Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date D D M M Y Y Y Y

UMRN (Office use only)

Choose (✓)
☑ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code (Office use only) Utility Code (Office use only)

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) ☐ 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) ₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☑ As when presented (default) DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD
From D D M M Y Y Y Y
to 3 1 1 2 2 0 9 9
or ☐ Until Cancelled

Sign (Signature of First Account Holder) Sign (Signature of Second Account Holder) Sign (Signature of Third Account Holder)

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

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
• I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable:
☐ OTM Debit Mandate is already registered in the folio. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

Advisor details (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction overleaf

Broker / Agent Code	Sub-Broker ARN Code	Sub-Broker/Bank Branch Code	EUIN Code

☐ 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 & the distributor has not charged any advisory fees on this transaction.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
83753		**E069272**

Transaction Charges: **If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested. Upfront commission shall be paid directly by the investor to the ARN Holder based on the investors' assessment of various factors including the service rendered by the ARN Holder.**

Investor(s) Details

Folio No.	Application No.	PAN No. / PEKRN.
Name of Sole / 1st holder		M a n d a t o r y
Name of 2nd holder		M a n d a t o r y
Name of 3rd holder		M a n d a t o r y

First SIP Cheque Details

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

Scheme and SIP Details

Scheme/Option/ Sub Option	Plan: ☐ Regular ☐ Direct	SIP Instalment Amount (₹)	SIP Date (Default 10th)	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)
				☐ Monthly * ☐ Quarterly		

☐ SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	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.

SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

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