

# APPLICATION FORM INCOME SCHEMES

| NAME OF THE SCHEMES   | THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*  | RISKOMETER   |
|---|--|--|
| UTI-Liquid Cash Plan<br>(An Open-ended Income<br>Scheme)  | <ul> <li>Steady and reasonable income over short-term with capital preservation.</li> <li>Investment in money market securities &amp; high quality debt</li> </ul>                                   | Moderate Moderate Moderate High alen   |
| UTI-Money Market Fund<br>(An Open-ended Money<br>Market Mutual Fund)                                  | <ul> <li>Current income consistent with preservation of capital over short-term</li> <li>Investment in short-term money market securities</li> </ul>   | LOW HIGH Investors understand that their principal will be at Low risk   |
| UTI - Floating Rate Fund<br>(An open-ended income<br>scheme)  | <ul> <li>Regular income over short-term</li> <li>Investment in floating rate debt / money market instruments, fixed rate debt / money market instruments swapped for floating rate return</li> </ul> | Moderate Monography Moderate Monography  |
| UTI - G-SEC Fund (An open-ended dedicated gilt fund)  | <ul> <li>Short term credit risk free return</li> <li>Investment in Central Government Securities, Treasury<br/>Bills, Call Money and Repo</li> </ul>   | LOW HIGH   |
| UTI - Treasury Advantage Fund (An open-ended income scheme)   | <ul> <li>Capital preservation and liquidity for short-term</li> <li>Investment in quality debt securities/ money market instruments</li> </ul>   | Investors understand that their principal will be at Moderately Low risk   |
| UTI – Banking & PSU Debt Fund (An open-ended income scheme with no assured return)                    | Generate steady & reasonable income over short to medium term     Investment in predominantly Debt & Money Market Securities issued by Bank & Public Sector Undertaking (PSUs)                       |  |
| UTI - Bond Fund<br>(An open-ended pure debt<br>fund)  | <ul> <li>Regular returns for long-term</li> <li>Investment predominantly in medium to long term debt as well as money market instruments</li> </ul>  | Moderate Mod |
| UTI - Dynamic Bond<br>Fund<br>(An open-ended income<br>scheme)  | Optimal returns with adequate liquidity over medium-term     Investment in debt/money market instruments   | LOW HIGH  Investors understand that their principal will be at Moderate risk   |
| UTI-Fixed Maturity Plan (A close-ended umbrella income scheme comprising of several Investment Plans) | Regular income for short term     Investment in Debt/Money Market Instrument/Govt.     Securities  |  |

<sup>\*</sup> Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Please read overleaf

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| UTI - Gilt Advantage<br>Fund<br>(An open-ended gilt scheme)  | <ul> <li>Long-term credit risk free return</li> <li>Investment in sovereign securities issued by the Central<br/>Government and / or a State Government and / or<br/>any security unconditionally guaranteed by the Central<br/>Government and / or a State Government</li> </ul> |  |
| UTI - Income<br>Opportunities Fund<br>(An open-ended income<br>scheme)   | <ul> <li>Reasonable income and capital appreciation over long-term</li> <li>Investment in debt and money market instruments across different maturities &amp; credit rating</li> </ul>  | Moderate Moderate Moderate   |
| UTI-Medium Term Fund (An open ended income scheme with no assured returns)   | Steady and reasonable income over the medium term     Investment in Debt/Money Market Instrument/Govt.     Securities   | LOW HIGH  Investors understand that their principal will be at   |
| UTI - Monthly<br>Income Scheme<br>(An open-ended debt oriented<br>scheme)  | <ul> <li>Regular income over medium-term</li> <li>Investment in equity instruments (maximum-15%) and fixed income securities (debt and money market securities)</li> </ul>  | Moderate risk  |
| UTI - Short Term<br>Income Fund<br>(An open-ended income<br>scheme)  | <ul> <li>Steady and reasonable income over short-term</li> <li>Investment in money market securities/ high quality debt</li> </ul>  |  |
| UTI-Mahila Unit<br>Scheme<br>(An open-ended debt oriented<br>scheme)   | <ul> <li>Reasonable income with moderate capital appreciation over a long-term horizon</li> <li>Investment in equity instrument (maximum-30%) and debt/ money market instruments</li> </ul>   |  |
| UTI - MIS-<br>Advantage Plan<br>(An open-ended income<br>scheme)   | <ul> <li>Long-term capital appreciation and regular income over medium-term</li> <li>Investment in equity instruments (maximum-25%) and fixed income securities (debt and money market securities)</li> </ul>   | Moderate Mod |
| UTI- Unit Scheme for Charitable & Religious Trusts & Registered Societies (UTI- C.R.T.S) (An open-ended income scheme) | <ul> <li>Regular income over long-term</li> <li>Investment in equity instruments (maximum-30%) and debt/ money market instruments</li> </ul>  | Low HIGH Investors understand that their principal will be at Moderately High risk   |

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#### GENERAL INSTRUCTIONS FOR FILLING THE APPLICATION FORM

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY [Fields Marked with (\*) must be Mandatorily filled in]

[Before Filling up the Form, Please read the Cover Page Carefully to know the Risk Profile of the Scheme(s) you are Investing in]

(a) Please read the terms of the Key Information Memorandum, Scheme Information Documents and Statement of Additional Information carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form.

Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.

- (b) Before submission of application form at UTI Financial Centres and other authorised collection centres investors may please ensure that the form has been filled in completely and signed by all the applicants properly as incomplete application is liable to be rejected.
- (c) NRI applicants should preferably submit the application at NRI Branch, Mumbai, Dubai Representative Office or any Financial Centre of UTI AMC along with NR(E) / NR(O) cheque or a rupee draft payable at the place where the application is submitted.
- (d) Please write the Application Serial Number on the reverse of the cheque / draft.
- (e) Please fill in the names of the applicant(s) / beneficiary / alternate child (if any) / institution / parent or lawful guardian / minor / alternate applicant / nominee etc. at the appropriate places in the application form. PIN code no. must be given with address to avoid delay / loss in transit.
- (f) Attach any one of the documents as proof of date of birth and relationship with minor viz., birth certificate, School leaving certificate/mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., Passport of the minor or any other suitable proof evidencing the date of birth and relationship with the minor.
- (g) It is mandatory for an applicant to furnish full and correct particulars of bank account such as nature and number of the account, name and address of the bank, name of the branch, MICR code of the branch (where applicable) etc. at the appropriate place in the application form. Application without such bank particulars is liable to be rejected. If the credit of dividend distribution is delayed or not effected at all for reason of incomplete or incorrect information furnished by the applicant, UTI AMC cannot be held responsible.
- (h) If you have invested through a distributor, kindly specify the Name and ARN Code, Sub ARN Code of the distributor, else for Direct Investment, please mention "Direct" in the Column "Name & Broker Code/ARN / Sub ARN Code". In case nothing is specified, then by default, the Broker Code will be treated as Direct and the application form will be treated as Direct Application.

#### (i) Transaction Charges

For Investments of value Rs 10000/- and above only, a transaction charge of Rs100 ( for existing investors) and Rs 150 (for first time investor in mutual funds) will be deducted from the subscription amount and paid to the Distributor whose information is provided in the Application Form. However, upfront commission, if any, shall be paid directly by the Investor to the Distributor based on his assessment of various factors including service rendered by the Distributor. For further details on Transaction charges, refer to SAI/SID of the respective Scheme.

