

FAMILY SOLUTIONS™ INVESTMENT PLANS FOR LIFE GOALS

Application Form

Sl. No.

Advisor ARN	Representative EUIN							
Sub-broker ARN	Sub-broker/Branch Code							
The upfront cARN-97870nen	th 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 to ARN Holder.							
"I/We hereby confirm that the EUIN b	te ANN Tolder. Sox 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 twithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."							
the above distributor/ sub broker of not	withstanding the advice of in-appropriateness, it any, provided by the employee/relationship manager/sales person of the distribution/sub-bloker.							
Signature: First Holder/Sole applicant	Second Holder Third Holder							
	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 provide the following details in full)							
First Applicant Name								
Customer Folio No. Account No.								
Unit Holder Information	Account No.							
(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	ıt							
Country of birth								
PAN No. (Mandatory)\$	Enclosed: □ PAN Card Copy □ Proof of Identity & Address ^ □ Proof of KYC*							
Status: Resident Individ	dual NRI/PIO Others (Please specify)							
	Country of Residence							
	sident only in India for tax purposes. Else, please provide:							
Country of Tax Residence (F	Refer instruction)							
Foreign Tax ID Number	one and give brief details) Mandatory: Private Sector Public Sector Government Service Business							
	urist Retired Housewife Student Others							
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 □ 5-10 lcr □ > 10 cr or Net-worth as on (date) □ □ □ □ □ □ □ □ Y Y Y								
	□ Politically Exposed Person (PEP)							
rease tien, ir applicable	a romeany Exposed reson (FET)							
Name of Second Applicant								
Country of birth								
PAN No. (Mandatory)\$	□ □ □ □ □ □ □ Enclosed: □ PAN Card Copy □ Proof of Identity & Address ^ □ Proof of KYC*							
	dual NRI/PIO Others (Please specify)							
Nationality Country of Residence								
☐ Please tick if you are a res	sident only in India for tax purposes. Else, please provide:							
☐ Please tick if you are a res Country of Tax Residence (F	sident only in India for tax purposes. Else, please provide: Refer instruction)							
☐ Please tick if you are a res Country of Tax Residence (F Foreign Tax ID Number	sident only in India for tax purposes. Else, please provide: Refer instruction)							
☐ Please tick if you are a res Country of Tax Residence (F Foreign Tax ID Number Occupation (please tick any	sident only in India for tax purposes. Else, please provide: Refer instruction)							
☐ Please tick if you are a res Country of Tax Residence (F Foreign Tax ID Number Occupation (please tick any ☐ Professional ☐ Agricultu Gross Annual Income Detail	sident only in India for tax purposes. Else, please provide: Refer instruction) one and give brief details) Mandatory: Private Sector Public Sector Government Service Business urist Retired Housewife Student Others ils (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr							
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□ Please tick if you are a res Country of Tax Residence (F Foreign Tax ID Number Occupation (please tick any □ Professional □ Agricultu Gross Annual Income Detail □ 1 cr- 5 cr □ 5cr- 10cr □ > Please tick, if applicable □ Name of Third Applicant Country of birth PAN No. (Mandatory)\$ □ Status: □ Resident Individent	sident only in India for tax purposes. Else, please provide: Refer instruction) one and give brief details) Mandatory: Private Sector Public Sector Government Service Business urist Retired Housewife Student Others ils (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr 10 cr or Net-worth as on (date) Net-worth as on (date) Related to a Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Date of Birth# D D M M Y Y Y Y Gender: Male Female Enclosed: PAN Card Copy Proof of Identity & Address Proof of KYC* dual NRI/PIO Others (Please specify)							
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Na	me of Guardian								
Со	untry of birth		_ Date of Birth	# D D M 1	M Y Y Y M	Gender: □	Male □ Female		
PA	N No. (Mandatory)\$	Er	nclosed: □ PAN C	ard Copy 🗆 Proof	of Identity & Addr	ess^ 🗆 Pro	of of KYC*		
Sta	itus: Resident Individual NRI/PIO	☐ Others (Please sp	ecify)						
	tionality								
	Please tick if you are a resident only in India fo	or tax purposes. Else,	please provide:						
Со	untry of Tax Residence (Refer instruction)								
	reign Tax ID Number								
Oc	cupation (please tick any one and give brief de	tails) Mandatory: 🗆	Private Sector I	☐ Public Sector	☐ Government S	ervice 🗆 Busin	ess		
	Professional 🗆 Agriculturist 🗆 Retired 🗆 H	ousewife Studen	t □ Others						
	oss Annual Income Details (please tick) Manda								
	1 cr- 5 cr \square 5cr- 10cr \square > 10 cr or Net-worth						er than 1 year)		
	ase tick, if applicable Politically Exposed								
	ationship with Minor □ Father □ Mother □	Legal Guardian 🗆				_(Please specify	relationship)		
Мо	de of Operation								
	Single \square Joint \square Either or Survivor(s)								
	wer of Attorney (POA) Details								
	me of POA Holder				Date of Birth D	D M M	Y Y Y Y		
Enc	closed □ Proof of KYC* □ Proof of Identity & Ac	ldress↑ □ PAN Card	l Copy PAN \$(M	andatory)					
	tus: 🗆 Resident Individual 🗆 NRI/PIO 🏾					ler: 🗆 Male			
^ A	Allowed only for investments through Micro investment ro	ute in lieu of KYC and PA	N. *Please provide o	copy of the KYC acki	nowledgement issued	by KRA (Mandator	y for all Investors		
#D	Allowed only for investments through Micro investment re cluding Sikkim Resident) irrespective of the amount of ir late of Birth and Document proof – mandatory for investm evidencing the relationship:– Father/Mother – Photocopy estments held in the name of a minor, no joint holders / non	ents through Minors and i	nvestments in FIPE	P (in FIPEP, only ind	viduals may invest).* Parent's Name: Lega	*Please provide foll Guardian = Court	owing documents		
inve	estments held in the name of a minor, no joint holders / non	nination will be registered.	The minor, acting th	rough the guardian,	should be the first and	sole holder in the F	olio/Account.		
I/V	Ve would like to invest in the following sch	emes to meet my/o	ur life goals						
	ase read Product labeling details available on cover			Form.					
Pie	ase fill the details of the goal(s), scheme name(s) and Goal	investment amount be	Retirement	Child's Future 1	Wealth Builder 1	Child's Future 2	Wealth Builder 2		
	Additional Details		Kethement	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)		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.		
	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. 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.		
ar Ir	8)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
egul	9)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
~	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.		
	Total Regular Investment per Goal		Amount in Rs.	Amount in Ks.	Amount in Rs.	Amount in Ks.	Amount in Ks.		
	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		Retirement	e.g. Deepa's Marriage	e.g. Home/Car	e.g. Sania's Education	e.g. Vacation		
	Fund / Scheme Name	Plan/Options	SIP Amount Rs.	SIP Amount Rs.	SIP Amount Rs. (per installment)	SIP Amount Rs.	SIP Amount Rs.		
	1)	-	(per installment) Amount in Rs.	(per installment) Amount in Rs.	Amount in Rs.	(per installment) Amount in Rs.	(per installment) 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.		
	4)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
men	5)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
SIP Investment	7)		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.		
IP In	8)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
S	9)		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
	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.		
	Total CID Investment and Installment and Coal		Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.		
	Total SIP Investment per Installment per Goal Total SIP Investment per Installment in all Goals			/ in Gam	ne)				
Total SIP Investment per Installment in all Goals (in figures) Amount Invested (DD Charges) Net Amount									
	ount Invested(nent Details Cheque/DD No(DD Charges) Bank		net	inount				
Bran		Dank		Bank A/C No					
	se register my Pay-in bank details also as one of the banks in n	ny/our account/folio based			e refer the instruction	or supporting docu	ment required for		

