

FAMILY SOLUTIONS INVESTMENT PLANS FOR LIFE GOALS

Application Form

Sl. No.

Distributor information						
Advisor ARN	ARN- 6574	Representative EUIN	EUIN- E019976			
Sub-broker ARN		Sub-broker/Branch Code				
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. "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."						
Signature: First Holder/Sole applicant Second Holder Third Holder						
Transaction Charges (Refer	detailed Instructions and tick the appropriate option)					
Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.						
☐ I am a first time investor in mutual funds (Rs.150 will be deducted). ☐ I am an existing mutual funds investor (Rs.100 will be deducted)						
Existing Unitholders (Please p	rovide the following details in full)					
First Applicant Name						
Customer Folio No. Account No.						
Unit Holder Information						
(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname) Name of First/Sole Applicant						
Status: Resident Individ	lual □ NRI/PIO □ Others (Please specify)				
	Country of					
	sident only in India for tax purposes. Else, plea					
,	Refer instruction)	*				
Foreign Tax ID Number						
	one and give brief details) Mandatory: \Box Priva	ate Sector □ Public Sector □	l Government Service □ Business			
☐ Professional ☐ Agricultu	ırist □ Retired □ Housewife □ Student □	Others				
	ls (please tick) Mandatory: Income range per a					
\square 1 cr- 5 cr \square 5cr- 10cr \square >	· 10 cr or Net-worth as on (date) $iglta$	M Y Y Y Y Rs	(should not be older than 1 year)			
Please tick, if applicable	□ Politically Exposed Person (PEP)	Related to a Politically Expo	sed Person (PEP)			
PAN No. (Mandatory) Status: □ Resident Individed Nationality □ Please tick if you are a result Country of Tax Residence (Foreign Tax ID Number □ Occupation (please tick any □ Professional □ Agricultus Gross Annual Income Detail □ 1 cr-5 cr □ 5cr-10cr □ >		of Residencesee provide: ate Sector □ Public Sector □ Othersnnum: □ Below Rs. 1lac □ 1-	f Identity & Address ^ □ Proof of KYC* ☐ Government Service □ Business ☐ Identity & Address ^ □ Proof of KYC* ☐ Government Service □ Business ☐ Identity & Address ^ □ Proof of KYC*			
PAN No. (Mandatory) Status: □ Resident Individed Nationality □ Please tick if you are a research Country of Tax Residence (Foreign Tax ID Number Occupation (please tick any □ Professional □ Agricultum Agricultum)	Enclose	of Residence use provide: ate Sector □ Public Sector □ Others	f Identity & Address ^			
	Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr 1 cr-5 cr 5cr- 10cr > 10 cr or Net-worth as on (date) D D M M Y Y Y Y Rs					
		Related to a Politically Expo				

