Debit Mandate Form NACH (One Time Mandate - OTM) - Tata Retirement Savings Fund

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

TATA mutual fund

UMRN (Office use only) Date D D M M Y Y Y Y

UTILITY CODE (Office use only) ○ CREATE ○ MODIFY ○ CANCEL

Sponsor Bank Code (Office use only) I/We hereby authorize **TATA MUTUAL FUND**

To debit (tick ✓) 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) ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

FREQUENCY ☒ Daily ☒ Weekly ☒ Bi Monthly ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Annualy ☑ As when presented

Reference 1 Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit the account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years only

PERIOD
From D D M M Y Y Y Y
to D D M M Y Y Y Y
Max Validity: 40 years only.

Sign (Signature of primary Account Holder) Sign (Signature of Account Holder) Sign (Signature of Account Holder)

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

SIP Registration (For OTM Registered Investors only)

Please tick (✓) as applicable: ☐ Registration of SIP ☐ Registration of MICRO SIP ☐ Renewal of SIP

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf)

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR ☐ 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.		
Sign here	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Investor Details Application No. Folio No.

1st Holder Name	PAN
2nd Holder Name	PAN
3rd Holder Name	PAN

First SIP Cheque Details

Cheque No.	Cheque Amount in Rs.	Cheque Date D D / M M / Y Y Y Y
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: ☐ Regular ☐ Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
			☐ Daily ^ ☐ Weekly ☐ Monthly * ☐ Quarterly	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
				^ Daily SIP - Monday to Friday - On Business Days only	

Day of the week for weekly frequency : ☐ Monday ☐ Tuesday ☐ Wednesday *(Default)* ☐ Thursday ☐ Friday

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

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

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)	
Progressive Plan	☐ Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), ☐ Auto Switch Option 2 (Progressive to Conservative @ age 60) ☐ No Auto Switch	
Moderate Plan	☐ Auto Switch Option 3 (Moderate to Conservative @ age 60)	☐ No Auto Switch

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

☐ No Auto SWP	☐ Fixed SWP (Select Frequency) ☐ Monthly or ☐ Quarterly (Default)	☐ Fixed Amount (Frequency Monthly only) Rs.

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 to make payments 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 cometing Schemes of various Mutual Funds from amoungs which the Scheme is being recommended to me /us.

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

Received for Folio No. / Application No. _____ ☐ OTM Debit Mandate Form ☐ SIP Form

THIS SPACE IS INTENTIONALLY LEFT BLANK