

# FRANKLIN TEMPLETON MUTUAL FUND - FAMILY SOLUTIONS APPLICATION FORM

Sl. No.

## Distributor Information

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For Office Use Only
				Application received

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.

Applicable only if ARN is mentioned but EUIN box is left blank: "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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Applicable only if RIA Code is mentioned: "I/ We hereby give you my/our consent to share/ provide the transaction datafeed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser whose code is mentioned herein."

Signatures First/Sole Applicant/Guardian  Second Applicant  Third Applicant

## 1 Transaction Charges (Refer Instruction No. 13 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).

## 2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)

First Applicant Name \_\_\_\_\_ Customer Folio No. \_\_\_\_\_ Account No. \_\_\_\_\_

## 3 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 \_\_\_\_\_

City & Country of birth \_\_\_\_\_ Enclosed:  PAN Card Copy  CKYC application/KYC acknowledgment\*  PEKRN/Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor\*\*  Father  Mother  Legal Guardian  (Please specify relationship) \_\_\_\_\_

Name of Guardian \_\_\_\_\_

City & Country of birth \_\_\_\_\_ Enclosed:  PAN Card Copy  CKYC application/KYC acknowledgment\*  PEKRN/Proof of Identity & Address ^

Power of Attorney (POA) Details: Name \_\_\_\_\_

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_

Enclosed:  PAN Card Copy  CKYC application/KYC acknowledgment\*  PEKRN/Proof of Identity & Address ^

## 4 Joint Holder Information (If any) Mode of Operation: Single Joint Either or Survivor(s) [Default]

Name of Second Applicant \_\_\_\_\_

City & Country of birth \_\_\_\_\_ Enclosed:  PAN Card Copy  CKYC application/KYC acknowledgment\*  PEKRN/Proof of Identity & Address ^

Name of Third Applicant \_\_\_\_\_

City & Country of birth \_\_\_\_\_ Enclosed:  PAN Card Copy  CKYC application/KYC acknowledgment\*  PEKRN/Proof of Identity & Address ^

## 5 Additional Information

Applicant	PAN No. (Mandatory)	Adhaar No. (Mandatory if KYC is done through Aadhaar)	KIN No. (Mandatory if KYC is done through CKYC)	Date of Birth*	Gender
1st	_____	_____	_____	DD MM YY YY YY YY	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	_____	_____	_____	DD MM YY YY YY YY	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	_____	_____	_____	DD MM YY YY YY YY	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA	_____	_____	_____	DD MM YY YY YY YY	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned

## 6 KYC/FATCA/CRS/UBO Details (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian#	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI				Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FATCA / CRS / Ultimate Beneficiary Owner (UBO) details (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Non individuals/HUF: Mandatory to enclose FATCA / CRS / UBO Annexure

For Individuals (including sole proprietor) - Tax residence declaration

Nationality \_\_\_\_\_

Are you a tax resident of  Yes  Yes  Yes  Yes  
any country other than  No  No  No  No

If Yes: Mandatory to enclose FATCA / CRS Annexure

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable	Occupation details for 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest)

Gross Annual Income Range (in Rs.)	Below 1 lac	1-5 lac	5-10 lac	10-25 lac	25 lac- 1 cr	1-5 cr	5 - 10 cr	> 10 cr
Below 1 lac	<input type="checkbox"/>							
1-5 lac	<input type="checkbox"/>							
5-10 lac	<input type="checkbox"/>							
10-25 lac	<input type="checkbox"/>							
25 lac- 1 cr	<input type="checkbox"/>							
1-5 cr	<input type="checkbox"/>							
5 - 10 cr	<input type="checkbox"/>							
> 10 cr	<input type="checkbox"/>							

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on
	DD MM YY YY YY YY			

<sup>\*</sup> Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. <sup>\*\*</sup> KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYC. <sup>^</sup> Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. <sup>\*\*</sup> Please provide following documents for evidencing the relationship:- Father/ Mother - Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name/ Legal Guardian - Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

## 7 Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. # \_\_\_\_\_

Branch/City \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin \_\_\_\_\_

Account type For Residents  Savings  Current | For Non-Residents  NRO  NRE  FCNR  Others \_\_\_\_\_

\*RTGS/NEFT/IFSC code \_\_\_\_\_ \*MICR code \_\_\_\_\_

Enclosed:  Multiple Bank Registration Form

Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) [ ] . #Please provide the full account no. <sup>3</sup> For more details on RTGS/NEFT/IFSC/MICR codes, please refer detailed instructions on page no. 13.

## Acknowledgement Slip

Received from \_\_\_\_\_

Sl. No. \_\_\_\_\_

Pin \_\_\_\_\_

Payment Details			
Amount _____	Cheque/DD No. _____	Date _____	Bank and Branch details _____

**8 Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)**

Name of Sole Proprietor/ Karta/ Contact Person (Non Individuals)

Type of address given at KYC:  Residential or Business  Residential  Business  Registered Office

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pincode \_\_\_\_\_

Overseas Address for NRIs/PIOs \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Pin/Zip \_\_\_\_\_

Tel \_\_\_\_\_ STD Code \_\_\_\_\_

Office \_\_\_\_\_

Residence \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

I / We do not wish to receive my/our account related communication by email

I/We do not wish to register for SMS updates on my/our mobile phone

In case no option is selected 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.

