COMMON APPLICATION FORM FOR INCOME SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr. No. 2009/
Registrar Sr. No.

UTI Mutual Fund

DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units)				
ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.
ARN-1619				

CR / CA Code	For Chief Representative	
	DD Amount	
	DD Charges	
	Total	
DD No.:	Dated:	Drawn on:

Upfront Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier, ☐ Yes ☐ No

If yes, please provide:Scheme Name: _____ Folio No. _____ (Optional)

APPLICANT'S PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth d d m m y y y y

Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)

FIRST MIDDLE LAST

Guardian Name (if Minor) / Contact Person and Designation - for institutional applicants) / Alternate applicant (incase of UBF / MIS / MUS) ☐ Mr. ☐ Ms. ☐ Mrs.

FIRST MIDDLE LAST

***PAN OF 1st APPLICANT (whose particulars are furnished in the form)**

Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

First Applicant's Address (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*
Street/Road/Area
City* State Pin*
Tel. No. (R) STD CODE - (O) STD CODE - Mobile
e-mail Alternate e-mail

If you wish to receive the following via e-mail Please (✓) [Refer Instruction (k)]
☐ Account Statement ☐ Annual Report ☐ Transaction Confirmation ☐ Communication of change of address, bank details etc.

Overseas Addresss (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

*City
State *Country ZIP/Pin*

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth d d m m y y y y

FIRST MIDDLE LAST

***PAN OF 2nd Applicant** Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth d d m m y y y y

FIRST MIDDLE LAST

***PAN of 3rd Applicant** Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

Status ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust ☐ Company ☐ Sole Proprietorship ☐ Society ☐ Body Corporate ☐ AOP ☐ BOI ☐ FII ☐ NRI ☐ Others (specify) _____

Mode of Holding ☐ Single ☐ Anyone or Survivor ☐ Joint ☐ First holder or Survivor (for UTI MUS)

Occupation ☐ Business ☐ Student ☐ Agriculture ☐ Self employed ☐ Professional ☐ Housewife ☐ Retired ☐ Service ☐ Others (specify) _____

Marital Status ☐ Unmarried ☐ Married ☐ Wedding Anniversary D D M M

Annual Income of First Individual Applicant ☐ < 5 Lacs ☐ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

☐ Applicant's address / (for NRIs) At my Overseas address as mentioned above ☐ (for NRIs) To be despatched to my resident relative's address in India as given above.

BANK PARTICULARS (Mandatory as per SEBI guidelines)]

Bank Name		Branch
Address		MICR Code
	City *Pin	(this is a 9-digit number next to your cheque number)
Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE		IFS Code
Account No.		

PAYMENT DETAILS

Cheque / DD# No.		Amt. of investment (i)		Account type (please ✓)
Date		DD Charges if any (ii)		☐ Savings ☐ Current ☐ NRE
Bank		Net amount paid (i-ii)		☐ NRO ☐ DD issued from abroad
Branch		Amt. in words		

Please mention the application No. on the reverse of the cheque / DD. Cheque / DD must be drawn in favour of **"The Name of the Scheme"** & crossed **"A/c Payee Only"**

*** Denotes Mandatory Fields**

(Application Form continued on the reverse)

ACKNOWLEDGEMENT SLIP
(To be filled in by the Applicant)

UTI Mutual Fund **Sr. No. 2009/**

Received from Mr./Ms./M/s. _____
An application under _____ Scheme Name
alongwith Cheque / DD No.* _____ Dated _____
Drawn on (Bank) _____
for Rs. (in figures) _____

* Cheque and drafts are subject to realisation

Stamp of UTI AMC Office / Authorised Collection Centre

INVESTMENT DETAILS (Please ✓)

☐ **UTI-G-Sec Fund** ☐ Investment Plan ☐ Short Term Plan (Default Plan / Option - Investment Plan & Growth Option)
☐ Dividend Option* ☐ Growth Option

☐ **UTI-Bond Fund** ☐ **UTI-MIS** ☐ **UTI-Mahila Unit Scheme** ☐ **UTI-CRTS** (Default Option - Growth Option)
☐ Dividend Option* ☐ Growth Option $