Na	me of Guardian						
Co	untry of birth		_ Date of Birth	# D D M N	M Y Y Y Y	Y Gender: □	Male □ Female
PAN	N No. (Mandatory) ^{\$}	Er	nclosed: □ PAN C	ard Copy 🗆 Proof	of Identity & Addr	ess^ □ Pro	of of KYC*
	tus: Resident Individual NRI/PIO						
	tionality			e			
	Please tick if you are a resident only in India	for tax purposes. Else,	, please provide:				
Co	untry of Tax Residence (Refer instruction)						
For	reign Tax ID Number						
Oc	cupation (please tick any one and give brief d	letails) Mandatory: 🗆	Private Sector [☐ Public Sector	☐ Government S	ervice 🗆 Busin	ess
	Professional Agriculturist Retired	Housewife □ Studen	t □ Others				
Gro	oss Annual Income Details (please tick) Man	datory: Income range	per annum: 🗆 B	elow Rs. 1lac □ 1	-5 lac □ 5-10 lac	□ 10-25 lac □	25-1cr
	I cr- 5 cr \square 5cr- 10cr \square > 10 cr or Net-wort						
	ase tick, if applicable \square Politically Expose						i tilali i year)
	ationship with Minor					(Please specify	relationship)
		Legal Guardian L				_(1 lease specify	relationship)
	de of Operation						
	Single □ Joint □ Either or Survivor(s)					
Pov	wer of Attorney (POA) Details						
Na	me of POA Holder				Date of Birth D	D M M	Y Y Y Y
Enc	losed □ Proof of KYC* □ Proof of Identity &	Address^ □ PAN Card	Copy PAN \$(M	andatory)			
Sta	tus: Resident Individual NRI/PIO	□ Others (Please spe	ecify)	• • • • • • • • • • • • • • • • • • • •	Gend	ler: □ Male	— □ Female
(inc	cluding Sikkim Resident) irrespective of the amount of	investment). For investmen	nts through Micro in	estment route, add	ress proof and identi	ity proof is require	d to be submitted
for o	llowed only for investments through Micro investment luding Sikkim Resident) irrespective of the amount of ate of Birth and Document proof – mandatory for invest evidencing the relationship: - Father/Mother – Photocc estments held in the name of a minor, no joint holders / no	ments through Minors and i	nvestments in FIPE. oning the date of bir	th of the Minor and	viduals may invest)." Parent's Name; Lega	"Please provide foll l Guardian – Court	Order. In case of
inve	estments held in the name of a minor, no joint holders / no	omination will be registered.	. The minor, acting th	rough the guardian, s	should be the first and	sole holder in the F	olio/Account.
I/V	Ve would like to invest in the following sc	hemes to meet my/o	our life goals				
	ase read Product labeling details available on cov			Form.			
Plea	ase fill the details of the goal(s), scheme name(s) an	nd investment amount be	low				ı
	Goal		Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2
	Additional Details	N (O .:		e.g. Deepa's Marriage	e.g. Home/Car	e.g. Sania's Education	e.g. Vacation
	Fund / Scheme Name	Plan/Options	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	1) 2)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	3)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	4)		Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.
t	5)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Regular Investment	6)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
vesti	7)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
r In	8)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
gula	9)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Re	10)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	11)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	12)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	Total Regular Investment per Goal		'			1	!
	Total Regular Investment in all Goals			(in figur	res)		
	C 1		I n.:	Child's France 1	w/ 1.1 p '11 4	Childh Euton 2	w 11 p 11 a
	Goal Additional Details		Retirement	Child's Future 1 e.g. Deepa's Marriage	Wealth Builder 1 e.g. Home/Car	Child's Future 2 e.g. Sania's Education	Wealth Builder 2 e.g. Vacation
		PI (O. d	SIP Amount Rs.	SIP Amount Rs.	SIP Amount Rs.	SIP Amount Rs.	SIP Amount Rs.
	Fund / Scheme Name	Plan/Options	(per installment)	(per installment)	(per installment)	(per installment)	(per installment)
	1)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	2)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	3)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Ţ	4)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
SIP Investment	5) 6)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
vest	7)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
P In	8)		Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.
SI	9)				Amount in Rs.		
	10)		Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.	Amount in Rs. Amount in Rs.
	11)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	12)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
	Total SIP Investment per Installment per Goal		AAA AAMI				
	Total SIP Investment per Installment in all Goals			(in figur	res)		
Amo	ount Invested	(DD Charges)			Amount		
	nent Details Cheque/DD No.			1101 /			
Bran	*	Dank	1	Bank A/C No			
	e register my Pay-in bank details also as one of the banks ir	n my/our account/folio based			e refer the instruction	for supporting docur	ment required for

 $registering \ Bank \ Mandate. \ (Please \ tick \ \square\) \ I \ / \ We \ do \ not \ wish \ to \ register \ this \ bank \ as \ additional \ bank \ in \ my/our \ account \ details.$

Instructions:

Address (Mandatory if you have not completed your KYC process via CVL, else the address of	f the 1st Holder as registered with CVL will be automatically updated in our records)
City State	Country Pincode
Overseas Address for NRIs/PIOs	
City State State Contact Details (Please provide your contact details even if you have already submitted your	Country Pin/Zip
Contact Name	KTC acknowledgement)
Tel STD Code Office	Residence Fax
Email	Mobile Mobile
Franklin Templeton 'Easy' Services	
1. Franklin Templeton Easy e-Update: Receive account statements, annual reports and other information instantly by Email *	3. Franklin Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access your account using TPIN ☐ Yes, I would like to receive my TPIN
Email Address:	4. Franklin Templeton Easy Mobile: Get instant SMS alerts to confirm your
	transactions *
☐ I / We wish to receive the above by email	Mobile Number
☐ I / We do not wish to receive the above by email	I/We wish to register for SMS updates on my/our mobile phone. ☐ Yes ☐ No
Franklin Templeton Easy Web: Access your account and transact online. Register online for Easy web by visiting our website www.franklintempletonindia.com	* Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.
Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a ca	ancelled cheque leaf or a copy of the cheque.
Bank Name	
(Do not abbreviate) Account No.	Branch/City
Please provide the full account number	
Branch Branch	
Address	
Account type For Residents Savings Current For Non-Residents	¬NRO ¬NRE
	□ Repatriable □ Non-Repatriable
*RTGS code *NEFT code	
*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions.	
	rill be the default bank and all redemptions / dividends proceeds will be processed into default bank through ase verify and ensure the accuracy of the bank details provided above and as shown in your account statement. ation provided is incomplete or inaccurate. Multiple Bank Registration Form provided.
Third Party Payment Documents	
of natural love and affection or as gift \square Custodian on behalf of an FII or a Client	rd Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons ection or as gift).
	ALL

