## Franklin Templeton Mutual Fund

## **Common Transaction Form**

| Tankini Ten   | ibiet   | on Mutual I   | unu   |  |  | 4.13   |  | •   |   |
|---|---|---|---|--|--|--|--|---|---|
| Advisor ARN   |   | 9992  |   | Representative   | EUIN   |  |  |   |   |
| Sub-broker ARN  |   |   |   | Sub-broker/Bi  | anch Code  |  |  |   |   |
| The upfront commission on investment made by<br>"I/We hereby confirm that the EUIN box has be<br>advice of in-appropriateness, if any, provided by the  | een intentionally   | y left blank by me/us as this transaction is o  | executed without  | any interaction or advice  |  |  |  |   |   |
| Signature: First Holder/Sole applicant  |   | Second Holder   | Third   | Holder   |  |  |  |   |   |
| This Form is for use of Existing • SWITCH • CHANGE OF BA • Online Account Access • SIP, Please use separate Transactions  | NK DETA<br>SWP/STP,   | AILS • E-MAIL COMMUN<br>/DTP • NOMINATION DI  | ICATIONS<br>ETAILS • F  | S  |  | C) For   | Office Use O   | nly   |   |
| Existing Unitholder Info  | ormation  | n   |   |  |  |  |  |   |   |
| Name of Sole / First Account h  |   |   | e/last name   | )  | Account No.  | _  | · Folio No.  |   |   |
| Transaction Charges (   | Refer Instr   | ruction)  |   |  |  |  |  |   |   |
| Applicable for transactions route   | •   | · · · · · · · · · · · · · · · · · · ·   | no have opte  | d to receive transa  | action charges. For  | an existing mu   | tual funds inve  | stor Rs.100 will b  | e deducted  |
| Depository Account D  | etails  |   |   |  |  |  |  |   |   |
| The units are offered for su<br>DEPOSITORY ACCOUN'<br>form and in such cases Accou<br>Form matches with the sequer  | T DETAI<br>nt Statem  | LS' below. If such details<br>ent would be issued for va  | are not gi  | ven, it would b  | e deemed that y  | ou have opt  | ed for subsc   | ribing unit(s) i  | n physical  |
| Depository Name   |   | National Securities Deposito  | ry Limited  | (Please tick)  | ☐ Central De   | epository Ser  | vices (India)  | Limited (Please   | tick)   |
| Depository Participant Nam  | ie  |   |   |  |  |  |  |   |   |
| DP ID   | I   | N   |   |  | (16 digit benefic  | ciary A/c No. (  | DPID & BEN   | ID) to be mention   | ned below)  |
| Beneficiary Account Number  | er  | -   |   |  |  |  |  |   |   |
| Additional Purchase O Please read Product labelin Scheme  |   | available on cover page o   |   | d KIM and inst   |  | filling this   |  |   |   |
| Amount (in figures)   |   |   |   |  | me name is encl  |  |  |   |   |
| Cheque/Draft No.  | Ch  | neque/Draft Dated   |   | Drawn on (Na   | me of Bank and   | Branch)  |  |   |   |
| Drawn from Bank-Account   |   |   |   |  |  |  |  |   |   |
| Instructions: * a) For payments<br>to your account or a letter from<br>instrument must complete a "3rd  | s by deman<br>your banke<br>l Party Dec   | d draft of Rs. 50,000 & above.<br>r confirming the account debi<br>laration" available on our webs  | , please atta<br>ited for issue<br>site in the KI   | ch proof of debit<br>e of the DD. b) If<br>M and Applicatio  | to your bank acco<br>the payment is not<br>n Form section.   | ount by way of<br>t made from th   | a copy of the l<br>e investor's acc  | OD request evide<br>count, issuers of t   | ncing debit<br>he payment   |
| Third Party Payment Do  |   |   |   |  |  |  |  |   |   |
|   | Payment land a Client eclaration from a ffection of the land affection of the land affection of the land a ffection of the land a ffetting a | by Parents/Grand-Parents/relate:  Payment by Employer of the combeneficiary  Declaration or as gift for a value not exceed the combeneficiate   | on behalf of<br>ion from Th<br>eding Rs.50,   | Employee - under<br>aird Party (Custod<br>,000/-). – incase o  | Payroll deductions<br>ian, Employer or P<br>f person other ther  | s<br>Parents/Grand-I<br>n Guardian).   | Parents/related  | persons on behal  |   |
| Declaration   |   |   |   |  |  |  |  |   |   |
| Having read and understood the contents of the regardinon of EMPSTP OIP SWP as indicated I/We confirm that the funds invested legally below in 1/We confirm that I me, we are Non-Recommens are remitted from abroad through approve "e I / We confirm that I am / we are Non-ReCommodity Futures Irading Commission, as maintained in accordance with applicable RBI gui   | ed banking chans<br>sident Indians /<br>amended from  | ns of Indian Origin but not United States per<br>nels or from my/our monies in my/our NRE/I<br>Persons of Indian Origin / Qualified Forei,<br>time to time or residents of Canada, and I /  | NRO Account.  gn Investors but  we hereby furth   | not United States person<br>her confirm that the monie   | s within the meaning of R<br>s are remitted from abroad  | tegulation (S) under through approved bar  | he United States Sec<br>king channels or from  | urities Act of 1933, or as<br>n my/our monies in my/o   | defined by the lour domestic acco   |