Please register my Pay-in bank details also as one of the banks in my/our account/folio based on the payment instrument attacher registering Bank Mandate. (Please tick \square) I / We do not wish to register this bank as additional bank in my/our account details.

registering Dank Mandate. (Prease tick [] 17 We do not wisn to register this Dank as additional Dank in my/our account details.

Instructions:

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.) please provide a single cheque for the revestment should be made in favour of "Franklin Templeton Family Solutions"

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.

Address (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)						
City						
Overseas Address for NRIs/PIOs						
City Country Pin/Zip Pin/Zip						
Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement) Contact Name						
Contact Name						
Tel STD Code Office Residence Fax						
Email 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						
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						
\square I / We do not wish to receive the above by email I/We wish to register for SMS updates on my/our mobile phone. \square Yes \square No						
2. 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 cancelled cheque leaf or a copy of the cheque.						
Bank Name (Do not abbreviate)						
Account No. Branch/City Branch/City						
Branch						
Address						
Account type For Residents Savings Current For Non-Residents NRO NRE Others						
□ Repatriable □ Non-Repatriable						
*RTGS code *NEFT code *MICR code						
*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions.						
Please provide a cancelled, signed cheque of the bank account you wish to register. 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) [1]. 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. [1] Multiple Bank Registration Form provided.						
Third Party Payment Documents						
KYC Proof enclosed(tick below as appropriate) □ Person making payment □ Payment by Guardian □ Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift □ Custodian on behalf of an FII or a Client □ Payment by Employer on behalf of Employee - under Payroll deductions Declaration - Attached □ Declaration from Beneficiary □ Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift). DD against Cash (Please attach): □ Banker Certificate DD against Debit Bank (Please attach): □ Banker Certificate or □ A copy of the passbook/bank statement evidencing the debit for issuance of a DD or □ Challan						
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