

Distributor information

Advisor ARN	ARN - 85155	Representative EUIN	E070576
Sub-broker ARN		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.

"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 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."

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Transaction Charges (Refer detailed Instructions and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted). I am an existing mutual funds investor (Rs.100 will be deducted).

Existing Unitholders (Please provide the following details in full)

First Applicant Name _____
Customer Folio No. _____ Account No. _____

Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
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 Rs. _____ (should not be older than 1 year)

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Name of Second Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Rs. _____ (should not be older than 1 year)

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Name of Third Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Rs. _____ (should not be older than 1 year)

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Name of Guardian _____

Country of birth _____ Date of Birth# |D |D |M |M |Y |Y |Y |Y | Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date) |D |D |M |M |Y |Y |Y |Y | Rs. _____ (should not be older than 1 year)

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Relationship with Minor Father Mother Legal Guardian _____ (Please specify relationship)

Mode of Operation

Single Joint Either or Survivor(s)

Power of Attorney (POA) Details

Name of POA Holder _____ Date of Birth |D |D |M |M |Y |Y |Y |Y |

Enclosed Proof of KYC* Proof of Identity & Address ^ PAN Card Copy PAN \$(Mandatory) _____

Status: Resident Individual NRI/PIO Others (Please specify) _____ Gender: Male Female

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. *Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment). For investments through Micro investment route, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest). **Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

I/We would like to invest in the following schemes to meet my/our life goals

Please read Product labeling details available on cover page and instructions before filling this Form.
Please fill the details of the goal(s), scheme name(s) and investment amount below

Goal		Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2
Additional Details			e.g. Deepa's Marriage	e.g. Home/Car	e.g. Sania's Education	e.g. Vacation
Regular Investment	Fund / Scheme Name	Plan/Options	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	1)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	2)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	3)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	4)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	5)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	6)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	7)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	8)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	9)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	10)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	11)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	12)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Total Regular Investment per Goal						
Total Regular Investment in all Goals		(in figures)				

Goal		Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2
Additional Details			e.g. Deepa's Marriage	e.g. Home/Car	e.g. Sania's Education	e.g. Vacation
SIP Investment	Fund / Scheme Name	Plan/Options	SIP Amount Rs. (per installment)	SIP Amount Rs. (per installment)	SIP Amount Rs. (per installment)	SIP Amount Rs. (per installment)
	1)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	2)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	3)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	4)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	5)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	6)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	7)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	8)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	9)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	10)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	11)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	12)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Total SIP Investment per Installment per Goal						
Total SIP Investment per Installment in all Goals		(in figures)				

Amount Invested _____ (DD Charges) _____ Net Amount _____

Payment Details Cheque/DD No. _____ Bank _____

Branch _____ Bank A/C No. _____

Please register my Pay-in bank details also as one of the banks in my/our account/folio based on the payment instrument attached. Please refer the instruction for supporting document required for registering Bank Mandate. (Please tick I / We do not wish to register this bank as additional bank in my/our account details.

Instructions:
 1. For SIP investments with: (i) Current date - Please provide Single Cheque (for the first installment) with SIP ECS form. (ii) Future date - Please fill the SIP (ECS/Direct Debit) form along with the Application form. Note: SIP will start after 30 days 2. In case you are investing via both Regular and SIP simultaneously (where the SIP will start after 30 days), please provide a single cheque for the Regular amount, along with the completed SIP (ECS/Direct Debit) Mandate form. 3. Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions" 4. For payments by demand draft please attach a certificate from the banker or Challan (instruction to bank) or passbook/bank statement evidencing the debit for issuance.

Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website).

Goal 1

Nominee Name & Address _____

Guardian name & address (if nominee is a minor) _____

Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).

Proof of minor DOB submitted. Witness Name and Address _____

Signature of Witness

I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____

Nomination Details

Goal 2

Nominee Name & Address _____

Guardian name & address (if nominee is a minor) _____

Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).

Proof of minor DOB submitted. Witness Name and Address _____

Signature of Witness

I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____

Note: Please submit a separate Nomination form in case of nominations more than 2 Goals.

Declaration

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SAI, SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF and/or registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We confirm that the funds invested in the scheme(s) of FTMF legally belong to me/us and I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

* I/We confirm that I am/we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I/we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Franklin Templeton Investments or their employees or agents liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform FTMF of any changes to the information provided hereinabove and agree to accept that FTMF, its sponsor, AMC, trustees, their employees, authorised agents, service providers, representatives or the distributors ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my/our not intimating / delay in intimating such changes.

I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit- India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I/ We hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I/We have read and understood the terms and conditions of the Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the said Facility as may be prescribed by FTMF from time to time. I/We understand that the recommendation given is based on the inputs provided by me/us and is not an 'investment advice'. I/ we confirm that the investment decision is based on my/our judgment and that there is no assurance or guarantee that the goal(s) will be achieved. I/We agree not to hold FTMF or the Sponsor, the AMC, the Trustee or any of their directors, employees, affiliates or representatives responsible for any consequences arising out of my investments under the said Facility including non- achievement of goals and loss of profit or principal.

**I/We confirm that I/we do not have any other existing investment in the schemes of FTMF which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case FTMF processes this investment / first SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future installments and no refund shall be made for the units already allotted.

I/We confirm that the subscription money paid is in accordance with the requirements regarding 3rd party payment for subscriptions. I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on FTMF's website www.franklintempletonindia.com. I/We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments or their employees or agents responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us.

* Applicable to NRI / PIO / QFI ** Applicable to Micro-investments

Date _____ Signature of the Investor(s) 1. _____ 2. _____ 3. _____

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.

Acknowledgement

Sl.No.

Received from _____
_____ Pin _____

Payment Details

Amount _____ Cheque/DD No. _____ Date _____

Bank and Branch details _____

CHECK LIST: Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of 'Franklin Templeton Family Solutions'. • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)