Mandatory if you have not completed your KYC process via CKYC / KRA, else the address of the 1st Holder as registered with CKYC / KRA will be automatically updated in our records. Address of tax residence would be taken as available in CKYC / KRA database. In case of any change please approach CKYC / KRA & notify the changes.

**9 Investment Details! I/We would like to invest in the following schemes to meet my/our life goals (Please read Product labeling details available on cover page of KIM)**

GOAL		Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2
Additional Details		(e.g. Deepa's Marriage, e.g. Home/Car, e.g. Sania's Education, e.g. Vacation)				
Regular Investment	Fund / Scheme Name	Plan/Options	Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	1)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	2)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	3)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	4)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	5)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	6)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
Total Regular Investment per Goal						
Total Regular Investment in all Goals			(in figures)			
GOAL		Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2
Additional Details		(e.g. Deepa's Marriage, e.g. Home/Car, e.g. Sania's Education, e.g. Vacation)				
SIP Investment	Fund / Scheme Name	Plan/Options	SIP Amount ₹ (per installment)			
	1)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	2)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	3)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	4)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	5)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
	6)		Amount in ₹	Amount in ₹	Amount in ₹	Amount in ₹
Total SIP Investment per Installment per Goal						
Total SIP Investment per Installment in all Goals			(in figures)			

Amount Invested \_\_\_\_\_ (DD Charges) \_\_\_\_\_ Net Amount \_\_\_\_\_

Payment Details Cheque/DD No. \_\_\_\_\_ Bank \_\_\_\_\_

Branch \_\_\_\_\_ Bank A/C No. \_\_\_\_\_

Please register my Pay-in bank details also as one of the banks in my/our account/folio based on the payment instrument attached. Please refer the instruction for supporting document required for registering Bank Mandate. (Please tick if applicable)  I / We do not wish to register this bank as additional bank in my/our account details.

**10 Nomination Details (In case of more goals or nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instruction no.14**

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
Goal 1			100 %	<input checked="" type="checkbox"/>
Goal 2			100 %	<input checked="" type="checkbox"/>

OR  I/We DO NOT wish to nominate and sign here

(To be signed by all the joint holders irrespective of the mode of holdings.)

**11 Declaration**

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/ we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the respective scheme. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. I/ we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

\* I/ We confirm that I am / we are Non-Resident Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs) / Foreign Portfolio Investor(s) (FPIs), and I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/ We confirm that I am / we are not United States (U.S.) persons within the meaning of Regulation (S) under the U.S. Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I/ We have understood the information requirements of this Form (read along with the FATCA instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/ we have read and understood the FATCA Terms and Conditions and hereby accept the same.

I/ We further agree not to hold FTMF, Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton Investments / Franklin Templeton) liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/ We hereby undertake to promptly inform Franklin Templeton Investments of any changes to the information provided hereinabove and agree and accept that Franklin Templeton Investments shall not be liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them in good faith or on the basis of information provided by me/us as also due to my/ our not intimidating / delay in intimating such changes.

I/ We understand and acknowledge that FTMF, its Trustee, the AMC reserves the right to accept / reject any transactions / redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. The rejection may be for any reason including but not limited to comply and adhere to such orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities / agencies.

I/ We hereby agree to provide any additional information / documentation that may be required by Franklin Templeton Investments, in connection with this application. I/ We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including KYC data registered with regulatory/quasi regulatory agencies and all changes, updates to such information as and when provided by me/ us, to any of its agents, service providers, representatives or distributors or any other party located in India or outside India or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising / informing me/ us of the same.

\*\*I/ We confirm that I/ we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/ we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various mutual funds from amongst which the scheme(s) is being recommended to me/us.

\* Applicable to NRI / PIO / FPI

\*\* Applicable to Micro-investments

Signatures: First/Sole Applicant/Guardian  Second Applicant  Third Applicant

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Instructions:	CHECK LIST: Please ensure the following:				Enclosures (if applicable)
	<input type="checkbox"/> Application form is complete in all respects and signed by all Applicants.	<input type="checkbox"/> Enclosures:	<input type="checkbox"/> Proof of relationship with minor	<input type="checkbox"/> Proof of identity & address	
1. For SIP investments with: (i) Current date - Please provide Single Cheque (for the first installment) with SIP ECS form. (ii) Future date - Please fill the SIP (ECS/Direct Debit) form along with the Application form. Note: SIP will start after 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proof of DOB
2. In case you are investing via both Regular and SIP simultaneously (where the SIP will start after 30 days), please provide a single cheque for the Regular amount, along with the completed SIP (ECS/Direct Debit) Mandate form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multiple bank registration form
3. Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multiple nomination form
4. For payments by demand draft please attach a certificate from the banker or Challan (instruction to bank) or passbook/bank statement evidencing the debit for issuance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proof of KYC for all applicants, guardians for minors and POA

For investment related enquiries, please contact: **1800 425 4255 or 6000 4255** (from 8 am to 9 pm, Monday to Saturday) **service@franklintempleton.com** **www.franklintempletonindia.com**