| I/We hereby declare that all the particulars given<br>particulars being false, incorrect or incompleted I<br>Parties) "FTMI, its sponsor, AMC, trustees, the<br>by then on the basis of the information provided<br>by the on the basis of the information provided<br>provided by me without any obligation of advisin<br>of the Family Solutions facility and agree to abid<br>me/us and that there is no assurance or guarantee<br>out of my investments under the said Facility ind<br>I/We confirm that the subscription money paid is<br>services and also the disclaimer and terms and co<br>Templeton Investments "or their employees or ag<br>The ARN holder has disclosed to me/us all the cc | herein are true, or<br>hereby undertake<br>remployees, auth<br>d by me as also d<br>or any Indian or :<br>g me/us of the sa<br>e by the terms, or<br>that the goal(s) w<br>uding non achies<br>in accordance wi<br>nditions as postee<br>ents" responsible<br>ommissions (in th   | orrect and complete to the best of my/ our kinc<br>to promptly inform the mytural fund of any -<br>to promptly inform the mytural fund of any -<br>to provide and the provide and the provide and -<br>une. Thereby agree to provide any additional in<br>onditions, rules and regulations of the said Fa-<br>will be achieved. I agree not to hold Franklin Te-<br>ement of goals and loss of profit or principal,<br>the requirements regarding 3rd party paying<br>do not be website, www.franklintempletoninals<br>for any action relating to the use of HPIN/T<br>to form of the form of the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the pro-<br>tein of the provided and the provided and the provided and the pro-<br>tein of the provided and the provided and the provided and the pro-<br>tein of the provided and the provi | owledge and belief<br>changes to the infe<br>so or the distributo<br>such changes. I he<br>authorities / agenc<br>information / docu<br>cility as may be pre-<br>pempleton Mutual F<br>ment for subscription<br>acom. I/We agree:<br>PIN/ Email service.<br>), payable to him f | 1. I turther agree not to hok ormation provided hereing are the Authorised Parties repeby authorize the mutual cies including but not limit mentation that may be requestribed by Franklin Temp Frankl | I Frankin Templeton Invests bowe and agree and accept [1], "are not liable or responsib fund to disclose, share, remed to the "Financial Intellige urized by the Authorised Partleton Mutual Fund from tin MC, the Trustee or any of th re that I/ We have read and us, terms and conditions for Schemes of various Mutual I | ments "or their emplo<br>hat the Mutual Funds,<br>le for any losses, costs,<br>it in any form, mode e<br>ence unit-India (FIU-I-<br>ies, in connection with<br>hie to time. I understar<br>ieir directors, employee<br>understood the terms a<br>HPIN usage and onli<br>Funds from amongst v | yees or agents' hable their authorised agen<br>their authorised agen<br>damages arising out of<br>ND) including all cha<br>this application. I haw<br>di that the recommen-<br>is, affiliates or represen-<br>nd conditions for HP,<br>ne transactions/ TPIN<br>which the Scheme is be | or any consequences in cases, representatives, distribut any actions undertaken of the information provided niges, updates to such inforerad and understood the lation given is based on the lation given is based on the lation given is lating the lation given is lating the lating and online transactific the lating the lating and online transactific the lating the lating recommended to me/u ingrecommended to me/u ingrecommended to me/u ingrecommended to me/u | se of any of the a<br>tors ('the Autho'<br>r activities perfor<br>by me to Autho'<br>rmation as and v<br>terms and condit<br>ee inputs provide<br>consequences ar<br>ctions/ TPIN/ E<br>not to hold Frar<br>is. |