#### (j) Direct Plan

Direct Plan is for all category of eligible investors (whether existing or new Unitholders) who purchase/subscribe Units directly with the Fund and is not available for investors who route their investments through a Distributor.

The Direct Plan will be a separate plan under the Fund/Scheme and shall have a lower expense ratio excluding distribution expenses, commission etc and will have a separate NAV. No commission shall be paid from Direct Plan. Portfolio of the scheme under the Existing Plan and Direct Plan will be common.

For further details refer to SAI.

- (k) 'Friend In Need' details will be used by UTI MF only for ascertaining the present address of the unit holder (without disclosing investment details of the investor) if no response is received from the unit holder on sending communication in any form to his/her registered address or e-mail ID, if available, atleast for two occasions. For further details, please refer to SAI.
- (I) SEBI has made it mandatory for all applicants, irrespective of amount of investment, to furnish Income Tax PAN (PAN not applicable to Micro SIP). An application without PAN will be rejected. Investors are required to provide the photocopy (self attested by the investor) of the PAN card along with the application form. If the investment is in the name of minor the PAN of the minor or his father / mother / guardian whose particulars are provided in the application form is to be provided.

#### Investment & Payment Details

(m) The cheque/draft accompanying an application should be made payable in favour of "The name of the scheme".

In the case of 'Direct Plan', the cheque/draft shall be payable in favour of "The name of the scheme - Direct Plan".

(n) Outstation cheques are not accepted. In case the payment is made by demand draft, the draft commission will have to be borne by the applicants.

However for investment made from areas where there are no UTI Financial Centres or authorised collection centres (where local cheques are accepted), UTI AMC may, if it so decides, bear draft charges to the extent of `250/- per application or the actual as is prescribed by banks, whichever is lower or such amount as may be decided by UTI AMC from time to time. The investors have to attach proof of the DD charges paid to a bank (i.e. acknowledgement issued by the bank where DD is purchased). The reimbursement/adjustment of DD charges is solely at the discretion of UTI AMC and in case if it is found that such charges are unreasonably higher than normal market rates, such charges may not be admissible.

In the case of UTI-Floating Rate Fund, UTI-Short Term Income Fund, UTI-Liquid Cash Plan and UTI-Money Market Fund the Demand draft charges, if any, will have to be borne by the investors only and no reimbursement of the same will be made by UTI AMC. For further details, refer to SAI/SID of respective scheme.

(o) UTI AMC/MF shall not accept application for subscription of units accompanied with Third Party Payment except in certain exceptional cases as may be permitted. For details please refer to SID/SAI.

#### Payment Modes

(p) No money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan(SIP)/Micro SIP] and postal orders will be accepted.

However, cash payment to the extent of `50,000/- per investor, per Mutual Fund, per financial year through designated branches of Axis Bank will be accepted subject to the following procedure:-

- Investors who desire to invest upto `50,000/- per financial year shall contact any of our UTI UFCs and obtain a Form for Deposit of Cash and fill-up the same.
- Investors shall then approach the designated branch of Axis Bank along with the duly filled-in Form for Deposit of Cash and deposit the cash.
- iii. Axis Bank will provide an Acknowledgement slip containing the details of Date & Time of deposit, Unique serial number, Scheme Name, Name of the Investor and Cash amount deposited. The Investors shall attach the Acknowledgement slip with the duly filled-in application form and submit them at the UFCs for time stamping.
- iv. Applicability of NAV will be based on depositing of cash at the designated bank branch before the cut-off time and time-stamping of the valid application together with the acknowledgment slip at the UTI Financial Centre (UFC)/ Official Point of Acceptance (OPA).

For further details please refer to SAL

#### q) Know Your Customer (KYC) Norms:

Common Standard KYC through CDSL Ventures Ltd (CVL) is applicable for all categories of investors and for any amount of investment. KYC done once with a SEBI registered intermediary will be valid with another intermediary. Intermediaries shall carry out In-Person Verification (IPV) of their clients.

For further details related to KYC, please refer to SAI/SID of the respective scheme.

#### PAN-Exemption for micro financial products

Only individual Investors (including NRIs, Minors & Sole proprietary firms) who do not have a PAN, and who wish to invest upto `50000/- in a rolling 12 month period or in a financial year under any Scheme including investments, if any, under SIPs shall be exempted from the requirement of PAN on submission of duly filled in purchase application forms, payment amount/instrument and KYC application form with other prescribed documents towards proof of identity as specified by SEBI. Eligible investors of micro investment should attached a copy of KYC Acknowledgement further quoting PAN exempt KYC reference number (PEKRN) along with the application form.

For all other categories of investors, this exemption is not applicable.

Please refer to the SAI for further details on KYC.

#### **Details of Beneficial Ownership**

In terms of SEBI Master Circular on AML/CFT dated December 31, 2010, 'Beneficial Owner' has been defined as a natural person/s who ultimately own, control or influence a client and / or persons on whose behalf a transaction is being conducted, which includes persons who exercise ultimate effective control over a legal person or arrangement.

Further, the Prevention of Money Laundering Rules, 2005 (PMLR 2005) read with Prevention of Money Laundering Act, 2002 also require that all the beneficial owner(s) shall identify themselves with the intermediary through whom his/her/their investments are made in the scheme.

#### Applicability

It is applicable to all categories of investors except a) Individuals and b) a company listed on a stock exchange or is a majority owned subsidiary of such a company.

Above information shall be provided by the investors to UTI Asset Management Company Ltd (UTI AMC) / its Registrar, till the same is taken over by KYC Registering Authority (KRA).

Details of the identity of the beneficial owner/ all natural person(s) such as their Name(s), PAN number/Passport details, Address etc together with a self attested PAN Card copy is to be provided by the Investor to the Official Points of Acceptance (OPAs) of the UTI MF Schemes/aforesaid Registrar while submitting the Application Form. Such beneficial owners/natural persons include those who are acting alone or together, or through one or more juridical person and exercising control through ownership or who ultimately has a controlling ownership interest.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

For further details regarding manner of determination of beneficial ownership in doubtful cases (relating to investors other than Trust and Foreign investors), investments by Trust and Foreign Investors and for other details regarding disclosure of information regarding beneficial ownership etc., please refer to SAI/ relevant Addendum.

#### (r) Aadhar Card

In addition to KYC compliance proof / self attested PAN Card copy, the investors are advised to provide Aadhar Card No., if any.

#### (s) Consolidated Account Statement (CAS)

The AMC will issue a Consolidated Account Statement (CAS) for each calendar month to the investor in whose folios transactions has taken place during that month and such statement will be issued on or before the 10th day of the succeeding month detailing all the transactions and holding at the end of month including transaction charges paid to the distributor, if any, across all schemes of all mutual funds.

Further, CAS as above, will also be issued every half yearly (September/March), on or before the 10th day of succeeding month detailing holding at the end of the sixth month, across all schemes of all mutual funds, to all such investors in whose folios no transactions has taken place during that period.

The word "transaction" for the purposes of CAS would include purchase, redemption, switch, dividend payout, dividend reinvestment, Systematic Investment Plan (SIP), Systematic Withdrawal Plan (SWP), Systematic Transfer of Investment

Plan (STRIP), bonus transactions and merger, if any.

However, Folios under Micropension arrangement shall be exempted from the issuance of CAS

Statement of Account for Demat Account holders:-

- (I) The unit holders who do not have Demat account shall continue to receive the Consolidated Account Statements (CAS) as per the existing practice.
- (II) For unit holders having Mutual Fund (MF) investments and Demat Account -
  - Such Investors shall receive a single Consolidated Account Statement (CAS) from the Depository.
  - Consolidation shall be done on the basis of Permanent Account Number (PAN). In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
  - c. In case an investor has multiple accounts across two depositories, the depository with whom the Demat account has been opened earlier will be the default depository which will consolidate the details across depositories and MF investments and dispatch the CAS to the investor.
  - d. The CAS will be generated on monthly basis
  - e. If there is any transaction in any of the Demat accounts of the investor or in any of his mutual fund folios, depositories shall send the CAS within ten days from the month end. In case, there is no transaction in any of the mutual fund folios and demat accounts, then CAS with holding details shall be sent to the investor on half yearly basis.
  - The dispatch of CAS by the depositories shall constitute compliance by UTI AMC/ UTI Mutual Fund with the requirements under Regulation 36(4) of SEBI (Mutual Funds) Regulations, 1996.

For further details on other Folios exempted from issuance of CAS, PAN related matters of CAS etc, please refer to SAI.

#### t) MF Utility for Investors

UTI AMC Ltd has entered into an agreement with MF Utilities India Private Ltd (MFUI) for usage of MF Utility (MFU), a shared service initiative of various Asset Management Companies, which acts as a transaction aggregation portal for transacting in multiple Schemes of various Mutual Funds with a single form and a single payment instrument through a Common Account Number (CAN).

Accordingly, all financial and non-financial transactions pertaining to Schemes of UTI Mutual Fund excluding UTI Nifty, UTI Children's Career Balanced Plan, UTI Children's career Advantage Fund and UTI ULIP are available through MFU either electronically on www.mfuonline.com as and when such a facility is made available by MFUI or physically through authorised Points Of Service ("POS) of MFUI with effect from the respective dates as published on MFUI website against the POS locations. However, all such transactions shall be subject to the eligibility of investors, any terms and conditions and compliance with the submission of documents and procedural requirements as stipulated by UTI MF/UTI AMC from time to time in addition to the conditions specified by MFU, if any.

The online portal of MFUI i.e. www.mfuonline.com and the POS locations aforesaid shall act as Official Points of Acceptance (OPAs) in addition to the existing OPAs of the UTI AMC Ltd and any transaction submitted at such POS will be routed through MFUI or as may be decided by UTI AMC. Investors not registered with MFUI also can submit their transactions request by giving reference to their existing folio number. All valid applications received for any other scheme apart from eligible schemes as stated above may be accepted by UTI AMC at its own discretion.

The uniform cut off time as prescribed by SEBI and as mentioned in the SID/KIM of the respective Schemes shall be applicable for applications received by MFUI. However, in case of investment of any amount in liquid funds and Rs 2 lacs and above for other Schemes, the applicability of NAV will be subject to the date and time of receipt of credit of amount to the specified bank account of AMC. UTI AMC Ltd will not be responsible for any delay or omission whatsoever, on the part of MFIII

For further details regarding procedures for obtaining CAN and other particulars about MFU etc, please refer to Addendum No 50 dated 6th February 2015/ SAI. Investors may also contact the nearest POS aforesaid for procedures to be complied with in this regard.

E-mail communication: Unitholders who have opted to receive documents/ communication by e-mail will be required to download and print the documents/ communication after receiving the e-mail from UTI AMC. Should the unitholder experience any difficulty in accessing the electronically delivered documents/ communication, the unitholder should advise the Registrars immediately to enable UTI AMC to send the same through alternate means. In case of non receipt of any such intimation of difficulty within 24 hours from receiving the e-mail, it will be regarded as receipt of email by the unitholder. It is deemed that the unitholder is aware of all the security risks including possible third party interception of the documents/communications and contents of the same becoming known to third parties. SMS and Email on the registered address of the investor shall be sent confirming the number of unit allotted within 5 business days from the date of transaction.

#### (v) Abridged Annual Report:

The unitholders whose Email ID is registered with UTI Mutual Fund will receive Abridged Annual Report by email unless indicated by the investor otherwise to receive the physical copy. The scheme-wise Abridged Annual report will also be made available on the website of UTI Mutual Fund (www.utimf.com).

(w) Note on EUIN: Investors should mention the EUIN of the person who has advised the investor. If left blank, please sign the declaration provided in the application form. EUIN will assist in tackling the problem of mis-selling even if the employee/ relationship manager/sales person leave the employment of the ARN holder /Sub broker.

#### Applicability of EUIN:

- Transactions to be included Purchases, Switches, SIP/ STP / STP Triggers registration, Dividend Transfer Plan registration.
- b. Transactions to be excluded Auto SIP/ STP / SWP / STP Triggers Installments, Dividend Reinvestments, Bonus Units, Redemption, SWP Registration, Zero Balance Folio creation and Dividend Transfer Plan installments

(x) Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

#### y) Risk Mitigation process against Third Party Cheques

Third party payments are not accepted in any of the schemes of UTI Mutual Fund subject to certain exceptions.

"Third Party Payments" means the payment made through instruments issued from an account other than that of the beneficiary investor mentioned in the application form. However, in case of payments from a joint bank account, the first named applicant/investor has to be one of the joint holders of the bank account from which payment is made.

For further details on documents to be submitted under the process to identify third party payments, Exceptions for accepting such cheques etc, refer to SAl/relevant addenda.

#### Bank Mandate registration as part of the New Folio creation

In order to reduce frauds and operational risks relating to fraudulent encashment of redemption/dividend proceeds, Investors are required to submit any of the prescribed documents (along with original document for verification) in support of the bank mandate mentioned in the application form for subscription under a new folio, in case these details are not the same as the bank account from which the investment is made.

#### (z) Details under FATCA / Foreign Tax Laws

Foreign Account Tax Compliance Act (FATCA) is a United States (US) Law aimed at prevention of tax evasion by us citizens and residents ("US Persons") through use of offshore accounts.

FATCA obligates foreign financial institutions (FFIs), including Indian financial institutions to provide the US Internal Revenue Service (IRS) with information and to report on the accounts held by specified US Persons. The term FFI is defined widely to cover a large number of non-US based financial service providers such as mutual funds, depository participants, brokers, custodians as well as banks. FATCA requires enhanced due diligence processes by the FFI so as to identify US reportable accounts.

The identification of US person will be based on one or more of following "US indicia"-

- · Identification of the Account Holder as a US citizen or resident;
- Unambiguous indication of a US place of birth:
- · Current US mailing or residence address (including a US post office box);
- · Current US telephone number;
- · Standing instructions to transfer funds to an account maintained in USA;
- Current effective power of attorney or signing authority granted to a person with a US address or
- An "in-care of" or "hold mail" address that is the sole address that the Indian Financial Institution has on the file for the Account Holder

Common Reporting Standard - The New Global Standard for Automatic Exchange of Information

On similar lines as FATCA the Organization of Economic Development (OECD), along with the G20 countries, of which India is a member, has released a "Standard for Automatic Exchange of Financial Account Information in Tax Matters", in order to combat the problem of offshore tax evasion and avoidance and stashing of unaccounted money abroad, requiring cooperation amongst tax authorities. The G20 and OECD countries have together developed a Common Reporting Standard (CRS) on Automatic Exchange of Information (AEOI).

