreciatio | on Transfer Plan (| CATP) | | DIDCW Transfer Plan (DTP) | | | | | |
| Transfer Frequency | Select any one - | Not Applicat | ble for IDCW Transfer Plar | | | | | | |
| Daily | Only from Mon | day to Friday l | In case any day is a non-h | " usiness day for any one of r website www.tatamutualf | the schemes | s (either STP fro | om or STP to | scheme) the | |
| Weekly | | | | t) 🗆 Thursday 🗆 Frid | av | the day of STF |) is a new key | sinoss davi | |
| Monthly | | | s of the Month (Select any | | in case | quest will be c | onsidered fo | | |
| Quarterly | 1 st 7 | th 10 th | 20 th 28 th | | | busine | ess day. | | |
| Enrolment Period (No | ot Applicable for | IDCW Transf | er Plan) | | | | | | |
| Start Date | Y Y Y Y Y | End Date | / M M / Y Y Y | OR Number of Ins | tallments / | Transfers | | | |
| 5. DECLARATION AN | | | | | | | | | |
| I/We have read, understood the Scheme(s) of Tata Mutu validity and authorization o to him /them for the different | and hereby agree to al Fund ("Fund") indic f my/our transactions. nt competing Scheme | comply with the t ated in this appli The ARN holder s of various Mutu | erms and conditions of the schem cation form. I/We will indemnify th (AMFI registered Distributor) has o al Funds from amongst which the | e related documents including the ne Fund, AMC, Trustee, RTA and ot isclosed to me / us all the commis Scheme is being recommended to | key information ther intermediat sions (in the for me/us. | n Memorandum and tes in case of any di rm of trail commiss | apply for allotn sputes regardin ion or any other Date | nent of Units of g the eligibility, mode), payable | |
| | cant Signature / b Impression | | | nt Signature / 3rd Applicant Signature / Thumb Impression | | | | | |
| | | | | | | | | > | |
| TATA mutual fund Received from Mr./Ms./M/ | S | | Acknowledg | gement Slip | Folio No | | | STP request | |
| from Scheme | | | | to Schemes | | | | | |
| | | | DTP for Amount (₹) | | | | | | |

COMMON TRANSACTION FORM

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

ΤΛΤΛ mutual fund

| 1. ADVISOR DETAILS | | | | | | Refer In | struction 2. |
|--|--|---|---|--|--|--|---|
| ARN / RIA Code ARN-257030 | Sub-Broker A | ARN Code | Sub-Broker / Bank Branch C | ode El | JIN Code | E-479 | 9794 |
| Internal Code | interaction or advice relationship manage | e by the employee/relationship manager/s r/sales person of the distributor and the d | eby confirm that the EUIN box has been intentic ales person of the above distributor or notwiti istributor has not charged any advisory fees or / our transactions in the schemes(s) of Tata Mu | hstanding the advice this transaction. ^ | e of in-appropriaten | ess, if any, provide | d by the employee/ |
| Sole / 1st Applicant Signat Thumb Impression | ure / | 2nd Applican Thumb In | | | Applicant | | |
| 2. INVESTOR DETAILS | | | | Folio No. | | | |
| 1 st Holder Name | | | | PAN | | | |
| С-КҮС | | e of Birth D | Mobile No. | Mobile | belongs to | Self | Parent |
| Entity Identifier (LEI) Number Mandato | ry for Non Ind | ividual Investor for Transa | ction Value of INR 50 crore a | nd above | | | |
| 2 nd Holder Name | | | | PAN | | | |
| С-КҮС | | e of Birth D | Mobile No. | Mobile | belongs to | Self | Parent Child |
| 3 rd Holder Name | | | | PAN | | | |
| С-КҮС | | e of Birth D | Mobile No. | Mobile | belongs to | Self | Parent |
| 3. ADDITIONAL PURCHASE DET | AILS | | | | | Refer In | struction 3. |
| Payment Mode : OTM facility (Reg Scheme / Plan / Option | gistered in foli | o) 🗌 Cheque / DE | D 🗌 Fund Transfer | NEFT / I | RTGS | | |
| Gross Amount (A) | | | DD Charges (if any) (B) | Net Amou | nt (A - B) | | |
| ₹ | | | ₹ | ₹ | | | |
| Account Number | | | Account Type | Dated | M M / | YYYY | Y |
| Drawn on Bank | | | | Cheque / | DD / UTR N | 0. | |
| 4. SWITCH OUT DETAILS | | | | | | Refer In | struction 4. |
| From Scheme / Plan / Option | | | | | | | |
| To Scheme / Plan / Option | | | | | | | |
| ☐ Amount (in figure) ₹ | | OR Unit | s igure) | | | OR AI | l Units |
| 5. REDEMPTION DETAILS | | | | | | Refer In | struction 5. |
| From Scheme / Plan / Option | | | | | | | |
| O Amount (in figure) ₹ | | OR Unit (in f | s igure) | | | OR AI | l Units |
| Redemption Bank Account Details this section if not used). The reden Bank Name | | | | | | | |
| | | | | MICD | | | |
| IFSC for NEFT | | IFSC for RTGS | | MICR | | | |
| Note: If the bank account mentioned the redemption will be processed int 6. DECLARATION AND SIGNATU | o the "Default | | | If the bank a | account deta | uls are not | filled above, |
| I/We have read, understood and hereby agree to comply y ('Fund') indicated in this application form. I/We will indi (AMFI registered Distributor) has disclosed to me / us all Scheme is being recommended to me/us. I/We hereby co my/our consent to TATA AMC for receiving the promotion | vith the terms and co emnify the Fund, AMG the commissions (in t nfirm that I/We have al information/ mate | nditions of the scheme related docume C, Trustee, RTA and other intermediate the form of trail commission or any othe not been offered /communicated any in rial via email, SMS, telemarketing calls, | nts including the key information Memorand s in case of any disputes regarding the elig r mode), payable to him /them for the diffe dicative portfolio and/ or any indicative yiel etc. on the mobile number and email provid | lum and apply for a ibility, validity and rent competing Sch d by the Fund/AMC ed by me/us in this | allotment of Units of authorization of n emes of various M C/its distributor for Application form. | of the Scheme(s) o ny/our transactior utual Funds from this investment. Date | f Tata Mutual Fund is. The ARN holder amongst which the //We hereby accord |
| 1st Applicant Signature / Thumb Impression | | 2 nd Applican Thumb In | t Signature / npression | | rd Applicant Thumb Im | | |
| | | Δ | nowledgement Slip | | | | > |
| mutual fund _{Folio No.} | | Purchase Redempttio | | | | | |

