



FAMILY SOLUTIONS

INVESTMENT PLANS FOR LIFE GOALS

Transaction Form

W99999

Advisor Name & Code* ARN-90531	Sub Advisor Name & Code*
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* AMFI Registered Distributors

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.

This Form is for use of Existing Investors only. Use this Form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • CHANGE OF BANK DETAILS • E-MAIL COMMUNICATIONS • Online Account Access • SIP/STP • NOMINATION DETAILS • KNOW YOUR CUSTOMER (KYC)

For Office Use Only
Trxn Ref No. _____

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) _____ Account No. _____
Customer Folio No. _____

Know Your Customer (KYC)

KYC Compliance is mandatory for all investors irrespective of the amount of investment including guardian in case of minor and POA holders. Please provide a copy of the KYC acknowledgement issued by CVL. Investments without valid KYC may be rejected. If you have already provided the KYC acknowledgement for this purpose, you need not provide the same again.

Please Provide your PAN details if you have not registered them before

Holder	PAN	Proof of KYC enclosed	PAN Card Copy Enclosed ⁴	Proof of Identity & Address ⁵
Sole/First	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POA/Guardian	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴Mandatory Enclosures: PAN Card copy or Copy of KYC acknowledgement. Transactions not including these mandatory enclosures may be rejected
⁵Please attach proof of photo identity and address for investments through Micro SIP.

Additional Purchase Order

Please fill the details of the goal(s), scheme name(s) and investment amount below:

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. Sami's Education	e.g. Vacation	
Fund / Scheme Name	Account Number (only for existing investor)	Plan/Option (Please tick (✓) any one)	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
1)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
2)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
3)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
4)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
5)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
6)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
7)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
8)		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
Total Regular Investment per Goal								
Total Regular Investment in all Goals				(in figures)				

DR-Dividend Reinvestment, DP-Dividend Investment
Amount Invested _____ (DD Charges) _____ Net Amount _____

Payment Details Cheque/ DD _____ 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 I / We do not wish to register this bank as additional bank in my/our account details.

Instructions:

- Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions"
- For payments by Demand Draft, please attach a certificate from the banker or instruction to bank or passbook/bank statement evidencing the debit for issuance.

Redemption

Account Number	Goal	Scheme / Plan / Option	Units	Amount in Rs.

Note: You must specify either the Account Number or Goal with Scheme/Plan/Option

Note: To receive the redemption payment in a bank account other than your default bank account (from any one of the banks already registered), please provide the required information mentioned below:

Payout to any one of the existing registered bank accounts:

Bank Name: _____ Bank account No: _____ (Payment will be made in 1/3 business days)

Payout to new account (Payment will be made after 10 calendar days of cooling period & based on validation). Please tick and use change of Bank Account section to fill new Bank details.

Signature: Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Change of Bank Account - For registration of bank details, please attach a cancelled cheque leaf and for more information please refer the instruction under section "Registration of Bank Mandate".

Scheme Account No. _____ Folio No. _____ All Schemes
 Bank Account Number (Please provide the full Account Number) _____
 Account type Savings Current NRO NRE Others _____ Repatriable Non Repatriable
 Bank Name _____ Branch Name _____ City _____ Pin _____
 *RTGS code _____ *NEFT code _____ *MICR code _____

Document attached (Any one)

Cancelled Cheque with name of 1st unit holder pre-printed Bank Statement and cancelled cheque Pass Book and cancelled cheque
 Others please specify _____

Note: There will be a cooling period 10 calendar days for registering the COB requests. This new bank will be treated as your default bank account. All future Redemption and Dividends payments will be made into this bank account only, for more information please refer the "Registration of bank mandate" instruction. * For more details on RTGS/NEFT/MICR codes, please refer detailed instructions in the KIM

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 only through electronic payment facility. **I/We DO NOT wish to avail Electronic Payment Facility** (Please tick) . 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.

Third Party Payment Documents

KYC Proof enclosed (tick below as appropriate) - Person making payment Payment by Parents/Grand-Parents/related persons 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 or Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs.50,000/-).