Please refer to Instructions given in the FATCA/CRS Form before filling in the particulars and for further details relating to FATCA/CRS, refer to AMFI India's Circular No.135/BP/63/2015-16 dated 18th September 2015 and SEBI Circular No. CIR/MIRSD/3/2015 dated 10th September 2015.

#### (aa) Power of Attorney

If the investment is made by a Constituted Attorney on behalf of the investor, please furnish the following details and enclose a Notarised copy of the Power of Attorney(PoA) and register the same with the Registrars to the Scheme. If you have already registered your PoA, please provide the PoA Registration Number in the space provide below the signature box in the Application Form

- I. PoA Holder's Name: ☐ Mr / ☐ Ms
- PoA for ☐ First/Sole Applicant ☐ Second Applicant ☐ Third Applicant
- 3. PAN of PoA Holder (Attach Pan Card Copy)

Please Note that PoA Holder must comply with applicable KYC requirements

4. Date of Birth: (dd/mm/yyyy) & Email:

#### **CHECK LIST**

Please ensure that:

- Application Form is filled in Capital letters only
- Your name and address is given in full.
- Your preferred Scheme, plan and option is selected.
- Your investment is not less than the minimum investment amount.
- Your application is complete and signed by all applicants.
- Cheques are drawn in favour of 'The name of the scheme' (in case of Direct Plan, "the name of the scheme - Direct Plan") dated, signed and crossed 'A/c Payee only'.
- On the reverse of each cheque submitted, the Application Form number is written.
- PAN details of all holders are given failing which your application will be rejected (PAN not applicable to micro SIP).
- Copy of KYC acknowledgement for all holders provided by service provider is given, failing which your application will be rejected.
- Your bank account details are entered completely and correctly. This is mandatory.
   If this is not included, your application will be rejected.
- ♦ Only CTS-2010 complied cheques are submitted.



## COMMON APPLICATION FORM FOR INCOME SCHEMES

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| pfror<br>ariou<br>J I/I<br>di | nt co<br>s fa<br>Ve o<br>stril | omm<br>ctor<br>conf<br>buto | niss<br>s ir<br>irm<br>or p | ion s<br>nclud<br>tha<br>ersor | hall ing the the | be p<br>he s<br>EUI<br>cond | aid<br>ervi<br>N b<br>ern | dire          | ectly<br>rend<br>s int<br>or no | by thered<br>tention | ne in<br>by t<br>nall | vest<br>he di<br>y lefi<br>nding | or to<br>istrib<br>t blai<br>g the | the<br>outor<br>nk by<br>adv | AMFI<br>y me/ı<br>ice of | / NIS          | Advis<br>M cert<br>this i<br>opropr<br>k and | tified<br>s an<br>riaten | UTI N<br>"exec<br>ess, i | IF reg<br>ution<br>f any, | gister            | red D<br>y" tra<br>vided | istrii<br>nsac | buto<br>ctio | ors b<br>n wit<br>h dis | ased<br>thout<br>stribu | any<br>tor p | inter<br>erso | ractionnel | on o   | r ad   |        |                  |
|                               |                                | Sig                         | gna                         | ture o                         | 1st <i>A</i>     | Appli                       | cant                      | / Gu          | uardi                           | an                   |                       |                                  |                                    |                              | Sigr                     | nature         | of 2nd                                       | l Appli                  | cant                     |                           |                   |                          |                |              | ,                       | Signat                  | ure o        | f 3rd         | Appli      | icant  |        |        |                  |
| TRAN                          | SAC                            | OIT                         | N C                         | HARG                           | ES TO            | O BE                        | PAI                       | D TO          | ) THI                           | E DIST               | TRIB                  | UTOF                             | R (Ple                             | ase ti                       | ck any                   | one of         | f the be                                     | elow)                    |                          |                           |                   |                          |                |              |                         |                         |              |               |            | (R     | efer I | nstrud | ction 'i'        |
| ₹ 150                         |                                |                             |                             | FIME IN<br>ed as 1             |                  |                             |                           |               |                                 |                      | ption                 | of ₹ 1                           | 0.000                              | and a                        | above                    |                | OR   | ₹ 100                    | I AM .<br>Will be        | AN EXIS<br>e dedu         |                   |                          |                |              |                         |                         |              | ption         | of₹1       | 10.000 | ) and  | above  | )                |
|                               |                                |                             |                             |                                |                  |                             |                           | _             |                                 |                      |                       |                                  |                                    |                              |                          | AN &           | KYC v  |                          |                          |                           |                   |                          |                |              |                         |                         |              |               |            | . 0,00 |        |        |                  |
| 4 DD                          | 10.                            |                             |                             | <b>.</b>                       | ON 4             |                             |                           |               |                                 |                      |                       |                                  | F                                  |                              | F                        |                | • / -  |                          |                          |                           |                   |                          |                |              |                         |                         |              |               |            |        |        | _      |                  |
|                               |                                |                             |                             | PERS<br>olicar                 |                  |                             |                           |               | _                               |                      | Ir.<br>oped           |                                  | Ms.                                |                              | Mrs.                     |                | I/s.<br>nd Ad                                | ult Fe                   | male                     | Perso                     | ns (F             | or MI                    | JS) (          | as ar        | nnear                   | ina in                  | ID pro       |               |            |        |        | ory F  | ields            |
|                               |                                |                             |                             | F                              |                  | F                           | 2                         | S             | T                               |                      |                       |                                  |                                    | (                            |                          |                |  |                          |                          |                           | M                 | 1                        | [              | )            | D                       | L                       | E            |               |            |        | ,      |        |                  |
|                               |                                |                             |                             |                                |                  |                             |                           |               |                                 | Т                    |                       |                                  |                                    |                              |                          |                | te of B                                      |                          |                          |                           |                   |                          |                |              |                         |                         |              |               |            |        | ry for | mino   | ors              |
|                               |                                |                             |                             | s Ado<br>./Plot*               |                  | s (D                        | o no                      | ot re         | peat                            | the i                | nam                   | e) Na                            | ame                                | & Ac                         | ddres                    | s of r         | eside  | nt re                    | lative                   | in In                     | dia (             | for N                    | RIs)           | (P.0         | D. Bo                   | ox No                   | . is n       | ot su         | ufficie    | ent)   |        |        |                  |
|                               |                                |                             | _                           | /Post                          |                  |                             |                           |               |                                 |                      |                       |                                  |                                    |                              |                          |                |  |                          |                          |                           |                   |                          |                |              |                         |                         |              |               |            |        |        |        |                  |
| City/                         | Towr                           | n*                          |                             |                                |                  |                             |                           |               |                                 |                      |                       |                                  |                                    |                              | State                    |                |  |                          |                          |                           |                   |                          |                |              |                         | Pin*                    |              |               |            |        |        |        |                  |
| *PAN                          | /PE                            | EKR                         | N\$                         | OF 1                           | st Al            | PPL                         | ICA                       | NT            | (who                            | se par               | rticula               | ars ar                           | e furn                             | ished                        | I in the                 | form)          | AA   | ADHA                     | AR CA                    | RD N                      | 0.                |                          |                |              |                         |                         |              |               |            |        |        |        |                  |
| OVEI                          | RSE                            | AS                          | AD                          | DRES                           | <b>SS</b> (C     | Over                        | seas                      | s ad          | dres                            | s is m               | nand                  | atory                            | / for I                            | NRI /                        | FPI a                    | pplica         | ints in                                      | addit                    | ion to                   | mailir                    | ng ad             |                          |                | ndia         | )                       |                         |              |               |            |        |        |        |                  |
| State                         |                                |                             |                             |                                |                  |                             |                           |               |                                 |                      |                       |                                  |                                    |                              |                          | Co             | untry*                                       |                          |                          |                           |                   | City                     |                |              | Zip                     | /Pin*                   |              |               |            |        |        |        |                  |
|                               | Mr.                            |                             | Ms                          |                                | Mrs.             |                             | 8                         |               |                                 |                      |                       |                                  |                                    |                              |                          |                | on And                                       | E                        |                          |                           |                   |                          | pplica         | ants         | / Alte                  | rnate                   | Applic       | ant (ir       | 1 case     |        |        |        | MUS)             |
| DETA                          | ILS                            | OF                          | 01                          | THER                           | APF              | PLIC                        | ΑN                        | TS            |                                 |                      |                       |                                  |                                    |                              |                          |                |  |                          |                          |                           |                   |                          |                |              |                         |                         |              |               |            |        |        |        |                  |
| Nam                           | e o                            | f 2n                        | d A                         | Appli                          | can              | t 🗀                         | M                         | lr.           |                                 | Ms.                  |                       | Mrs.                             | . 🗀                                | M/s                          | <b>3</b> .               |                |  | Dat                      | e of B                   | irth of                   | 2nd               | Applio                   | cant           |              |                         |                         |              |               |            |        |        |        |                  |
| *PAN                          | I/PI                           | EKR                         | F<br>N                      | of 2n                          | R<br>d An        | plic                        | ant                       |               |                                 |                      |                       |                                  |                                    |                              |                          |                | ΔΔΠ  | НΔΔ                      | R CAI                    | אט אר                     | <u> </u>          |                          |                |              |                         |                         |              |               |            |        |        |        |                  |
|                               |                                |                             |                             |                                |                  |                             |                           |               |                                 |                      |                       |                                  | Enclo                              | sed                          | PA                       | N/PEK          | RN Car                                       |                          |                          |                           |                   | now Yo                   | ur Cı          | uston        | ner (K                  | (YC)*                   | Acknov       | vledge        | emen       | t Cop  | y Plea | ise (▼ | <b>(</b> )       |
| Nam                           | e o                            | f 3r                        | d A                         | Appli                          | can              | t 🗌                         | M                         | lr.           |                                 | Ms.                  |                       | Mrs                              | . 🗀                                | M/s                          | s.                       |                |  | Da                       | te of E                  | Birth o                   | f 3rd             | Applio                   | cant           |              |                         |                         |              |               |            |        |        |        |                  |
| *PA                           | N/P                            | PEKI                        | RN                          | of 3ı                          | R<br>d Aı        | ilac                        | can                       | t             |                                 |                      |                       |                                  |                                    |                              |                          |                | ΔΔΓ  | ΗΔΔ                      | R CAI                    | SD NO                     | )<br>)            |                          |                |              |                         |                         |              |               |            |        |        |        |                  |
|                               |                                |                             |                             |                                |                  | <b></b>                     |                           | _             |                                 |                      |                       |                                  | Enclos                             | sed                          | PAI                      | N/PEK          | RN Car                                       |                          |                          |                           |                   | now Yo                   | ur Cu          | uston        | ner (K                  | YC)* A                  | cknov        | vledge        | ement      | t Cop  | y Plea | se (✔  | <b>(</b> )       |
|                               |                                |                             |                             | CRO II                         |                  |                             |                           |               |                                 | `                    |                       |                                  |                                    | .,                           | ne CTS                   | S 2010         | ) stand                                      | lards)                   |                          |                           |                   |                          |                |              |                         |                         |              |               |            | (Ref   | er Ins | struc  | tion 'y          |
| #Cheq                         | ue/D                           | D/NE                        | FT/                         | •RTG                           | Ref.             | No.                         |                           |               |                                 |                      |                       |                                  |                                    |                              |                          |                |  |                          |                          |                           | С                 | ash A                    | Acco           | unt          | tvpe                    |                         | Savir        | ngs           |            | Curre  | ent    | N      | RE               |
| / Uniqu<br>Accou              |                                |                             | 10. (                       | For Ca                         | sn)              |                             |                           |               |                                 |                      |                       |                                  |                                    |                              |                          |                |  |                          |                          |                           |                   |                          | plea           |              |                         |                         | NRO          | -             |            | DD is  | sued   | from a | abroad           |
| Date                          | Γ                              |                             |                             |                                |                  |                             |                           |               |                                 |                      | А                     | mt. of                           | f inves                            | stmen                        | t (i)                    |                |  |                          |                          |                           |                   |                          |                |              |                         |                         | m (O         |               |            |        |        | tere   | b                |
| Bank                          |                                |                             |                             |                                |                  |                             |                           |               |                                 |                      |                       |                                  | arges                              |                              | .,                       |                |  |                          |                          |                           |                   |                          | #              | Ple          | ase                     | menti                   | on the       | e app         | licati     | on N   | o. on  |        | everse<br>cheque |
| Branc                         | 1                              |                             |                             |                                |                  |                             |                           |               |                                 |                      | N                     | et am                            | nount                              | paid (                       | i-ii)                    |                |  |                          |                          |                           |                   |                          |                | / D          | D m                     | ust be                  |              | vn in         | favo       | our o  | f "Th  | e Na   | ıme o            |
| Amt. i                        | ı woı                          | rds                         |                             |                                |                  |                             |                           |               |                                 |                      |                       |                                  |                                    |                              |                          |                |  |                          |                          |                           |                   |                          | *              | Inv          | estn                    | nent a                  |              | nt sh         | nall b     | e ₹ 2  | lacs   | and    | abov             |

| BANK PARTIC                   | ULARS OF 1                     | ST APPLICANT (Mandat  | tory as per SEBI          | Guidelines)                                    |                                       |   |   |  |  |  |  |
|-------------------------------|--------------------------------|---|---------------------------|--|---------------------------------------|---|---|--|--|--|--|
| Bank Name                     |                                | •   |                           | ,  | Branch                                |   |   |  |  |  |  |
| Address                       |                                |   |                           |  | MICR (                                | MICR Code   |   |  |  |  |  |
|                               | City                           |   | Pi                        | n*   |                                       | (this is a 9-digit number next to your cheque number) |   |  |  |  |  |
| Account type (p               | please ✓)                      | Savings Current   | NRO NR                    | E  | IFS Co                                | IFS Code  |   |  |  |  |  |
| Account No.                   |                                |   |                           |  | (this is                              | a 11-digit number)                                    |   |  |  |  |  |
|                               |                                | R "DIRECT PLAN" PLEAS<br>DRM FOR EACH SCHEME                      | E TICK HERE 🗌 &           | TICK SCHEME, PLA                               | N/OPTION / SUB                        | -OPTION GIVEN BE                                      | LOW) (Refer Instruction 'j')  |  |  |  |  |
| UTI-CRTS                      |                                | UTI-GILT ADVANTAGE F  | UND-LTP UTI-              | MAHILA UNIT SCHEM                              | ME UTI-MO                             | NTHLY INCOME SC                                       | HEME  |  |  |  |  |
|                               |                                | Growth  | ODivid                    | lend Payout                                    | Olividen                              | d Reinvestment  | (Default-Growth Option/Plan)  |  |  |  |  |
| UTI-G-SEC I                   | FUND-STP (                     | Growth Daily  | Dividend Reinvestm        | ent Period                                     | ic Dividend Payor                     | ut O Periodi  | c Dividend Reinvestment   |  |  |  |  |
|                               |                                |   |                           |  |                                       |   | (Default-Growth Option)   |  |  |  |  |
| UTI-MIS-AD                    |                                | Growth Plan   | _                         | thly Div. Plan Payout                          |                                       | Div. Plan Reinvestm                                   |   |  |  |  |  |
|                               |                                | Flexi Div. Plan Payout  |                           | Div. Plan Reinvestme                           |                                       | Payment Plan  | (Default-Growth Plan)   |  |  |  |  |
| UII-BANKIN                    | NG & PSU DEI                   | Growth  | OME OPPORTUNI             |  |                                       | M INCOME FUND   |   |  |  |  |  |
|                               |                                | Quarterly Div. Payout   | _                         | thly Div. Payout<br>terly Div. Reinvestmer     |                                       | Div. Reinvestment arly Div. Payout                    |   |  |  |  |  |
|                               |                                | Half Yearly Div. Reinvestr  | _                         | ial Div. Payout                                | -                                     | Div. Reinvestment                                     |   |  |  |  |  |
|                               | _                              | Flexi Div. Payout   | 0                         | Div. Reinvestment                              | •                                     |   | (Default-Growth Option/Sub Option ere the default is Qtly. Div. Sub Option) |  |  |  |  |
| UTI-BOND F                    |                                | UTI-DYNAMIC BOND FU   |                           |  |                                       | ·   | 7 1 7   |  |  |  |  |
| _                             |                                | Growth  | ◯ Qua                     | terly Div. Payout                              | ○ Quarter                             | ly Div. Reinvestment                                  |   |  |  |  |  |
|                               |                                | Half Yearly Div. Payout   | ◯ Half                    | Yearly Div. Reinvestme                         | ent OAnnual                           | Div. Payout   |   |  |  |  |  |
|                               |                                | Annual Div. Reinvestmen   | t Flex                    | Div. Payout                                    | O Flexi Di                            | v. Reinvestment                                       | (Default-Growth Option)   |  |  |  |  |
|                               | NG RATE FU                     |   | CASH PLAN                 | UTI-MONEY MARK                                 | ET FUND                               | UTI-TREASURY AD                                       | VANTAGE FUND  |  |  |  |  |
| UTI-MEDIUN                    | M TERM FUND                    | Growth  | ○ Daily                   | Div. Reinvestment <sup>&amp;&amp;&amp;</sup>   | Weekly                                | Div. Payout <sup>&amp;&amp;</sup>                     |   |  |  |  |  |
|                               |                                | Weekly Div. Reinvestmen   | _                         | nightly Div. Payout <sup>&amp;&amp;&amp;</sup> |                                       | ntly Div. Reinvestmen                                 | t <sup>&amp;&amp;&amp;</sup>  |  |  |  |  |
|                               |                                | Monthly Div. Payout   |                           | thly Div. Reinvestment                         | Quarter                               | Quarterly Div. Payout                                 |   |  |  |  |  |
|                               |                                | Quarterly Div. Reinvestme   | _                         | Yearly Div. Payout                             | _                                     | Half Yearly Div. Reinvestment                         |   |  |  |  |  |
|                               |                                | Annual Div. Payout  | () Annı                   | al Div. Reinvestment                           | () Flexi Di                           | -   |   |  |  |  |  |
|                               |                                | ) Flexi Div. Reinvestment   |                           |  |                                       |   | er UTI-FRF, UTI-MMF & UTI-MTF) stment under UTI-LCP & UTI-TAF)              |  |  |  |  |
| Please Note:                  |                                |   |                           |  |                                       |   |   |  |  |  |  |
| •                             |                                | otion <b>NOT</b> available under U<br>it, Weekly Div. Reinvestmer | •                         |  |                                       |   | e under UTI-Medium Term Fund  |  |  |  |  |
|                               |                                | various Options / Sub Opti  |                           |  |                                       |   |   |  |  |  |  |
|                               | MATURITY PL<br>Ite form for ea |   | ES (YFMP)                 | HALF YEARLY SERIE                              | ES (HFMP)                             | QUARTERLY SER   | RIES (QFMP)   |  |  |  |  |
| (                             | _                              | Growth  | ○ Divid                   | lend Payout                                    | ○ Dividen                             | d Reinvestment  | (Default-Growth Option)   |  |  |  |  |
| Cheque / DD sh                | ould be drawn                  | in favour of UTI-Fixed Mat  | urity Plan – YFMP (       | mm/yy) / HFMP (mm/y                            | y) / QFMP (mm/y                       | y-Plan No.)   | . ,   |  |  |  |  |
| Details of Be                 | eneficial Ov                   | nership (Please tick a  | applicable categ          | ory). Ownership d                              | etails to be pr                       | ovided if the Ow                                      | nership percentage/interest   |  |  |  |  |
| any Benefici                  | ary is as pe                   | r the threshold limit p   | rovided below. D          | etails to be provid                            | led for each su                       | ıch beneficiary.                                      |   |  |  |  |  |
|                               |                                |   |                           |  |                                       |   | (Refer instruction q)   |  |  |  |  |
| Categ                         | ory                            | Unlisted  | Partnershi                | n   Ilnine                                     | orporated                             | Trust   | Foreign   |  |  |  |  |
| •                             |                                | company   | Firm                      | •   📖  | iation/Body of                        |   | Investor \$\$\$   |  |  |  |  |
|                               |                                |   |                           | Indivi   | duals                                 |   |   |  |  |  |  |
| Ownership pe<br>@@@           | er cent                        | >25%  | >15%                      |  | >15%                                  | >=15%   |   |  |  |  |  |
|                               | ship percenta                  | de of shares/capital/pro  | l<br>fits/property of jur | idical person/interes                          | st in the Trust a                     | s on the date of th                                   | e application shall be furnished  |  |  |  |  |
| by the investor.              |                                | g   |                           | ,  |                                       |   |   |  |  |  |  |
|                               | -                              |   | •                         | •  | -                                     |   | to SAI/relevant Addendum.   |  |  |  |  |
| In case of any immediately ab | •                              | •   | o, the investor wi        | Il be responsible to                           | intimate UTI                          | AMC / its Registra                                    | er / KRA as may be applicable   |  |  |  |  |
| •                             |                                |   |                           | this format if the a                           |                                       | - incufficient)                                       |   |  |  |  |  |
| Details of Berie              | incial Owners                  | ship (Please attach a se  | parate sneet with         | this format if the sp                          | · · · · · · · · · · · · · · · · · · · | tails of Identity                                     |   |  |  |  |  |
| Sr.<br>No.                    |                                | Name  |                           | Address  |                                       | uch as PAN /  | % of ownership  |  |  |  |  |
|                               |                                |   |                           |  |                                       | Passport  |   |  |  |  |  |
| 1                             |                                |   |                           |  |                                       |   |   |  |  |  |  |
| 2                             |                                |   |                           |  |                                       |   |   |  |  |  |  |
|                               |                                |   |                           |  |                                       |   |   |  |  |  |  |
| 3                             |                                |   |                           |  |                                       |   |   |  |  |  |  |
| [Please attach                | self attested                  | copy of PAN/Passport (  | proof of photo ide        | entity) along with ap                          | plication form]                       |   |   |  |  |  |  |
|                               |                                |   |                           | •  |                                       |   |   |  |  |  |  |

