



APPLICATION FORM FOR TATA RETIREMENT SAVINGS FUND

(An Open Ended Fund comprising three plans)



Sr. No.:

1. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	SUB-BROKER ARN CODE	EUIN CODE	

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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

2. EXISTING UNITHOLDER INFORMATION (please fill in your Folio Number, Name & proceed to Scheme Investment Details)

Existing Folio Number: Name of Sole/1st Applicant:

3. APPLICANT'S PERSONAL DETAILS (Fill in Block Letters, use one box for one alphabet leaving one box blank between two words, as it appears in your Bank A/c & KYC letter)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. **MODE OF HOLDING** Single Joint (Default) Anyone or Survivor(s)

1st holder PAN/PEKRN KYC Copy attached **Date of Birth**

Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other

KYC DETAILS (Mandatory) 1st Unitholder

STATUS: <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Minor RI <input type="checkbox"/> Minor NRI	OCCUPATION: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	Gross Annual Income: <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) as on <input style="width: 50px;" type="text"/> (not older than 1 year)	For Individuals: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
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DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth _____ Place of birth _____ Nationality _____

Type of address given at KRA : Residential or Business Residential Business Registered Office

Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number	Identification Type (TIN or other, please specify) ^

*To also include USA, where the individual is citizen / green card holder of the USA
 ^ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form.

Second applicant details Mr. Ms.

Name

2nd holder PAN/PEKRN KYC Copy attached **Date of Birth**

#OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others

#GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore;
 Networth in ` as on (not older than 1 year);

#OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable **# MANDATORY**

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR) Sr. No.:

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form.

from _____

Scheme	Cheque no.	Amount
TATA RETIREMENT SAVINGS FUND		

Signature, Stamp & Date

4. MAILING ADDRESS AND CONTACT DETAILS OF SOLE / FIRST APPLICANT (P.O. Box Address may not be sufficient. Please provide your complete Address)

										City									
Pin					State					Country									
Phone		O (STD Code)					Extn.					Fax							
		R (STD Code)					Mobile												
E-mail → (IN CAPITAL) _____																			

[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. – C9)].

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

										City									
Zip code					City					Country									

5. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H and I

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected.

Name of the Bank														
Branch					Account Type									
					<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE									
Account No. (in Fig.)														
Bank Address														
City					State					PIN				
^ MICR Code			*IFSC Code (RTGS)			*IFSC Code (NEFT)								

^ (To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Number, kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

6. SCHEME DETAILS Refer Instruction J & K

Plan Name	Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan <input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Regular Plan <input type="checkbox"/> Moderate Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch
<input type="checkbox"/> Conservative Plan - Regular Plan <input type="checkbox"/> Conservative Plan - Direct Plan	-----	

7. AUTO SWP FACILITY (Refer Inst. L) (Will be applicable after attaining 60 years). [Select any one only]

<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency) <input type="radio"/> Monthly or <input type="radio"/> Quarterly (Default)	<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. _____ In Words _____
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8. INVESTMENT DETAIL (Strike off whichever is not applicable)

Gross Amount (A)	DD Charges (if any) (B)	Net Amount (Cheque / DD Amount)
A	B	A minus B
Mode of Payment		Dated
A/c No. _____		D D / M M / Y Y Y Y
A/c Type _____ Cheque / DD No. _____		
Drawn on Bank _____		
Branch _____		Branch City _____

9. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

I/We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.

Name Address
 Nominee's relationship with 1st holder

If Nominee is Minor:

Date of Birth Proof of DOB Birth Certificate School Leaving Certificate Passport Others

Name & Address of Guardian:

Relationship of the Nominee with the Guardian Mother Father Legal Guardian
 Proof of relationship: Birth Certificate School Leaving Certificate Passport Others Sign of Nominee/Guardian (in case of minor nominee)

10. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction D)

National Securities Depository Limited	Depository participant Name DP ID No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 15px;">I</td><td style="width: 15px;">N</td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> Beneficiary Account No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>	I	N																									Central Depository Securities Limited	Depository participant Name Target ID No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>																			
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11. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) 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. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e.) 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.

Date:

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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