

NON FINANCIAL TRANSACTION FORM

(For Existing Investors only. Use separate form for each transaction.)

| Advisor ARN / RIA Code/ Portfolio Manager's Registration No. | Sub-broker/Branch Code | Sub-broker ARN | Representative EUIN | For office use only | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| | | | | | | | | | |
| 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. 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned: "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/ SEBI Registered Portfolio Manager whose code is mentioned herein." By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages. | | | | | | | | | |
| First/Sole Applicant | :/Guardian | Second Applicant | | Third Applicant | | | | | |
| MY DETAILS (To be filled in | Block Letters. Please provide the foll | owing details in full.) | | | | | | | |
| My Name | | | | | | | | | |
| My Folio Number | | | | | | | | | |
| I S I WISH TO CHANGE MY AI | DDRESS | | | | | | | | |
| FOR KYC COMPLIED FOLIO ACCOU Ration card, Driving license, Voter ID Attach Identity proof - Passport / Driv complied distributor or personnel / e Landmark City I WISH TO CHANGE MY BA Attach any one of the following docume | JNT: Change of address should be su b, Registered lease / Sale agreement o ving license / Voter ID / Aadhaar). Cop entities authorized for attesting as per per least the sum of | of residence/ Latest bank statement its of all documents submitted show the KYC guidelines. Fin Code andatory) See allow 10 calendar days for a Cancelled Cheque with name | t / Electricity bill / Landline bill / Guld be accompanied by originals for by originals for state State State registering the Change of Bank & account number pre-printed | Latest Bank statement Latest Pass book | | | | | |
| | nd names of all account holders. This ne | | | All supporting documents should clearly evidence n and Dividends (income distribution cum capital | | | | | |
| Core Bank | | А/с. Туре | : Savings Current N | RE NRO FCNR Others | | | | | |
| Account No.: Branch Address | | | | | | | | | |
| City | | Pin | IFSC Code (11 digit) | | | | | | |
| I WISH TO UPDATE MY PA | IN KYC & GST DETAILS | | GST No. | | | | | | |
| | rs (including Sikkim Resident) irrespective o | | vithout valid KYC will be rejected. Please s | ubmit CKYC Form, KRA KYC Application Form with CKYC | | | | | |
| | o. / PEKRN (Mandatory) | | andatory if KYC done via CKYC) | Date of Birth | | | | | |
| 1st 2nd 3rd G or POA^ #Date of Birth - Mandatory if CKYC ID menti | ioned. [°] G: Guardian; [°] POA: Power Of Attorne | y | | D D / M M / Y Y D D / M M / Y Y D D / M M / Y Y D D / M M / Y Y | | | | | |
| PoA (Power of Attorney) REGISTRATION DETAILS (Refer instructions) | | | | | | | | | |
| Name of the PoA holder PAN of the PoA holder | | Attached == | er (Mandatory) d copy of PoA | | | | | | |
| RSF ACKNOWLEDGMENT S | LIP | | | Sl. No. | | | | | |
| Investor Name | | | | | | | | | |
| Folio Number/s | | | | | | | | | |
| | f Bank Mandate PoA Registration | | KYC Updation Change in Mod | e of Holding | | | | | |

| I WISH TO UPDATE MY CONTACT DETAILS (All existing | ng details will be updated with details provided be | low.) | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Email ID (in capital) | | | | | | | | | |
| Mobile +91 | el. (Off) (STD Code) | | | | | | | | |
| Tel. (Resi) (STD Code) | Fax (STD Code) | | | | | | | | |
| I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. | | | | | | | | | |
| SECOND APPLICANT'S DETAILS | | | | | | | | | |
| CKYC NO. | Date of Birth D D / M M / | Y Y Gender Male Female Others | | | | | | | |
| MOBILE NO. | | | | | | | | | |
| EMAIL ID | | | | | | | | | |
| I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. | | | | | | | | | |
| CKYC NO. | Date of Birth D D / M M / | Y Y Gender Male Female Others | | | | | | | |
| MOBILE NO. | | | | | | | | | |
| EMAIL ID | | | | | | | | | |
| Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. | | | | | | | | | |
| GUARDIAN OR POA APPLICANT'S DETAILS | | | | | | | | | |
| CKYC NO. MOBILE NO. | Date of Birth D D / M M / | Y Y Gender Male Female Others | | | | | | | |
| EMAIL ID | | | | | | | | | |
| I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. | | | | | | | | | |
| I WISH TO CHANGE MY MODE OF HOLDING (All Joint New Mode of Holding (please tick ✓) ☐ Anyone or Survivor ☐ Join | Holders should sign as per existing unit holding, e t Holding | even in case of "Any one or Survivor") | | | | | | | |
| | | | | | | | | | |
| ₹ 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday) | ⊠ service@franklintempleton.com | www. franklintempletonindia.com | | | | | | | |
| Quick Checklist | Full scheme name, plan, option is mention declaration. Pay-In bank details and supportings are Nomination facility opted Form is signed by all applicants Proof of relationship with minor | | | | | | | | |