THIS PAGE IS INTENTIONALLY

Nomination Details (To be signed by all the joint holders irrespective of the mode of	holdings. In case of more than one nominee, please submit a separate form a	vailable with any of our ISCs or on our website).
Goal 1		
Nominee Name & Address		
Guardian name & address (if nominee is a minor)		
Signature of Nominee / Guardian		(mandatory for minor).
☐ Proof of minor DOB submitted. Witness Name and Address		
	Signature of Witness	
☐ I/We do not wish to nominate any person for my investments. Signature.	ure of Investor(s)	
Nomination Details		
Goal 2		
Nominee Name & Address		
C		
Guardian name & address (if nominee is a minor)		
Signature of Nominee / Guardian_	Nominee Date of Birth	(mandatory for minor)
□ Proof of minor DOB submitted. Witness Name and Address		(manager) for minor).
	Signature of Witness	
☐ I/We do not wish to nominate any person for my investments. Signatu	· ·	
Note: Please submit a separate Nomination form incase of nominations mor	• •	
1000 1 lease submit a separate 140mmation form mease of nonmations mor	c than 2 downs.	
Declaration Having read and understood the contents of the Statement of Additional Informatio		
Memorandum (KIM) of the scheme(s) and the Addenda issued to the SAI, SID and I and/or registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the I/We confirm that the funds invested in the scheme(s) of FTMF legally belong to me/us I/We have read and understood the terms and features of the scheme(s) and associated my/our risk appetite and investment horizon. *I/We confirm that I am/we are Non-Resident Indians / Persons of Indian Origi United States Securities Act of 1933, or as defined by the U.S. Commodity Futures T monies are remitted from abroad through approved banking channels or from my/our I/We hereby declare that all the particulars given herein are true, correct and complete employees or agents liable for any consequences in case of any of the above particularing information provided hereinabove and agree and accept that FTMF, its sponsor, AMC Parties') are not liable or responsible for any losses, costs, damages arising out of any acour not intimating/delay in intimating such changes. I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in information as and when provided by me/us, to any of the Authorised Parties or any I Intelligence Unit- India (FIU-IND), the tax / revenue authorities and other investigninformation / documentation that may be required by the Authorised Parties, in connect agree to abide by the terms, conditions, rules and regulations of the said Facility as maprovided by me/us and is not an 'investment advice'. I/we confirm that the investment agree not to hold FTMF or the Sponsor, the AMC, the Trustee or any of their directors, Facility including non-achievement of goals and loss of profit or principal. **I/We confirm that I/we do not have any other existing investment in the schemes of year. Further, I/we understand and accept that in case FTMF processes this investmen adequate documentation or if the existing aggregate investment together with this prof for future installments and no refund shall be made for the units already allot	the terms, conditions, rules and regulations of the Fund and the SIP/S and I/we have not received nor been induced by any rebate or gifts, did risk factors and have satisfied myself/ourselves about suitability of an I/we have not received nor been induced by any rebate or gifts, did risk factors and have satisfied myself/ourselves about suitability of an I/Qualified Foreign Investors but not United States persons wirading Commission, as amended from time to time or residents of monies in my/our domestic account maintained in accordance with ap to the best of my/our knowledge and belief. I/ We further agree not lars being false, incorrect or incomplete. I/We hereby undertake to C, trustees, their employees, authorised agents, service providers, regitions undertaken or activities performed by them on the basis of the inany form, mode or manner, all / any of the information provided be nation or foreign governmental or statutory or judicial authorities / a gation agencies without any obligation of advising me/us of the sanction with this application. I/We have read and understood the terms a ybe prescribed by FTMF from time to time. I/We understand that the decision is based on my/our judgment and that there is no assurance of the complex of the sanction of the	STP/DTP/SWP as on the date of this investment irectly or indirectly in making this investment. If the scheme(s) for my/our investment in light of the scheme in properties and I/we hereby further confirm that the opticable RBI guidelines. It has been considered in the properties of the following the properties of the following the properties of the distributors (the Authorisec information provided by me/us as also due to my/oby me/us, including all changes, updates to such genetics including but not limited to the Financia and conditions of the Family Solutions facility and the recommendation given is based on the inputs or guarantee that the goal(s) will be achieved. I/We ences arising out of my investments under the said aggregate investments exceeding Rs.50,000/- in a be incomplete in any respect or not supported by under the Micro investment route will be cancelled late that I/We have read and understood the terms site www.franklintempletonindia.com. I/We agree pleton Investments or their employees or agents.
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Disclaimer: In the event of any KYC Application Form being subsequently rejected for cancelled and the amount may be redeemed at applicable NAV, subject to payment of exprescribed in the respective Scheme Information Documents (including ELSS Scheme and if the Central Agency informs that the KYC is cancelled, the original amount investors and if the Central Agency informs that the KYC is cancelled, the original amount investors are the contractions of the contraction of the contracti	xit load, wherever applicable. However, in case of subscriptions in sch s) or a New Fund Offer, allotment may be done only on confirmation ed may be refunded.	aeme where Units are under a lock – in period as n from the Central Agency that the KYC is final
Acknowledgement		Sl.No.
Received from		
		Pin
Payment Details		
Amount	Cheque/DD No.	Date
Bank and Branch details		

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of 'Franklin Templeton Family Solutions'. • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)



Customer Folio

Franklin Templeton Mutual Fund FAMILY SOLUTIONS TO INVESTMENT PLANS FOR LIFE GOALS

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf) Sl.No.