| and accept that in case Franklin Templeton Mutu<br>installments together with this proposed SIP installed.  | al Fund processes<br>illments exceeds I   |   |   | lication is subsequently for<br>for future installments and  | nd to be incomplete in any i<br>no refund shall be made for t  |  | ed by adequate docum<br>d.   | entation or if the existing   | iggregate investr   |
| Sole/First Holder/Guardian  |   | Second H  | TOTUET  |  |  | Third Holder_  |  |   |   |

Sl. No

\* Applicable to NRI / PIO / QFI  $\,\,$  \*\* Applicable to Micro-investments

| Advisor ARN   | 9992   | Representative EUIN  |  |  |
|---|--|--|--|--|
| Sub-broker ARN  |  | Sub-broker/Branch Code   |  |  |
| "I/We hereby confirm that the EUIN box has advice of in-appropriateness, if any, provided by t  | been intentionally left blank by me/us as this transaction is executed without<br>the employee/relationship manager/sales person of the distributor/sub broker."   | any interaction or advice by the employee/relation   | stor's assessment of various factors including service rendered by the ARN Hole<br>niship manager/sales person of the above distributor/sub broker or notwithstance  |  |
| -   | Second HolderThird I   | Holder   |  |  |
| Transaction Charges   | /  |  | 16 11 7 42 111 1   |  |
| 11  | 0 0  | d to receive transaction charges. Fo   | or an existing mutual funds investor Rs.100 will be deduct   | ted  |
| Existing Unitholder Inf   |  |  |  |  |
| Name of Sole / First Account  | holder (Leave space between first/middle/last name)  | ) Account N  |  |  |
| Please read Product labeli  | ng details available on cover page of SID and  | l KIM and instructions befor   | Customer Folio Nore filling this Form.   |  |
| Redemption  |  |  |  |  |
| Scheme  |  |  | ny/our Franklin Templeton units as per following deta  | ils.   |
| Amount (in figures)   |  |  |  | _  |
| Units (in figures)  | Units (in words)   |  | Please fill any one i.e. either Amount or number of Ur   | nits.  |
| Switch  |  |  |  |  |
| (Source Scheme)   | Plan Option Ac   | acount No  |  |  |
| Please transfer   | nits or Rs to (Destination sch   | eme name)  | Destination Sche   | -me  |
| Account No (if available)   | Pla  | n/Option   | Destination Sche<br>Others Specify   | IIIC   |
| Systematic Investment   | Plan (SIP) through PDC Application for   | Normal SIP □ Micro SIP □ (F  | or Micro SIP, Please provide required proof /documentation   | on)  |
|   |  |  | account No.  |  |
|   | Quarterly; Date \(  \) 1st \(  \) 7th \(   \) 10th \(   \) 20th  |  |  |  |
|   |  |  |  |  |
| Channelle Feriod From   |  |  | 1010. Of Cheques   |  |
| Cheque No(s). From  |  | S  |  | 1  |
| Drawn on Bank / Branch  | cro SIP (Please provide any one of the name o  | f:1:f::1   | City   |  |
| Identification document  Disclaimer: In case the Micro SIP  | Field Issuing Author   | rityDo   | ocument Identification No. documentation or if the existing aggregate investment instalms and no refund may be made for the units already allotted.  | _<br>nents   |
|   |  | n may be cancelled for future instalment   | s and no refund may be made for the units already allotted.  |  |
| Systematic Transfer Pl  | an (STP)   |  |  |  |
| (Source Scheme)   |  | N.T.   |  |  |
| Scheme Name Place transfer \( \Pi \) Fixed \( \Delta \)   | Plan Option Ac   | Count No   | Destination scheme name)   | _  |
| Destination Scheme Accou  | unt No (if available)  | Plan/Option  | Destination scheme name)Others Specify   | _  |
| Frequency 🗆 Daily 🗆 We  | ekly □ Monthly □ Quarterly   |  |  | _  |
|   |  |  | _/ (dd/mm/yy)To/ (dd/mm/y  | /y)  |
| However, the following sche   | mes/plans/options are not available as Source Sche   | eme: • TIPP • TICAP • F  | IT • TGSF - PF Plan  |  |
| Dividend Transfer Plan  | n (DTP)  |  |  |  |
| Scheme Name   | Plan Option Ac   | count No.  |  |  |
|   | r Dividend to the following: □ New Scheme I  |  | ng Account No., if any in this scheme  |  |
|   |  |  |  |  |
| Systematic Withdrawa  | l Plan (SWP)   |  |  |  |
|   | Plan Option Ac   |  |  |  |
| Frequency   Monthly   | Quarterly   Fixed Amount Rs  ness day of month (Applicable for fixed amou  | OR 🗆 Capital Apprecia  | ation  |  |
|   |  | ant), Enrolment Period From  | / (mm/yy) To/ (mm/yy)  |  |
| Franklin Templeton 'Ed  | ısy' Services  |  |  |  |
| 1. Franklin Templeton Easy Email Address:   | r e-Update: Receive account statements, annu   | al reports and other informat  | tion instantly by Email *  |  |
| $\square$ I / We wish to receive t  | the above by email; $\square$ I / We do not wish to re   | eceive the above by email  |  |  |