ADDITIONAL PURCHASE / SWITCH FORM FOR TATA RETIRMENT SAVINGS FUND

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

| ΤΛΤΛ | |
|--------|------|
| mutual | fund |

| 1. ADVISOR DETAILS | | | | | Refer Instruction 2 |
|---|---|--|---|---|--|
| ARN / RIA Code ARN-257030 | Sub-Broker | ARN Code | Sub-Broker / Bank Branch | Code EUIN C | ^{ode} E-479794 |
| Internal Code | any interaction or employee/relation | r advice by the employee/relationship m iship manager/sales person of the distrib | anager/sales person of the above distribut | or or notwithstanding the advic advisory fees on this transactio | as this is an "execution-only" transaction withou e of in-appropriateness, if any, provided by the n. ^ By mentioning RIA code, I / we authorize you |
| Sole / 1st Applicant Signatur Thumb Impression | re / | | nt Signature / mpression | | licant Signature / nb Impression |
| 2. INVESTOR DETAILS | | 11101115 | in pression | Folio No. | |
| 1 st Holder Name | | | | PAN | |
| Date of Birth C-KYC | - | | Mobile No. | Mabila balan | ngs to Self Parent |
| | | | Mobile No. | Mobile belon | igs to Self Parent Spouse Child |
| 2 nd Holder Name | | | | PAN | |
| Date of Birth C-KYC | 2 | | Mobile No. | Mobile belon | as to Self Parent |
| | | | | Mobile Sciol | Spouse Child |
| 3 rd Holder Name | | | | PAN | |
| Date of Birth C-KYC | 2 | | Mobile No. | Mobile belon | as to Self Parent |
| | | | | | Spouse Child |
| 3. ADDITIONAL PURCHASE DETAILS | ; | | 1 | | Refer Instruction 3. |
| TATA RETIREMENT SAVINGS FUND Plan Name | | Pleas | e tick the appropriate opt | ion (any one per pl | an) |
| Progressive Plan - Regular Plan Progressive Plan - Direct Plan | | witch Option 1 (Progressive to M | Moderate @ age 45; Moderate to Co Conservative @ age 60) \Box No Auto | nservative @age 60), | un <i>)</i> |
| Moderate Plan - Regular Plan Moderate Plan - Direct Plan | | witch Option 3 (Moderate to C | 3 | | 🗆 No Auto Switch |
| Conservative Plan - Regular Plan Conservative Plan - Direct Plan | | | | | |
| Payment Mode : OTM facility (Regis | stered in folio | o) Cheque / DE | Fund Transfer | NEFT / RTGS | |
| Gross Amount (A) ₹ | | | DD Charges (if any) (B) ₹ | Net Amount (A - ₹ | B) |
| Account Number | | | Account Type | Dated | |
| | | | | DD/MM | |
| Drawn on Bank | | | | Cheque / DD / U | TR No. |
| Branch | | | | Branch City | |
| 4. SWITCH DETAILS | | | | | Refer Instruction 4. |
| From Scheme / Plan / Option | | | | | |
| To Scheme TATA RETIREMENT SAVIN | GS FUND | | | | |
| Plan Name Progressive Plan - Regular Plan | Auto | | e tick the appropriate opt ive to Moderate @ age 45; Mod | | |
| Progressive Plan - Direct Plan | 🗌 🗌 Auto | Switch Option 2 (Progressi | ive to Conservative @ age 60) the to Conservative @ age 60 | No Auto Switch | No Auto Switch |
| Moderate Plan - Regular Plan Moderate Plan - Direct Plan | | Switch Option 5 (Moderat | |) | |
| Conservative Plan - Regular Plan Conservative Plan - Direct Plan | | | | | |
| Amount (in figure) ₹ | | | Inits in figure) | | OR All Units |
| 5. AUTO SWP FACILITY (Will be app | licable after | attaining 60 years). | | | Refer Sec. |
| No Auto SWP Fixed SWP (Sele | Quarter | | ked Amount (Frequency Montl | nly only) Rs. | |
| 6. DECLARATION AND SIGNATURES /We am/are not prohibited from accessing capital markets under any order/ru | uling/judgment etc., of a | iny regulation, including SEBI. I/We confirm that n | ny application is in compliance with applicable Indian | n and foreign laws. I / We hereby conf | irm and declare as under:- (1) I / We have read, understr |
