

FAMILY SOLUTIONS INVESTMENT PLANS FOR LIFE GOALS

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

Advisor Name &	Code*	ARN-97821	Sub Advisor Name &	Code*						
* AMFI Registered Distr										
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.										
	Name of Sole/First Account holder Existing Unitholders' Folio Number New Investors (Please also complete and submit a Application Form)									
Existing Unitholders' Aco		New Investors (Please also complete and submit a Application Form)								
		um of 30 days is required to set up the ECS/Direct Debit)								
		e the same investment frequency, SIP Date and ECS Period. In case	von wich to have different investment fr	remiency SIP da	te and FCS period	for any scheme please ii	se additional form			
Frequency: Monthly		rly; SIP Date: 1st 7th 10th 20th 25th;	•			y y To: m m	. 1			
Goal & Additional Details		ny, sir bate. I ist I /ul I lottl I zotil I zotil I zotil,	EC3 renod:	Produc III	ш у у	y y loc in in	у у у у			
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Account No.	iliment)		n . M			La				
			Regn. No.			(1	or office use only)			
Goal & Additional Details										
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Account No.			Regn. No.			(i	or office use only)			
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SIP Amount Rs. (per insta	ıllment)									
Account No.			Regn. No.			(i	or office use only)			
\ \ .		om which ECS/Direct Debit is to be effected). I/We author ted service providers to Debit my/our account listed below by EC	mandatory Life	closures: If 1	st installment	is not by cheque				
Clearing Services) / Direct		lled cheque	□ Copy of	cheque						
Bank Details			<u> </u>	9 Digit N	IICR Code					
Bank Name						1				
Branch Name					_					
Address				_	count Type					
City				☐ Saving	•	☐ CC/OD ☐ NRE/NRO	nlesse 🗸			
Account Number						,				
Account Holder Name						the MICR Code of the bank branch from where the bit is to be effected.				
as in Bank Account		n-U			Signatures of Bank Account holders					
Authorisation of the B			1		ures of Bani	C Account noiders				
		for RBI's Electronic Clearing Service (Debit Clearing) and that my/ l be made from my/our below mentioned bank account number w			older/Guardi	an				
Templeton Asset Managem	ent (India) Pvt	folder								
	ECS mandate	form to get it verified and executed. Mandate verification charges if	any, may be charged to my/our account							
Bank Account Number	1 20 64	B-1812 - CW - 1	(4 - 11 P. T 1 2 11 P. 15 T.	3rd H		-1-1-1-14	64.5			
Information, Scheme Information Do	cument of the Fund,	r Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the	Trustees of Franklin Templeton Mutual Fund for regist	tration of Systematic In	ovestment Plan (SIP) the	ough BCS / Direct Debit as indicat	ed above, and agree to abide by			
	the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We									
confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. "I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. "I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. "I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. "I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States Securities Act of 1933, as amended from time to time and that I/We have not received nor hav										
commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us I/We confirm that I/we do not have any other entiting Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together										
with this proposed SIP will result in aggregate investments exceeding R.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds R.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.										
		C	_				to Non Resident Investors			
Date		Signature of the Investor(s) 1	2			3				
Banker's Attestation (For bank use only) Certified that the signature of account holder and the details of										
Bank account and its MIC			nature of Authorised Official from Ba	ink (Bank Stame	n and Date)	Roal	Account No.			
ARN-97821										
Acknowledgement Slip	p for SIP thro	ough ECS/Direct Debit (To be filled in by investor)	Sl.No.		AKN-9					
Investor's Name						Franklin Temple				
Customer Folio		Date D D M M	Y Y Y			Service Center Sig	nature of Stamp			