					31.110.	
Advisor ARN	ARN- 6574	Representative EUIN		⊢ EU	JIN- E019976	
Sub-broker ARN			Sub-broker/Branch Code			
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.						
"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						
1/ we fit 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."						
Signature: First Holder/Sole applicant Second Holder Third Holder						
Application for Normal SIP	Micro SIP ☐ (For Micro SIP, Please provid	ie required proof /	documentation)			
Name of Sole/First Account holder			- N I (P)	1 1. 1.1	1. O 4. P. J. F.)	
Existing Unitholders' Folio Number			☐ New Investors (Ple	ease also complete and subi	mit a Common Application Form)	
Existing Unitholders' Account Numl	er					
SIP Details (Please note that a min	mum of 30 days is required to set up the ECS/Direct	Debit) (Please re	ad Product labeling details available	on cover page and instruc	tions before filling this Form)	
`	, , , , , , , , , , , , , , , , , , , ,	, (
All SIP investments in this form must	ave the same investment frequency, SIP Date and ECS Pe	riod. In case you w	•	,	, 1	
Frequency: Monthly Qua	terly; SIP Date: 🗌 1st 🗎 7th 🗎 10th 🗀 20th 🗀] 25th;	ECS Period: ☐ Fro	om: m m y y	y y To: m m y y y y	
Goal & Additional Details						
Scheme						
Plan			Option			
SIP Amount Rs. (per installment)	J		Option			
и , г			D NI		/ (f (ff 1)	
Account No.			Regn. No.		(for office use only)	
Goal & Additional Details						
C-1						
Scheme			1 0 : 1			
Plan			Option			
SIP Amount Rs. (per installment)						
Account No.			Regn. No.		(for office use only)	
Goal & Additional Details						
Scheme						
Plan			Option			
SIP Amount Rs. (per installment)	J					
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Account IVO.			Regii. 140.		(for office use only)	
0 10 41111 10 11						
Goal & Additional Details						
Scheme						
Plan			Option			
SIP Amount Rs. (per installment)	ı					
Account No.			Dans Na		(for office use only)	
Account No.			Regn. No.		(for office use offly)	
	rom which ECS/Direct Debit is to be effected). I/We			ures: If 1st installmen	t is not by cheque	
-	prized service providers to Debit my/our account listed	below by ECS (E		1.1 7.0	• 1	
Clearing Services) / Direct Debit for	ollection of SIP payments.		□ Diank cancelled	l cheque □ Copy of	cneque	
D	CID (Di				-4:	
	Aicro SIP (Please provide any one of the	e name of ider			ictions)	
Identification document	Field Issuing Author	rity	Docu	ment Identification No		
Bank Details				a Dista MICD Co. I.		
Bank Details				9 Digit MICR Code		
Bank Name						
Branch Name						
1				Account Type		
Address				☐ Savings	□ CC/OD	
City				☐ Current	□ NRE/NRO(please 🗸)	
Account Number				Places provide the MIC	R Code of the bank branch from where the	
Account Holder Name						
as in Bank Account				ECC/D: D.L.:	be effected.	
				ECS/Direct Debit is to		
Authorisation of the Bank Acco	nt Holders				nk Account holders	
		and that my/our r	ayment towards my/our investment	Signatures of Bar		
This is to inform that I/We have registe	ed for RBI's Electronic Clearing Service (Debit Clearing)			Signatures of Bar	nk Account holders	
This is to inform that I/We have registed in Franklin Templeton Mutual Fund s		ant number with y	our bank. I/We authorize Franklin	Signatures of Bar 1st Huder/Guard	ian	
This is to inform that I/We have registe in Franklin Templeton Mutual Fund s Templeton Asset Management (India)	ed for RBI's Electronic Clearing Service (Debit Clearing) all be made from my/our below mentioned bank accou	unt number with y utual Fund) acting	our bank. I/We authorize Franklin through their service providers and	Signatures of Bar 1st Huder/Guard		
This is to inform that I/We have regists in Franklin Templeton Mutual Fund's Templeton Asset Management (India) representative carrying this ECS mandi	ed for RBI's Electronic Clearing Service (Debit Clearing) all be made from my/our below mentioned bank accou vrt. Ltd. (Investment Manager of Franklin Templeton Mr	unt number with y utual Fund) acting	our bank. I/We authorize Franklin through their service providers and	Signatures of Bar 1st Hoder/Guard 2nd Holder	ian	
This is to inform that I/We have regists in Franklin Templeton Mutual Fund s Templeton Asset Management (India) representative carrying this ECS mands Bank Account Number	ed for RBI's Electronic Clearing Service (Debit Clearing) all be made from my/our below mentioned bank account. Ltd. (Investment Manager of Franklin Templeton Mine form to get it verified and executed. Mandate verification	unt number with y utual Fund) acting ion charges if any,	your bank. I/We authorize Franklin through their service providers and may be charged to my/our account	Signatures of Bar 1st Hyder/Guard 2nd Holder 3rd Holder	ian	
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