| IS I WISH TO CANCEL | MY SYSTEMATIC TRAI | NSCATIONS (S | IP/ SWP/ STP) | | | | | | | | |
|---|---|---|---|---|--|---|---|--|--|--|--|
| Scheme Name/Plan/opti | on | | | | | | | | | | |
| Transaction Type (Please ✓) | Installment / Transfer Dates | | | OB — | OR | | | | | | |
| Amount in Rs. At least 7 days' prior intimation from the expected effective date should be provided for cancellation/termination of STP/SWP and 20 days in case of SIP | | | | | | | | | | | |
| SIP Auto Debit Bank Name | | | | · · · · · · · · · · · · · · · | | | | | | | |
| Bank Account No. | | | | | Scheme | | | | | | |
| | | | | (in case | of STP) | | | | | | |
| | | | | | | | | | | | |
| | | | | APITAL WITHDRAWA | L PLAN (Transfer of IDCW | ' Plan) | | | | | |
| (Please allow 15 cal | endar days for Transfer | of IDCW Plan (| Cancellation) | | | | | | | | |
| Scheme Name/Plan/opti | | | | | | | | | | | |
| New Dividend (Income Distribu | tion cum capital withdrawal) S | Sub option Pag | yout of Income Distr | ibution cum capital withdrav | val option Reinvestment of Ir | come Distribution cum | capital withdrawal option | | | | |
| © CONSOLIDATION O | F FOLIOS/ACCOUNTS (| (All Joint Holde | ers should sign, | even in case of "Any on | e or Survivor") | | | | | | |
| Folios/Accounts to be consoli | dated (Mention all source fo | , | the folios/account | s to be consolidated, here) | | | | | | | |
| 1. 4. | | | | | | | | | | | |
| Target Folio/Account No. fo | r consolidation | | | Note: Consolidation of var | ious folios/accounts can take pla | co only if a Names of | unit holders b Order of | | | | |
| (Mention the target folio/acco | | accounts needs t | o be consolidated) | unit holders and c. Tax consolidation of folios/ac and nomination details in | status is identical in all the counts, the unit holder/s agree the the Target Folio/Accounts will led details in source folios/accounts. | mentioned folios/acco | ounts. By requesting for g, bank mandate, address | | | | |
| NOMINATION DETA | AILS (In case of more than | one nominee, p | lease submit a sep | arate nomination form av | ailable with any of our ISCs o | on our website). Re | fer instructions. | | | | |
| Name and address of Nominee(s [Mandatory] | PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor] | Relationship with Sole / First unit holder [Mandatory] | Date of Birth* | Name and address of Guardian* | Signature of Nominee / Guardian [Optional] | Guardian's Relationship with Nominee* | Allocation % to each nominee [Mandatory] (Aggregate should be 100%] | | | | |
| | | | DDMMYYYY | | | Mother ☐ Father ☐ Legal Guardian | | | | | |
| | | | DDMMYYYY | | | Mother | | | | | |
| | | | | | | — Guaitilaii | | | | | |
| | OUNT DETAILS (Optiona | al. To be filled i | | es to hold the units in I | Demat mode). Refer instru | | | | | | |
| NSDL: DP Name | | | DP ID I N | | Beneficiary Ac No. | | | | | | |
| CDSL: DP Name | of names as mentioned in this Ar | unlication Form mate | chas with the sequence | a of names in the Demat accou | Beneficiary Ac No | _ | statement | | | | |
| | | | 1 | | iii. Eliciosea (Mandatory)Chefit | Master List ORDI | Statement | | | | |
| DECLARATION & SI | IGNATURES (To be signed | d as per the Exis | ting Mode of Hol | ding) Date | | Place | | | | | |
| the Trustees of Franklin Templeto or foreign governmental or statut the funds invested legally belong I/We declare that all the particula information/documentation that representatives ('the Authorised information provided by me as all | n Mutual Fund for registration o ory or judicial or regulatory aut to me/us and that I/we have no rs given herein are true, correct: may be required by FTI. I hereb Parties') are not liable or respons so due to my not intimating / de of the Indian or foreign governn | f any of the aforesain norities/ agencies ar t received nor been and complete to the lay agree and accept to sible for any losses, lay in intimating such mental or statutory of | d facility, and agree to ad the terms, conditio induced by any rebat best of my/our knowl that the Mutual Fund: costs,damages arisin th changes. I authorize or judicialauthorities, | abide by any Act, Rules, Regul ns, rules and regulations of the e or gifts,directly or indirectly edge and belief and will prom s, their authorised agents, repi g out of any actions undertake e the mutualfund to disclose, s | Key Information Memorandum and ations, Notifications, Directions, Gui Fund and the aforesaid facility(ies) in making this investment and are only inform FTI about any changes the esentatives, distributors its sponsoe nor as a result of this investment hare, remit in any form, mode or maintenance, remit in any form, mode or maintenance, remit in any form, mode or maintelligence unit-India (FIU-IND) with the second secon | delines, Orders or instru as on the date ofthis app not in contravention or e hereto. I/ we hereby agre r, AMC, trustees, their en or activities performed la nner, all / any of the info | ctions issued by any Indian lication. I/We confirm that vasion of any laws in force. e to provide any additional uployees, service providers, by them on the basis of the rmation provided by me to | | | | |
| Sole / Fir | rst Unit Holder | _ _ | Cana | ad Unit Holdon | | Third Unit Holdo | | | | | |

INSTRUCTIONS: 1. This Transaction Form can be used for all Non-Financial transactions that an existing account holder may want to make with Franklin Templeton Mutual Funds. Existing unitholders should mention the existing Account Number, Scheme & Plan of their existing investment in the provided box. 2. In case you would like to effect a Change of Address, Change in Bank Account for more than one Scheme, please use a separate Non-Financial Transaction Form for each change. 3. Nomination: The nomination details should be filled up only by investors who opt for allot ment in physical (non-demat) form. In case of units held in electronic (demat) form, the nomination details as recorded for the depository account shall be applicable. Nomination would normally be registered at the Folio level and will be recorded for all Accounts under that Folio. However the investor may choose to register different nomination for any of the Accounts under that Folio. In case of switch which results in creation of a new Account, the nomination, if any, registered in the source (switch-out) account will automatically be registered for the destination (switch-in) account. In case of subscription which results in creation of a new Account, the nomination registered in the last transacted account under that Folio will be automatically registered for the new account. Where a minor is nominated, the name and address of the guardian of the minor nominee shall be provided by the unit holder(s). Nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly. Nomination cannot be registered in Folios/Accounts held in the name of a minor. A new nomination or any change in the nomination already registered with the Mutual Fund/AMC will overwrite the existing nomination registered. 4. Depository Account Details: (a) The 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' in the form. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. (b) Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in Demat form for the current purchase, may get their existing unit holding converted into Demat form as well. The existing holding will be credited to the same Demat account as that of the current purchase. Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of Demat account statement should be within 90 days of the application. 5. POA Registration: Only a general Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. 6. The investors should provide primary account holder's own email ID and mobile number while providing the contact details, for speed and ease of communication in a convenient and cost -effective manner and to help prevent fraudulent transactions. In case contact details of a Family member are provided, investor(s) need to give a declaration to this effect. Further, all contact details (i.e., email address, Mobile number) should be of same individual. Providing email address of self and phone number of others and vice versa is not acceptable. If it is identified that the contact details provided in the application form may not be of the investor, or the same appears incorrect / doubtful, then Franklin Templeton may choose not to capture/update such email address and mobile number "Family" for this purpose would mean Spouse, Dependent Children, Dependent Parents only.

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