| 2. Franklin Templeton Easy  | Web: Access your account and transact online. P  | Register online for Easy web by  | visiting our website www.franklintempletonindia  | .com   |
|   |  |  | TPI  |  |
|   |  |  | Number   |  |
| 1/We wish to register for S   | SMS updates on my/our mobile phone.   Ye   | es 🔲 No<br>the default ention is a receive the eccount stateme   | ent, annual report and other correspondence by E-mail and receive SMS updates on   | , mahila   |
| D   |  |  |  |  |
| Having read and understood the contents of the  | e Statement of Additional Information Scheme Information Document of the Fig.  | nd the Key Information Memorandum and the Add  | enda issued till date. I/we hereby apply to the Trustees of Franklin Templeton Mutual.   | Fund for   |
| registration of SIP/STP/DTP/SWP as indicated I/We confirm that the funds invested legally belo  | I above, and agree to abide by the terms, conditions, rules and regulations of the F<br>ong to me/us and that I/we have not received nor been induced by any rebate or gif   | fund and the SIP/STP/DTP/SWP as on the date of ts, directly or indirectly in making this investment.   | this investment. I/We hereby declare that the particulars given above are correct and c  | omplete.   |
| "1/ We confirm that I am / we are Non-Reside<br>monies are remitted from abroad through appro<br>"* I / We confirm that I am / we are Non-Re<br>Commodity Futures Trading Commission, a   | nt Indans / Persons of Indan Origin but not United States persons within the my<br>ved banking channels or from my/our monies in my/our NRE/NRO Account,<br>esident Indians / Persons of Indian Origin / Qualified Foreign Investors but<br>a amended from time to time or residents of Canada, and I / we hereby furth  | eaning of Regulation (S) under the United States Sec<br>not United States persons within the meaning of<br>er confirm that the monies are remitted from abroa  | cuntues Act of 1933, as amended from time to time, and I / We hereby further confirm:<br>Fragulation (S) under the United States Securities Act of 1933, or as defined by<br>ad through approved banking channels or from my/our monies in my/our domestic   | the U.S.   |
| I/We hereby declare that all the particulars giver<br>particulars being false, incorrect or incomplete.   | accuries.  I herein are true, correct and complete to the best of my/our knowledge and belief  bereby undertake to promptly inform the mutual fund of any changes to the inf   | . I further agree not to hold Franklin Templeton Invo  | estments "or their employees or agents" liable for any consequences in case of any of t<br>t that the Mutual Funds, their authorised agents, representatives, distributors ('the Ar  | he above<br>uthorised  |
| Parties) "FTMF, its sponsor, AMC, trustées, the<br>by them on the basis of the information provide<br>Parties including "any of the Authorised Parties<br>provided by me without any obligation of advisis<br>of the Family Solutions facility and agree to abi<br>me/us and that there is no assurance or guarante<br>out of my investments under the said Facility in | ir employees, authorised agents, service providers, representatives or the distributor of by me as also due to my not intimating / delay in intimating such changes. I he or any Indian or foreign governmental or statutory or judical authorities / agenc ng me/us of the same, I hereby agree to provide any additional information / focus ng me/us of the same, I hereby agree to provide any additional information / focus of the provider of the providers of the provide | us ('the Authorised Parties) "are not libble or respon'<br>ereby authorize the mutual fund to disclose, share, re<br>cies including but not limited to the" Financial Intell<br>mentation that may be required by the Authorised P<br>escribed by Franklin Templeton Mutual Fund from<br>'und or the Sponsor, the AMC, the Trustee or any of | enda issued till date. I/we hereby apply to the Trustees of Franklin Templeton Mutual this investment. I/We hereby declare that the particulars given above are correct and excurities Act of 1933, as amended from time to time, and I / We hereby further confirm? Regulation (S) under the United States Securities Act of 1933, or as defined by did through approved branking channels or from my/our monies in my/our domestic strements "or their employees or agents" liable for any consequences in case of any of the theorem of the Mutual Funds, their authorised agents, representatives, distributors (the Assible for any losses, costs, damages arising out of any actions undertaken or activities a penit in any form, mode or manner, all / any of the information provided by me to Attent to time. I understand that the recommendation given is such information as arties, in connection with this application. I have read and understood the terms and the recommendation given is such information as the other contents of the properties of the difference of the di | erformed<br>athorised<br>and when<br>onditions<br>ovided by<br>ses arising |