| We and/are not prohibited from accessing capital markets under any order/n ind hereby agree to comply with the terms and conditions of the scheme relat- letedet documents and and/are authorised to make this investment. The amoun- the information given in / with this application form is true and correct and fu- hout any change in the information furnished from time to time. (4) That in t manner/mode the above information and/or any part of it including the chang ubmission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial ingute regarding the eligibility, validity and authorization of my/our transaction unds from amongst which the Scheme is being recommended to me/us. (8) Jil ill redeem my/our entrie investment/s before I/We change my/our Indian resi ompliance with applicable Indian and Foreign laws. (11) //We hereby accord my | ed documents including tt invested in the Schem rther agree to furnish su he event, the above info es/updates that may be authorities/agencies incling ins. (7) The ARN holder I We hereby confirm that dency status. I/We shall /our consent to TATA AM | the Kéy Information Mémorandum and apply for e(s) is through legitimate sources only and is not ch other further/additional information as may be mmation and/or any part of it is/are found to be provided by me/us to the Mutual Fund, its Spon- ulding but not limited to Financial Intelligence Unit AMFI registered Distributor) has disclosed to me/, IVME have not been offered/ communicated any i be fully liable for all consequences (including taxa C for receiving the promotional information/ mate | uliomient of Units of the Scheme(s) of Tata Murual Fu for the purpose of contravention and/or evasion of required by the Tata Asset Management PvL Ltd. (T talse/ untrue/misleading, 1/We will be liable for the c ordy, Trustees, Asset Management Company, its emy -India (FIUHND) etc without any intimation/advice to us all the commissions (in the form of trail commissions indicative portfolio and/ or any indicative yield by the tion) arising out of the failure to redeem on account rail via email. 3/Ko tlemarketing calls, etc. on the m | nd (Fund) ² indicated in this applications mWH), Fund and undertake to inform the onsequences arising therefrom. (5) I/W olyvees, agents and third party service me/us. (6) I/We will indemnify the Fund on or any other mode), payable to him, Fund/AMC/its distributor for this inve- of change in residential status. (10) For bile number and email provided by me | 1 form. (2) IWe any/are eligible investors) as per the schword or directions issued by any regulatory authority in India. a MC / Fund/Registrats and Transfer Agent (RTA) in write hereby authorize you to disclose, share, remit in any for providers, SBI registered intermedianes for single updati J, AMC, Trustee, RTA and other intermedianes in case of them for the different competing Schemes of various Mustment. (9) For Foreign Nationals Resident in India only. I r MSI, PMO/OCIs only. (We confirm that my application in you in this Application form. |
| Sole / 1st Applicant Signatur Thumb Impression | e / | 2nd Applican Thumb In | t Signature / npression | 3rd App Thur | licant Signature / nb Impression |
| <u>%</u> ΤΛΤΛ | | | | | |
| mutual fund | | | wledgement Slip | | |
| Received from Mr./Ms./M/s for purchase / switch in Scheme Name | | | | | |
| , | | | | , | |

FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification) Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



