

## TATA MUTUAL FUND

### SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,  
The Trustee, Tata Mutual Fund, Mumbai

Having read and understood the contents of the Offer Document and the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes and agree to abide by the terms and conditions of the Plan.

Folio No.:	
Broker Code :	Sub Broker Code :
Name :	
Email :	
Scheme	Option
<input type="checkbox"/> Fixed Amount Rs	(in words ) <input type="checkbox"/> Capital Appreciation

**Period of Enrolment** From : MM / YY To : MM / YY **Frequency**  Monthly  Quarterly

**Date:** \_\_\_\_\_ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)  
(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

**First payout Date:** \_\_\_\_\_ (that is the first payment date)  
(in case the first payout date is not mentioned, the 1st day of the following month will be taken as the default date)

**Last Payout Date:** \_\_\_\_\_ (that is the last payment date)  
(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

<b>Signatures</b>	<b>Sole/First Applicant</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
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*Loads as applicable from time to time.*

**INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.**

N.B SWP should reach ISCs before 7 working days from the start of first SWP date.

## TATA MUTUAL FUND

Date : \_\_\_\_\_

### SYSTEMATIC TRANSFER PLAN (STP)

To,  
The Trustee, Tata Mutual Fund, Mumbai

Having read and understood the contents of the SAI / SID / KIM of the relevant schemes and the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes and agree to abide by the terms and conditions of the Plan. 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.

Broker Code :		Sub Broker Code :	
Folio No. _____		Name: _____	
Transfer from (Scheme): _____		Option: _____	
Transfer to (Scheme): _____		Option: _____	
No of Units: _____		or Amount (Rs.): _____	
Amount (in words): _____			

or Dividend  or Capital Appreciation

STP period from: dd / mm / yy To : dd / mm / yy

**Transfer Frequency:**

<input type="checkbox"/> Daily Only from Monday to Friday*	<input type="checkbox"/> Weekly (Only on Fridays)	<input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month	<input type="checkbox"/> Quarterly
<b>Select any one</b>			
<b>In case the day of STP is a non business day the request will be considered for the next business day.</b>			

Email (mandatory for Daily STP): \_\_\_\_\_

I/We wish to receive A/c Statement / Annual Report / Quarterly Statement via Email instead of the physical copy  Yes  No (please refer notes overleaf)

<b>SIGNATURES</b>	<b>Sole/First Applicant</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
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*Loads as applicable from time to time.*

**INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.**

**Note:** STP should reach AMC offices / Registrar offices before 15 working days from the start of first STP date. \* In case any day is a non business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided in the instructions no. '9'.