

SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes & agree to abide by the terms & conditions of the Plan.

Folio No.:

| | | | |
|-------------------------------|-------------------------------|-----------------------|-------------------|
| Broker / Agent Code ARN-42954 | Sub-Broker / Bank Branch Code | Sub-Broker / ARN Code | EUIN E029686 Code |
|-------------------------------|-------------------------------|-----------------------|-------------------|

Name: _____
Email: _____

Scheme _____ Option _____
 Fixed Amount ₹ _____ (in words _____) Capital Appreciation

Period of Enrolment (MM/YY)

From: ____ / ____ / ____ To: ____ / ____ / ____ Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)
(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

First payout Date: _____ (that is the first payment date)
(in case the first payout date is not mentioned, the 1st day of the following month will be taken as the default date)

Last Payout Date: _____ (that is the last payment date)
(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

Note: SWP should reach AMC offices / Registrar offices before 7 working days from the start of first SWP date.

SYSTEMATIC TRANSFER PLAN (STP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM of the relevant schemes & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes & agree to abide by the terms & conditions of the Plan. 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.

| | | | |
|-------------------------------|-------------------------------|-----------------------|-------------------|
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|-------------------------------|-------------------------------|-----------------------|-------------------|

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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.

Sole / 1st Unitholder Signature / Thumb Impression

2nd Unitholder Signature / Thumb Impression

3rd Unitholder Signature / Thumb Impression

Folio No. _____ Name: _____

Transfer from (Scheme): _____ Option: _____

Transfer to (Scheme): _____ Option: _____

No of Units: _____ or Amount (₹): _____ Amount (in words): _____

or Dividend or Capital Appreciation

STP period from: ____ (dd) / ____ (mm) / ____ (yy) To: ____ (dd) / ____ (mm) / ____ (yy)

Transfer Frequency:

| | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Daily Only from Monday to Friday* | <input type="checkbox"/> Weekly (Only on Fridays) | <input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month | <input type="checkbox"/> Quarterly |
| Select any one | | | |
| In case the day of STP is a non business day the request will be considered for the next business day. | | | |

Email (mandatory for Daily STP): _____
(please refer notes overleaf)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

Note: STP should reach AMC offices / Registrar offices before 7 working days from the start of first STP date.

* In case any day is a non business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided in the instructions no. '9'. Our website www.tatamutualfund.com