Relationship with Investor _____

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

Switch

Source Scheme Name _____
 Source Account Number _____
 Please transfer _____ units or Rs. _____ to (As per details given in the Switch Instructions table below)

Systematic Transfer Plan (STP) (Fixed Amount)

Source Scheme Name _____
 Source Account Number _____
 Please transfer fixed amount Rs. _____ to (As per details given in the STP Instruction for Fixed Amount table below)
 Frequency: Daily Weekly Monthly Quarterly
 Weekly: 7 14 21 28 - Monthly/Quarterly Specify date _____
 Enrolment Period From ____/____/____ (dd/mm/yy)
 To ____/____/____ (dd/mm/yy)

Switch Instructions

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. Sami's Education	e.g. Vacation
Sl. No.	Destination Fund / Scheme Name	Account Number (only for existing investor)	Plan/Options (Please tick (✓) anyone)	Units / Amount Rs.	Units / Amount Rs.	Units / Amount Rs.	Units / Amount Rs.	Units / Amount Rs.
1			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
2			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
3			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
4			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
5			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
6			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
7			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					
8			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP					

Systematic Transfer Plan (STP) Instructions for Fixed Amount

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. Sami's Education	e.g. Vacation
Sl. No.	Destination Fund / Scheme Name	Account Number (only for existing investor)	Plan/Options (Please tick (✓) anyone)	STP Amount Rs. (per installment)	STP Amount Rs. (per installment)	STP Amount Rs. (per installment)	STP Amount Rs. (per installment)	STP Amount Rs. (per installment)
1			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
2			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
3			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
4			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
5			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
6			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
7			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
8			<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.

Signatures: Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Systematic Transfer Plan (STP) Instructions for Capital Appreciation (For STP through Capital Appreciation; all units will be transferred. Also one scheme to many schemes is not allowed in Capital Appreciation STP)

Source Scheme Name _____ Source Account Number _____ to _____

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. Sam's Education	e.g. Vacation
Destination Fund / Scheme Name	Account Number (only for existing investor)	Plan/Options (Please tick (✓) anyone)	Please tick the selected option	Please tick the selected option	Please tick the selected option	Please tick the selected option	Please tick the selected option
		<input type="checkbox"/> Growth <input type="checkbox"/> DR <input type="checkbox"/> DP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Franklin Templeton 'Easy' Services

- Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email *
Email Address: _____
 I / We wish to receive the above by email
 I / We do not wish to receive the above by email
- Franklin Templeton Easy Web:** Access your account and transact online. Register online for Easy web by visiting our website www.franklintempletonindia.com
- Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN ____ Yes, I would like to receive my TPIN
- Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions *
Mobile Number _____
 I/We wish to register for SMS updates on my/our mobile phone.
 Yes No

* **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.

Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website).

Goal 1

Nominee Name & Address _____
Guardian name & address (if nominee is a minor) _____
Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).
 Proof of minor DOB submitted. Witness Name and Address _____
Signature of Witness _____
 I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____

Goal 2

Nominee Name & Address _____
Guardian name & address (if nominee is a minor) _____
Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).
 Proof of minor DOB submitted. Witness Name and Address _____
Signature of Witness _____
 I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____

Note: Please submit a separate Nomination form incase of nominations more than 2 Goals.

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. 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-Resident Indians / Persons of Indian 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 I / We hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO Account. I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree to accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I have read and understood the terms and conditions of the Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the said Facility as may be prescribed by Franklin Templeton Mutual Fund from time to time. I understand that the recommendation given is based on the inputs provided by me/us and that there is no assurance or guarantee that the goal(s) will be achieved. I agree not to hold Franklin Templeton Mutual Fund or the Sponsor, the AMC, the Trustee or any of their directors, employees, affiliates or representatives responsible for any consequences arising out of my investments under the said Facility including non achievement of goals and loss of profit or principal. I/We confirm that the subscription money paid is in accordance with the requirements regarding 3rd party payment for subscriptions I/We confirm and declare that I / We have read and understood the terms and conditions for HPIN usage and online transactions / TPIN / Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions / TPIN / Email Services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN / TPIN / Email services facility. 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 is being recommended to me/us. I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 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 Rs.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.

Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____
Date: _____ * Applicable to Non Resident Investors

Acknowledgement Slip (To be filled in by the Investor)

Customer Folio _____ Date _____
Received from _____
 Additional Purchase: Total Amount (Rs.) _____ Cheque No. _____
Bank & Branch details: _____
 Redemption or Switch : Amount (Rs.) _____ OR Units _____
 STP Change of Bank Account Nomination Details KYC Change of Address

Service Centre
Signature & Stamp

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