1. Entity Details

| Name of the Entity | | | | | |
|---|---|--------------------------|--------------------------------|---|---------------------|
| Type of address given at KRA | Residential or Business | Residential | Business | Registered Offic | e |
| | Address of tax residence would | be taken as available in | KRA database. In case of any o | change, please approach KRA & notify | the changes |
| Application No. | | | Folio No. | | |
| PAN Number | | | Date of Incorporation | | YY |
| City of Incorporation | | | Country of Incorporation | | |
| Entity Constitution Type | Partnership Firm HUF Trust Liquic | Private Limited | | ed Company Society ridical Person Others specify | AOP/BOI |
| Please tick the applicable tax resident declaration | Is "Entity" a tax resident of any (If yes, please provide country, | • | | □ No s and the associated Tax ID number | below.) |
| (| Country | Tax Identii | fication Number [%] | Identification Type (TIN or Oth | er, please specify) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| %In case Tax Identifica | ation Number is not available, l | kindly provide its funct | ional equivalent. | | |

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____ Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

| PART | A (to be Filled by Financial Institutions or Dir | ect Reporting NFEs) |
|------|---|--|
| 1 | We are a, Financial institution ³ or Direct reporting NFE ⁴ (please tick as appropriate) | GIIN |
| | GIIN not available (please tick as applicable |) Applied for |
| | If the entity is a Financial institution, | Not required to apply for - please specify 2 digits sub-category¹⁰ Not obtained - Non-participating FI |
| PART | B (please fill any one as appropriate "to be fil | led by NFEs other than Direct Reporting NFEs") |
| 1 | Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) | Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange |
| 2 | Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges) | Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company Controlled by a Listed Company Name of stock exchange |
| 3 | Is the Entity an active ¹ NFE | Yes No Nature of Business |
| 4 | Is the Entity a passive ² NFE | Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business |

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1A of Part D

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

| # If passive NFE, please provide below additional | details for each of controlling persons. (Please a | attach additional sheets if necessary) |
|---|---|---|
| Name PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth | Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available | DOB - Date of Birth Gender - Male, Female, Other |
| 1. Name PAN City of Birth Country of Birth 2. Name PAN City of Birth City of Birth Country of Birth City of Birth City of Birth City of Birth City of Birth | Nationality Father's Name Occupation Type Nationality Father's Name | DOB Gender Male Female Other DOB DOB DOB DOB DOB DOB DOB DOB |
| 3. Name PAN City of Birth Country of Birth | | Gender Male Female Other |

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name

Designation

| Authorized Signatory | Authorized Signatory | Authorized Signatory |
|----------------------|----------------------|----------------------|

Place: _____

Date: D D / M M / Y Y Y Y

Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons (Mandatory for Non-individual Investors)

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



1. Entity Details

| Name of the Entity | | | | | | | |
|---|---|--|--|--|--|--|--|
| PAN Number | | | | | | | |
| 2. Applicable for Listed Company / S | ubsidiary Company | | | | | | |
| (i) I We Hereby declare that- Our Company is a Listed Company listed Our Company is Controlled by a Listed Company is Controlled by a Listed Company ^ Stock Exchange on which it is listed ^ The Details of holding/parent company to be provo | ompany | Company is a Subsidary of a Listed Company ity ISIN ompany | | | | | |
| 3. Applicable for Non Individuals other | than Listed Company / its Subsidiary | Company | | | | | |
| Unincorporated association / body of individuals | | Private Trust | | | | | |
| Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country [®] | Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type - | Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person | | | | | |
| 1. Name | Address State: Country: | Tax ID Type Beneficial Interest | | | | | |
| | PIN/ZIP Code | Type Code | | | | | |
| Tax ID No. [%] | | Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office | | | | | |
| 2. Name | Address | Tax ID Type | | | | | |
| | State: Country: | Beneficial Interest | | | | | |
| Country | PIN/ZIP Code | Type Code | | | | | |
| Tax ID No. [%] | | Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office | | | | | |
| | Address | Tax ID Type | | | | | |
| 3. Name | State: Country: | Beneficial Interest | | | | | |
| Country | PIN/ZIP Code | Type Code | | | | | |
| Tax ID No. [%] | | Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office | | | | | |
| 1. PAN | Occupation Type | | | | | | |
| City of Birth | Nationality | DOB | | | | | |
| Country of Birth | Father's Name | Gender 🗌 Male 🔤 Female 🗌 Other | | | | | |
| 2. PAN | Occupation Type | | | | | | |
| City of Birth | Nationality | | | | | | |
| Country of Birth | Father's Name | Gender Male Female Other | | | | | |
| 3. PAN | Occupation Type | | | | | | |
| City of Birth | Nationality | Gender Male Female Other | | | | | |
| Country of Birth | Father's Name | enshin / Green Card in any country other than India: | | | | | |

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the same. In/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

| A | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |

Authorised Signator

Date: D D / M M / Y Y Y Y

Authonseu Signato

Place: