



TATA MUTUAL FUND
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001
SYSTEMATIC WITHDRAWAL PLAN FORM



1. INVESTOR DETAILS

Folio No. _____

1 st Holder Name		PAN _____
Date of Birth DD / MM / YYYY	C-KYC _____	Mobile No. _____
2 nd Holder Name		PAN _____
Date of Birth DD / MM / YYYY	C-KYC _____	Mobile No. _____
3 rd Holder Name		PAN _____
Date of Birth DD / MM / YYYY	C-KYC _____	Mobile No. _____

2. PURPOSE OF FORM (tick any one)

☐ Fresh Registration	☐ Change in the Withdrawal Amount	☐ Cancellation
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3. SYSTEMATIC WITHDRAWAL DETAILS

Scheme Details

Scheme / Plan / Option

Withdrawal Plan Details (Select any one)

☐ Fixed Amount Withdrawal Plan	Amount in Rs. ₹ _____	Amount in Words _____
☐ Capital Appreciation Withdrawal Plan		

Withdrawal Frequency (Select any one)

☐ Monthly	☐ Quarterly	☐ Half Yearly	☐ Annually (Default)
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Enrolment Period

Start Date DD / MM / YYYY	End Date DD / MM / YYYY	Withdrawal Date (Any date between 1st and 31st - default 25th) DD in words _____
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4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us.

Bank Name		
Branch	City	PIN
Account number _____		A/C type ☐ Savings ☐ Current ☐ NRO ☐ NRNR ☐ NRE
MICR	IFSC for NEFT	IFSC for RTGS

Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered / communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
Date _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ SWP request

from Scheme _____ for ₹ _____ Subject to verification.