| Unitholding Option  |  | Demat Mode  | ☐ Physical M                              | /lode                          | (Ava   | ilable und   | der all schei          | me except l                    | JTI-CRTS, L                     | JTI-MUS                  | & UTI-FMP)                            |  |  |  |
|---|--|---|---|--------------------------------|--|--------------|------------------------|--------------------------------|---------------------------------|--------------------------|---------------------------------------|--|--|--|
|   |  |   | sequence of names<br>e compulsory if dema |                                | •  | plication t  | form match             | es with that                   | of the accou                    | unt held v               | vith any one                          |  |  |  |
| National Depositor  | ry Name  |   | Ce  | ntral                          | Donository May                                       | mo           |                        |                                |                                 |                          |                                       |  |  |  |
| Securities DP ID No   |  | 1 1 1   |   | pository                       | Depository Na  |              |                        |                                |                                 |                          |                                       |  |  |  |
| Depository  |  |   | L Se                                      | rvices                         | Target ID No.  |              |                        |                                |                                 |                          |                                       |  |  |  |
| Limited Beneficia Account I   |  |   |   | dia)<br>nited                  |  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   | lient Master List (C                           |   | ction cum Holding State                   |                                | Delivery Inst  |              | ,                      |                                |                                 |                          |                                       |  |  |  |
| the following persor  |  |   | ole to communicate vact details.          | with me/                       | /us at my / our                                      | registered   | d address, l           | / we autho                     |                                 |                          | spond with<br>ruction - k)            |  |  |  |
| Name F  | R S  | г   | M I D                                     | D L                            | E  |              |                        |                                | L                               | A S                      | Т                                     |  |  |  |
| Address:  |  |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   |  |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| Relationship with the ap  | plicant (optional)                             |   | Email                                     |                                |  | Mobile       |                        |                                |                                 |                          |                                       |  |  |  |
| GENERAL INFOR   | MATION - Plea                                  | se (√) wherever a                                       | applicable                                |                                |  |              |                        |                                |                                 |                          | · · · · · · · · · · · · · · · · · · · |  |  |  |
| STATUS:   | Resident I                                     |   | linor through guardiar                    | ı 🔲                            | HUF  |              | Partner                | ship                           |                                 | Trust                    |                                       |  |  |  |
|   | Sole Propr<br>FPI<br>Unlisted 'N               | ietorship   Solition   Solition   Not for Profit'^^ Cor |   | H                              | Body Corporat<br>Foreign Nationa<br>Other Unlisted C | als##        | AOP<br>Listed (<br>PIO | Company                        |                                 | BOI<br>LLP               |                                       |  |  |  |
| ## OCBs are not a   | Others (Pl                                     | ease specify)   |   | JTI MF.                        |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| ## OCBs are not allowed to invest in units of any of the schemes of UTI MF.  ^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). |  |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| OCCUPATION:   | Business Housewife Forex Dea                   | ☐ R   | tudent<br>etired<br>thers (Please specif  |                                | Agriculture<br>Private Sector S                      | Service [    | Self-em Public S       | ployed<br>ector Service        | e 🗌                             | Professi<br>Governn      | onal<br>nent Service                  |  |  |  |
| MODE OF HOLDING:  | Single   |   | nyone or survivor                         |                                | Joint  |              | First ho               | lder or Surv                   | vivor (for UT                   | I MUS)                   |                                       |  |  |  |
| MARITAL STATUS:   | Unmarried                                      | M   | arried                                    |                                | Wedding Anni   | versary [    | D D M                  | M                              |                                 |                          |                                       |  |  |  |
| OTHER DETAILS (MANDATORY)  FOR INDIVIDUALS ONLY   |  |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| 1st Applicant:  | (A) Gross A                                    | nnual Income Det  | tails Please tick (✓)                     |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   | Belo   | ow 1 Lac  | 1-5 lacs                                  |                                | 5-10 Lacs  | □ 10         | -25 Lacs               | □ >25 L                        | acs - 1 Crore                   | e 🗌 >                    | 1 Crore                               |  |  |  |
| Net-worth in ₹  |  |   | d not be older than 1 v                   | [OR]<br>vear)                  | <b>(</b> ]   | 20.0         | on (date)              |                                | MAVIVI                          | VV                       |                                       |  |  |  |
| Net-worth in C  |  | ick if applicable:                                      | _   |                                | son (PEP)  | Re           | elated to a F          | olitically Ex<br>of PEP, ple   | rposed Personase refer ins      | on (PEP)<br>struction ': | x').                                  |  |  |  |
| 2 <sup>nd</sup> Applicant:  |  | er information:<br>nnual Income Det                     | tails                                     |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   |  | ow 1 Lac  |   | [OR                            | 5-10 Lacs  | ☐ 10·        | -25 Lacs               | □ >25 L                        | acs - 1 Crore                   | e 🗌 >                    | ·1 Crore                              |  |  |  |
| Net-worth in ₹  |  | (Net worth shoul  | d not be older than 1                     | year)                          |  | as o         | on (date)              | D D M                          | M/YY                            | YY                       |                                       |  |  |  |
|   | (B) Please ti                                  | tick if applicable: Politically Exposed Person (PEP)    |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| 3 <sup>rd</sup> Applicant:  |  | er information:<br>nnual Income Det                     | taile                                     |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| o Applicant.  | ` ' —  | ow 1 Lac  | 1-5 lacs                                  | Г                              | 5-10 Lacs  | □ 10         | -25 Lacs               | >251                           | acs - 1 Crore                   | ,                        | 1 Crore                               |  |  |  |
|   |  |   |   | [OR                            | []   |              |                        |                                |                                 |                          |                                       |  |  |  |
| Net-worth in ₹  | (P) Places ti                                  |   | d not be older than 1 y                   |                                | (050)  |              | on (date)              | olitically Evaced Barrer (DES) |                                 |                          |                                       |  |  |  |
|   | • •  | ck if applicable:<br>er information:                    | — Politically Expo                        | olitically Exposed Person (PER |  |              | elated to a F          | olitically Ex                  | olitically Exposed Person (PEP) |                          |                                       |  |  |  |
|   |  |   |   | I-INDIVI                       | IDUALS ONLY  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   | ` ' —  | nnual Income Det  |   |                                | 7 5 401  |              | .051                   |                                | 40                              |                          | 4.0                                   |  |  |  |
|   | ⊔ Belo   | ow 1 Lac  | ☐ 1-5 lacs                                | [OR                            | 」 5-10 Lacs<br><b>≀]</b>                             | □ 10         | -25 Lacs               | □ >25 L                        | acs - 1 Crore                   | ; □ >                    | ·1 Crore                              |  |  |  |
| Net-worth in ₹  |  | (Net worth shoul  | d not be older than 1                     | -                              |  | as o         | on (date)              | D D / M                        | M/YY                            | YY                       |                                       |  |  |  |
|   | (B) Is the enti                                | ity involved in / prov                                  | iding any or the followi                  | ing servic                     | ces  |              |                        |                                |                                 | _                        | _                                     |  |  |  |
|   |  | Exchange / Money Cha<br>ending / Pawning                | Inger Services YES                        | S NO                           |  | mbling/Lotte | ery Services (e        | e.g. casinos, be               | etting syndicate                | s) 🗌 YES                 | S NO                                  |  |  |  |
|   | •  | er information:   |   | , [] INO                       | ,  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   |  |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
|   | • •  |   |   |                                |  | _            |                        |                                | • •                             |                          |                                       |  |  |  |
| UTI Mutual Fund<br>Haq, ek behtar zindagi t   | ka.  |   |   |                                | DGEMEN the Applica                                   |              | Sr                     | . No. 2016                     | 6/                              |                          |                                       |  |  |  |
| Received from Mr /  | Ms / M/s                                       |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |
| An application und  | er   |   |   |                                |  | (sche        | eme name)              |                                |                                 |                          |                                       |  |  |  |
| along with Cheque <sup>s</sup> /D   |  |   |   |                                | otod   |              |                        |                                |                                 |                          |                                       |  |  |  |
| Ref. No./Unique Seria   |  |   |   | da                             | ated   |              |                        |                                |                                 |                          |                                       |  |  |  |
| Drawn on (Bank)   |  |   |   |                                |  |              |                        |                                | Stamp of UT                     | TAMC Of                  | ffice/                                |  |  |  |
| for ₹ (in figures)  |  |   |   |                                |  |              |                        | I .                            | uthorised Co                    |                          |                                       |  |  |  |
| \$ Cheques and drafts   | Cheques and drafts are subject to realisation. |   |   |                                |  |              |                        |                                |                                 |                          |                                       |  |  |  |