| I/We confirm that the subscription money paid Services and also the disclaimer and terms and co   | is in accordance with the requirements regarding 3rd party payment for subscriptio onditions as posted on the website, www.franklintempletonindia.com. I/We agree : www.franklintempletonindia.com. I/We agree : www.franklintempletonindia.com. I/We agree : www.franklintempletonindia.com.  | ons I/We confirm and declare that I/ We have read an<br>and shall abide by the norms, terms and conditions f   | d understood the terms and conditions for HPIN usage and online transactions/ TPIN or HPIN usage and online transactions/ TPIN/ Email services and agree not to hold   | V/ Email<br>Franklin   |
| The ARN holder has disclosed to me/us all the c   | commissions (in the form of trail commission or any other mode), payable to him f<br>there existing Systematic Investment Plan (SIP) investment with Franklin Templero   | or the different competing Schemes of various Mutu<br>n Mutual Fund which together with this proposed SI   | al Funds from amongst which the Scheme is being recommended to me/us.<br>P will result in aggregate investments exceeding Rs.50.000/- in a year. Further. I/we un  | nderstand  |
| and accept that in case Franklin Templeton Mut-<br>installments together with this proposed SIP inst  | aal Fund processes "this investment /" the first Micro SIP installment and the appl<br>allments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled i  | lication is subsequently found to be incomplete in ar<br>for future installments and no refund shall be made fo  | ly respect or not supported by adequate documentation or if the existing aggregate into<br>or the units already allotted.  | vestment   |
| Sole/First Holder/Guardian  | Second Holder  | 2  | Third Holder   |  |

| Existing Unitholder Information  |                                      |  |                                      |
|--|--------------------------------------|--|--------------------------------------|
| Name of Sole / First Account holder (Leave space between f   | irst/middle/last name)               | Account No.                                      |                                      |
| /V   |                                      | Customer Folio 1                                 | No.                                  |
| <b>Know Your Customer (KYC)</b> KYC Compliance is mandatory for all investors irrespective of a                          | nny amount. Please provide a copy of | the KVC acknowledgement issued by CVI            | Investments without valid KYC may    |
| be rejected. If you have already provided a MIN/KYC acknowle   |                                      |  | investments without valid KTC may    |
| Proof of KYC enclosed: $\Box$ 1st Holder $\Box$ 2nd Holde  | er 🗆 3rd Holder 🗀 Gua                | rdian 🗆 POA Holder                               |                                      |
| PAN Details - (Mandatory for all Investors regardless of mo  | Ü                                    | ion including joint holders, guardians in case o | of minors, PoA holders and NRIs)     |
| Please Provide your PAN details if you have not registered the<br>Sole/First Applicant/Guardian                          | em before<br>Second Applicant        | Third Applicant                                  | PoA Holder                           |
| PAN  |                                      |  |                                      |
| Enclosed:   Copy of PAN Card/KYC ack.  Commandatory Enclosures: PAN card copy or copy of KYC ackr                        | opy of PAN Card/KYC ack.             | ☐ Copy of PAN Card/KYC ack.                      | ☐ Copy of PAN Card/KYC ack.          |
| Change of Address  | Towned Transactions not me           | trading these mandatory encrosures may be        | rejected                             |
