

SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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 and the distributor has not charged any advisory fees on this transaction. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sole / 1st Applicant Signature / Thumb Impression		2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA
Legal Entity Identifier (LEI) Number			Date of expiry
2 nd Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA
3 rd Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA

3. PURPOSE OF FORM (tick any one)

Fresh Registration Cancellation

4. SYSTEMATIC TRANSFER DETAILS

Flex STP Refer Instruction 5	<input type="checkbox"/> Yes <input type="checkbox"/> No (Default)	Flex STP is available for Monthly and Quarterly frequencies; Flex STP is not available from "Daily / Weekly" IDCW plans of the source schemes; Flex STP is available only in "Growth" option of the target scheme.
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Scheme Details

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one) Flex STP is applicable only under Fixed Amount Transfer Plan.

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP) / 1 st Installment for Flex STP	Amount in Rs. ₹ _____	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	Units in Words
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)	<input type="checkbox"/> IDCW Transfer Plan (DTP)	

Transfer Frequency (Select any one - Not Applicable for IDCW Transfer Plan)

<input type="checkbox"/> Daily	Only from Monday to Friday [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 on our website www.tatamutualfund.com.]	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	In case the day of STP is a non business day the request will be considered for the next business day.
<input type="checkbox"/> Monthly	Date of Transfer	
<input type="checkbox"/> Quarterly	(Mention any date of the month) _____ Default 10 th	

Enrolment Period (Not Applicable for IDCW Transfer Plan)

Start Date	End Date	Number of Installments / Transfers
_____ / _____ / _____	_____ / _____ / _____	_____

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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Acknowledgement Slip



Received from Mr./Ms./M/s. _____ Folio No. _____ STP request

from Scheme _____ to Schemes _____
for Flex FATP FUTP CATP DTP for Amount (₹) _____ / Units _____ Subject to verification.