- 2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable 3. for Micro SIP.
- 4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar:

M/s. Karvy Computershare Pvt. Ltd.: Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040-6716 1888, **Email:** uti@karvy.com

here

## **UTI SMaRT FORM**

UTI Mutual Fund

(UTI Single Mandate Registration & Transaction Form)

| UMRN  | F o r o f f                    | i c e u s e                          | Date   |   |
|---|--------------------------------|--------------------------------------|--|---|
| Sponsor Bank Code C I 1   | 0   0   P   1   G              | W Utility Code C I T I               | 0 0 0 0 2 0 0                                    | 0 0 0 0 0 3 7   |
| CREATE / I/We hereby authorize  | UTI Mutual Fun                 | d to de                              | ebit (tick√) SB CA C                             | CC SB-NRE SB-NRO Other 2                                    |
| CANCELX   |                                |                                      |  | 3   |
| Bank a/c number   | 14 5                           |                                      |  |   |
| with Bank Name of Customers Ban   | ÎFSC                           |                                      | or MICR  |   |
| an amount of Rupees   |                                |                                      | ₹  |   |
| FREQUENCY A Milhly Q Qily H-Yrly  | <del>] Yrly</del>              | ed <b>DEBIT T</b>                    | YPES   |   |
| Reference 1   | olio Number                    | <sup>7</sup> Mobile                  |  | 10  |
| Reference 2 App   | ication Number                 | 8 Email IE                           | (Please enter mobile number reg                  | istered in India only)                                      |
| I Agree for the debit of mandate processing charges   | by the bank whom I am autho    | prizing to debit my account as per l | atest schedule of charges                        | of the bank.  |
| PERIOD 9  |                                |                                      |  |   |
| From D D M M Y Y Y Y  |                                |                                      |  |   |
| To 3 1 1 2 2 0 9 9  | Signature Primary Account hole | der Signature of Account             | holder Sig                                       | gnature of Account holder 12                                |
| Or  | Name as in Bank records        | 2. Name as in Bank re                | cords 3.   | Name as in Bank records 13                                  |
| This is to confirm that the declaration has been  |                                | od and made by me/us. I am a         | uthorizing the User entity/0                     | Corporate to debit my account                               |
| based on the instruction as agreed and signed by me<br>I have understood that I am authorized to cancel/am      |                                | ately communicating the cancellat    | ion/amendment request to                         | the User entity/corporate or                                |
| the bank where I have authorized the debit.   |                                |                                      | · · · · · · · · · · · · · · · · · · ·            |   |
|   | T FORM FOR ELEC                | TRONIC FACILITY                      | ~  | <b>*</b> • • • • • • • • • • • • • • • • • • •              |
|   | le for KYC complied Ind        |                                      |  | UTI Mutual Fund   |
| DATE: D D M M Y Y Y Y   | REGISTRATION                   | CHANGE CANCELL                       |  | lag, ek behtar zindagi ka.                                  |
| ARN EUIN  | Sub ARN Code                   | Sub Code                             | MO Code  | UTI RM NO.  |
|   |                                |                                      |  |   |
| Upfront commission shall be paid directly by the invi   |                                | _                                    |  |   |
| interaction or advice by the distributor personnel co<br>distributor has not charged any advisory fees for this | ncerned or notwithstanding tl  | •                                    |  | • • •   |
|   | runsuchon.                     |                                      |  |   |
| *FOLIO / APPLN NO.  |                                | FOLIO UNDER UTI UL                   | P#  <u>                                     </u> |   |
| PAN   | KYC Complied                   | DATE OF BIRTH OF 1st HOL             | DER / MINOR DD                                   | MMYYYY  |
| 1st HOLDER NAME   |                                |                                      |  |   |
| I/ We have read and understood the Scheme In authorise UTI MUTUAL FUND and their authorized ser                 |                                |                                      | • ,  |   |
| you to register me/us for availing this facility and carry have read and understood the Terms & Conditions of   | <u> </u>                       |                                      |  | • •   |
| /Pages/default.aspx) and also displayed/available at t  | •                              |                                      | [  |   |
|   |                                |                                      |  |   |
|   |                                |                                      |  |   |
| *Mandatory  1st Holder / Guardian as per folio  | 2nd l                          | Jnit Holder                          | 3rd H  | nit Holder  |
| *Folio held in Single and anyone or survivor is only all  |                                |                                      |  | III Holder  |
| ~   | UTI S                          | MaRT FORM                            |  | **************************************                      |
|   |                                | -                                    |  |   |
| UTI   |                                | OWLEDGEMENT                          | -: 400.054                                       | UTI Mutual Fund   |
|   |                                | -Kurla Complex, Bandra (East), Mumb  | ai - 400 051.                                    | UTI Mutual Fund<br>laq, ek behtar zindagi ka.               |
| Received From   |                                |                                      | аі - 400 051.                                    | UTI Mutual Fund<br>lag, ek behtar zindagi ka.               |
| Received From Folio / Application No.   |                                |                                      | аі - 400 051.                                    | UTI Mutual Fund<br>haq, ek behtar zindagi ka.<br>TIME STAMP |

The mobile number and email ID provided above will be registered/replaced with the mobile number and email ID in the folio.

Note: All purchases are subject to realisation of Cheques/ receipt of funds.



#### \*CHECK LIST

The Form is complete in all respects.

The form is signed by the holders as per the holding basis

Folio, Mobile Number, email id, PAN and KYC details are submitted.

A Copy of cheque leaf is enclosed.

### GUIDELINES TO FILL UTI SMaRT FORM

- 1. Date: In format DD/MM/YYYY
- 2. Bank A/c Type: Tick the relevant box
- 3. Provide CBS Account Number
- 4. Write name of the bank through which you wish to invest.
- 5. IFSC / MICR code: Fill respective code
- 6. Mention Maximum Amount
- 7. Reference 1: Mention Folio Number
- 8. Reference 2: Mention Application Number
- 9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
- 10. Telephone Number
- 11. Email ID
- 12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
- 13. Name: Mention Holder Name as Per Bank Record