



FRANKLIN TEMPLETON

FAMILY SOLUTIONS
INVESTMENT PLANS FOR LIFE GOALS

Systematic Investment Plan through Auto Debit (See instructions overleaf)

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
--	------------------------	----------------	---------------------

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 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/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/SEBI Registered Portfolio Manager whose code is mentioned herein."

Sole / First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

TRANSACTION CHARGES: Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. (Refer Instruction in Common Application Form and tick the appropriate option)

- I am a first time investor in mutual funds (R150 will be deducted). I am an existing mutual funds investor (R100 will be deducted).

Name of Sole/First Account holder _____

- Existing Unitholders' Folio Number _____ New Investors (Please also complete and submit a Common Application Form)

Scheme Name	Plan / Option	Family Solutions Goal	SIP Amount R	SIP Date
1. _____	P: O:			SIP Date: of every month. If left blank 10 th will be considered as the default date
2. _____	P: O:			
3. _____	P: O:			
4. _____	P: O:			

SIP Period: Start Date [m][m]/[y][y]/[y][y] End Date [m][m]/[y][y]/[y][y] (Regular) Frequency: Mthly (default) Qly

Tick here if SIP is being "Stepped Up" (Please ensure that you attach the "SIP Variants Form" with the step-up section duly completed.) Change in Bank for existing SIP

First SIP Cheque Date: ___/___/___ Cheque No.: _____ Bank Name & Branch: _____ A/c No.: _____

Please note that 30 business days are required to set up the Auto Debit. (Should be from the Bank Account from which NACH is to be effected) (for minimum period and installments, please refer Terms & Conditions no. 1 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to debit my/our account listed below by NACH (National Automated Clearing House) for collection of SIP payments. In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / NACH using my/our below mentioned account.

Optional Enclosures: (If 1st installment is not by cheque)
 Blank cancelled cheque Copy of cheque

Please tick as applicable: Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Business Days i.e. for debit date 7th, form can be submitted till 2nd of the month Bank Name _____ Bank Account Number _____
 Auto Debit Form (ADF) is attached and to be registered in the Folio. SIP Auto Debit will start after mandate registration which takes Thirty Business days. Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered / submitted, if not registered.

Application for: Normal SIP Micro SIP Document proofs for Micro SIP (Mandatory) (Please provide any one of the name of identification document as mentioned in the instructions)
 Identification document _____ Field Issuing Authority _____ Document Identification No. _____

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 SID and KIM till date, I/we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for registration of Systematic Investment Plan (SIP) & NACH. Has indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP NACH as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/we will not hold FTMF, Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton Investments / Franklin Templeton), agents, authorized representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to FTMF immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. 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 Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs) / Foreign Portfolio Investor(s) (FPIs), 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 confirm that I am / we are not United States (U.S.) persons within the meaning of Regulation(S) under the U.S. 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. I/We understand and acknowledge that FTMF, its Trustee, the AMC reserves the right to accept / reject any transactions / redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. The rejection may be for any reason including but not limited to comply and adhere to such orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities / agencies. I / We hereby agree to provide any additional information / documentation that may be required by Franklin Templeton Investments, in connection with this application. 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 KYC data registered with regulatory/quasi regulatory agencies and all changes, updates to such information as and when provided by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India 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 / informing me/us of the same. **I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund 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 Franklin Templeton Mutual Fund processes this investment / first SIP instalment 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 instalments and no refund shall be made for the units already allotted. 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(s) is being recommended to me/us.
* Applicable to NRI / PIO / FPI
** Applicable to Micro-investments

Signatures: First/Sole Applicant/Guardian _____ Second Applicant _____ Third Applicant _____
Date: _____ Place: _____

A single mandate for all your investments will make it easier for you to invest with Franklin Templeton Mutual Fund (FTMF) in the future. To avoid having to provide another mandate, you can select 'As & when presented' for Frequency and 'Maximum Amount' for Debit Type, specifying the maximum value you intend to invest at any time. FTMF will ensure that only the value of the transaction will be debited from your account.



Family Solutions - SIP Auto Debit Form

[ADF]

UMRN F o r o f f i c e u s e _____ Date _____

Sponsor Bank Code _____ For Office Use _____ Utility Code _____ For Office Use _____

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize _____ Franklin Templeton Mutual Fund _____ to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other _____

Bank a/c number _____

with Bank _____ Bank Name _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY Mthly Qly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Folio Number _____ Phone No. _____

Reference 2 _____ Application Number _____ Email ID _____

PERIOD From _____ To _____

Until Cancelled

¹⁴ I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to Franklin Templeton or the bank where I have authorized the debit

ACKNOWLEDGEMENT SLIP

Sl. No.

Investor's Name	Customer Folio	Total SIP Amount R	Service Centre Signature & Stamp
-----------------	----------------	--------------------	----------------------------------