



Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

UMRN Office use only

Choose (✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

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

PERIOD

From Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

to

or Until Cancelled

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

* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. * I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable:
 OTM Debit Mandate is already registered in the folio. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
 OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

Advisor details (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction overleaf

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker / Agent Code	Sub-Broker ARN Code	Sub-Broker/Bank Branch Code	EUIN Code

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor & the distributor has not charged any advisory fees on this transaction.

Sole / 1st Unitholder Signature / Thumb Impression 2nd Unitholder Signature / Thumb Impression 3rd Unitholder Signature / Thumb Impression

Transaction Charges: If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested. Upfront commission shall be paid directly by the investor to the ARN Holder based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Investor(s) Details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Folio No.	Application No.	PAN No. / PEKRN.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Sole / 1st holder	<input type="text"/>	<input type="text"/>
Name of 2nd holder	<input type="text"/>	<input type="text"/>
Name of 3rd holder	<input type="text"/>	<input type="text"/>

First SIP Cheque Details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque No.:	Cheque Amount in Rs.	Cheque Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name:	Branch:	City:

Scheme and SIP Details

<input type="text"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<input type="text"/>	<input type="text"/>
Scheme/Option/ Sub Option	Plan:	SIP Instalment Amount (₹)	SIP Date (Default 10 th)	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)

SIP Top-up (Optional) Top-up Amount (Rs.) (In multiples of Rs. 500/- only) SIP Top Up Frequency Half Yearly Yearly (default) Upper SIP Amount (Rs.)

Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSIF) only, for default values refer SID.

<input type="text"/>	Please tick the appropriate Autoswitch option (any one as per the plan)
Plan Name	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @ age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch
Progressive Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60) <input type="checkbox"/> No Auto Switch
Moderate Plan	

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSIF only.

No Auto SWP Fixed SWP (Select Frequency) Fixed Amount (Frequency Monthly only) Rs.

Monthly or Quarterly (Default)

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

SIGNATURE/S Sole / 1st Unitholder Signature / Thumb Impression 2nd Unitholder Signature / Thumb Impression 3rd Unitholder Signature / Thumb Impression