| New Address  |                                      |  |                                      |
|  |                                      |  |                                      |
| City   |                                      |  |                                      |
| State State  |                                      |  | Pin                                  |
| Addition of Bank Account (Mandatory - For new in   | vestors) - For payment through ele   | ctronic mode, please attach a cancelled che      | que leaf or a copy of the cheque.    |
| Scheme Account No.   |                                      |  | ☐ All Schem                          |
| Bank Account Number (Please provide the full Account   |                                      |  |                                      |
| Account type □ Savings □ Current □ NRO □ NRE   | ,                                    |  |                                      |
|  | Name                                 |  | Pin                                  |
|  | sa (IOD 1                            |  |                                      |
|  | "MICK code                           | *NEFI code*                                      |                                      |
| Document attached (Any one)  | –                                    |  |                                      |
| Cancelled Cheque with name of 1st unit holder pre-   | printed 🗆 Bank Statement and         | d cancelled cheque 🔲 Pass Book and               | cancelled cheque                     |
| ☐ Others please specify  |                                      |  |                                      |
| Nomination Details (To be signed by all the joint holders irrespe  |                                      |  |                                      |
| Guardian name & address (if nominee is a minor)  |                                      |  |                                      |
|  |                                      |  |                                      |
| Nominee Date of Birth DD MM YYYY   |                                      |  |                                      |
| ☐ Proof of minor DOB submitted. Signature of Invest  | or(s)                                |  |                                      |
| Signature of Nominee / Guardian (Optional)   |                                      |  |                                      |
| Witness Name and Address   |                                      |  |                                      |
|  |                                      | Signature of Witness                             |                                      |
|  |                                      |  |                                      |
| ☐ I/We do not wish to nominate any person for my inv   | restments. Signature of Investor(    | s)   |                                      |
| Note: Nomination cannot be registered in Folios/Accord   | unts held in the name of a minor.    |  |                                      |
| Declaration  |                                      |  |                                      |
| /We have read and understood the contents of the Statement<br>he Addendum(s) issued from time to time and the Key Inform |                                      |  |                                      |
| Sole/First Holder/Guardian   | Second Holder                        | Third Holder                                     |                                      |
| Date:  |                                      |  | * Applicable to Non Resident Investo |
| Date:  |                                      |  | **                                   |
|  | Acknowledgement Slip (To be filled   | l in by the Investor)                            |                                      |
| stomer Folio   | Date                                 | :  |                                      |
| ceived from  |                                      |  |                                      |
| Additional Purchase or □ SIP : Total Amount (Rs.)  | Total Cheque(s)                      | Cheque No.(s)                                    | Service Centre                       |
| Redemption or □ Switch : Amount (Rs.)  | 2 17                                 |  | Signature & Stamp                    |
| SWP   STP   DTP   Change of Bank Account   Nominat   |                                      |  |                                      |