Franklin Templeton Mutual Fund Systematic Investment Plan through Auto Debit (See instructions overleaf)

Frequency:
Monthly
Quarterly

SIP Amount (Rs.)



Distributor information 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. Advisor ARN / RIA Code Sub-broker/Branch Code Sub-broker ARN | Representative EUIN 132061 E352389 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," Applicable only if RIA Code is mentioned: "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio boldings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEB1-Registered Investment Adviser whose odds is mentioned breuit." Signature of the Investor(s) 1. 3. **Transaction Charges** (Refer Instruction in Common Application Form and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. ☐ I am an existing mutual funds investor (Rs.100 will be deducted) ☐ I am a first time investor in mutual funds (Rs.150 will be deducted). Name of Sole/First Account holder Existing Unitholders' Folio Number Account No. New Investors (Please also complete and submit a Common Application Form) Regn. No. (For office use only) Application for Normal SIP

Micro SIP (For Micro SIP, Please provide required proof /documentation) SIP Details (Please note that 30 business days are required to set up the Auto Debit.) Option Scheme Plan. SIP Amount Rs. (per installment) Frequency (please tick as applicable)

Monthly (Default)

Quarterly | SIP Date: of every month. If left blank 10th will be considered as the default date First SIP Cheque Date Cheque No. SIP Period Start Date m m 2 0 9 9 (Perpetual) OR \square (Regular) End Date

1 2 ☐ Tick here if SIP is being "Stepped Up" Step up by: ☐ Increase in %*: (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100) or ☐ Increase in Rupee Value: (in multiples of Rs. 500) Please tick 🛮 as applicable: 🔲 Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month Bank Name. Auto Debit Form (ADF) is attached and to be registered in the Folio. SIP Auto Debit will start after mandate registration which takes Thirty Business days. Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered / submitted, if not registered. **Document proofs for Micro SIP** (Please provide any one of the name of identification document as mentioned in the instructions) Field Issuing Authority Document Identification No Identification document **Depository Account Details** Franklin Templeton branch office or on our website www.franklintempletonindia.com.

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., Irustees to the schemes of FTMF for registration of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulations of the Verification of the Verification of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulations of the Verification of the Verification of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulations of the Verification of the Verification of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulation of the Verification of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulation of the Verification of Systematic Investment Plan (SIP) & NACHas indicated above, and agree to abide by the terms, conditions, rules and regulation of the Verification of V he units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any ranklin Templeton branch office or on our website www.franklintempletonindia.com. Signature of the Investor(s) 1. -A single mandate for all your investments will make it easier for you to invest with Franklin Templeton Mutual Fund (FTMF) in the future. To avoid having to provide another mandate, you can select 'As & when presented for Frequency and 'Maximum Amount' for Debit Type, specifying the maximum value you intend to invest at any time. FTMF will ensure that only the value of the transaction will be debited from your account. **SIP Auto Debit Form** ADF FRANKLIN TEMPLETON INVESTMENTS UMRN Utility Code Sponsor Bank Code Tick (√) CREATE / I/We hereby authorize to debit (tick √) Franklin Templeton Mutual Fund MODIFY CANCEI Bank a/c number or MICR IFSC with Bank ₹ an amount of Rupees FREQUENCY Mthly ☐ Qtly ☐ H-Yrly DEBIT TYPE Fixed Amount ☐ Maximum Amount Phone No Reference 1 Reference 2 Email ID I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. PERIOD From To Or ☐ Until Cancelled Name as in Bank records This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We also confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We have understood that I/We am/are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Franklin Templeton or the bank where I have authorized the debit' Acknowledgement Slip for SIP through Auto Debit (To be filled in by investor) Investor's Name Franklin Templeton Investor Customer Folio Account No. Service Centre Signature & Stamp

Scheme: