

ARN-0163



SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

Folio No.:	
Broker Code :	Sub Broker Code :
Name : _____	
Email : _____	
Scheme	Option
<input type="checkbox"/> Fixed Amount Rs _____ (in words _____)	<input type="checkbox"/> Capital Appreciaaion

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 untill the balance units are reduced to zero.)

SIGNATURES _____
Sole/First Applicant
Second Applicant
Third Applicant

Loads as applicable from time to time.

WE REQUEST YOU TO KINDLY FILL UP THE APPLICATION CORRECTLY ELSE THE APPLICATION MAY BE REJECTED.

N.B SWP should reach ISCs before 7 working days from the start of first SWP date.

TATA MUTUAL FUND Date : _____

SYSTEMATIC TRANSFER PLAN (STP)

To,
The Trustee,
Tata Mutual Fund, Mumbai
Having read and understood the contents of the Offer Document and the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes and agree to abide by the terms and conditions of the Plan.

Broker Code :	Sub Broker Code :	Frequency <input type="checkbox"/> Weekly (only on Friday's) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Folio No.	Name:	Period From : ____ / ____ (mm) (yy)
Transfer from (Scheme):	Option:	To : ____ / ____ (mm) (yy)
Transfer to (Scheme):	Option:	Transfer Date : <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Day of the Month (In case of holiday the same will be considered for next business day)
<input type="checkbox"/> Fixed Amount of Rs. _____ (in words _____)		
or		
<input type="checkbox"/> No of Units:		
or		
<input type="checkbox"/> Dividends:		
or		
<input type="checkbox"/> Capital Appreciation:		

SIGNATURES _____
Sole/First Applicant
Second Applicant
Third Applicant

Loads as applicable from time to time.

WE REQUEST YOU TO KINDLY FILL UP THE APPLICATION CORRECTLY OR ELSE THE APPLICATION MAY BE REJECTED.

N.B STP should reach ISCs before 7 workings days from the start of first STP date.

In case Friday is a non-Business Day the same will be considered for Next Business Day.

* Refer Instruction - E. Kindly enclose copy of the proof of PAN. In case of a joint holding, PAN of all the joint holders should be mentioned in the application form

	PAN # (Refer Instruction - E)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - F)
First Applicant / Guardian*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No

*If the First Applicant is a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. **Refer Instruction - E