$ I/We wish to opt for Systematic Withdrawal Plan under Growth Option of ☐ **UTI-Bond Fund** ☐ **UTI-Monthly Income Scheme (MIS)** ☐ **UTI-CRTS** as under :
☐ Fixed Withdrawal Plan ☐ Monthly Payment : Rs. _____ ☐ Quarterly Payment : Rs. _____
☐ Variable Withdrawal Plan (available under UTI-Bond Fund only)

☐ **UTI-Liquid Fund** ☐ Cash Plan (Regular) ☐ Dividend ☐ Monthly ☐ Growth
☐ Cash Plan (Institutional) ☐ Dividend Option ○ Daily ○ Weekly ○ Monthly* ☐ Growth Option

☐ **UTI-Short Term Income Fund** ☐ Regular Option ☐ Institutional Option
☐ Monthly Dividend Sub Option* ☐ Growth Sub Option
(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)
[For Rs. 1 crore and above default is Cash Plan (Institutional)]

☐ **UTI-GILT Advantage Fund-LTP** ☐ Growth Plan ☐ Dividend Plan* ☐ PF Plan ○ Growth Option ○ Dividend Option*
○ Prescribed Date Auto Redemption Option (PDAR) #
○ Prescribed Appreciation Auto Redemption Option (PAAR) # # both options available under PF Plan
◇ Payout ◇ Reinvestment ◇ Principal Amount ◇ Whole Amount
In case of PDAR please specify a 'Desired Maturity Date' d d m m y y y y
In case of PAAR please specify a 'Desired Appreciation Rate' _____% (Default Plan - Growth Plan)

☐ **UTI-Treasury Advantage Fund** ☐ Growth ☐ Daily Dividend ☐ Weekly Dividend* ☐ Monthly Dividend* ☐ Quarterly Dividend* ☐ Annual Dividend* ☐ Bonus (Default - Daily Div. Plan / Option)
☐ Institutional Plan ○ Growth Option ○ Daily Dividend ○ Weekly Dividend* ○ Monthly Dividend ○ Quarterly Dividend* ○ Annual Dividend* ○ Bonus Option

☐ **UTI-MIS-Advantage Plan** ☐ Growth Plan ☐ Monthly Dividend Plan* ☐ Flexi Dividend Plan* ☐ Monthly Payment Plan (Default Option - Growth Option)

☐ **UTI-Money Market Fund** ☐ Regular Plan ☐ Institutional Plan (Default Option - Growth Option)
☐ Daily Dividend Option ☐ Weekly Dividend Option* ☐ Growth Option

☐ **UTI-Floating Rate Fund (STP)** ☐ Regular Plan ☐ Institutional Plan (Default Option - Growth Option)
☐ Daily Dividend Option ☐ Weekly Dividend Option* ☐ Growth Option

☐ **UTI-Fixed Maturity Plan (Use separate application form for each series)**
Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)
☐ Regular Plan ☐ Institutional Plan (Default Plan - Regular Plan)
☐ Yearly Series (YFMP) ☐ Half Yearly Series (HFMP) ☐ Quarterly Series (QFMP) (Rs. 1 crore and above default is Institutional)
○ Growth Option ○ Dividend Option (Default Option - Growth Option)

☐ **UTI-VIS-ILP** ☐ Growth Option ☐ Dividend Option* (Default Option - Growth Option)

*** Please tick your option for Dividend Plan / Option / Sub-option** ☐ Dividend Payout ☐ Dividend Reinvestment

Investor opting for SIP, STRIP, UTI - STRIP Advantage, SWP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.

NOMINATION DETAILS

I / We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee/ acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and Address of Nominee		**To be furnished in case nominee is a minor**
Name	Date of Birth (in case of nominee is a minor) d d m m y y y y	Name of the guardian
		Address of guardian
Address		Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate Form prescribed for the same and attach herewith.

DECLARATION AND SIGNATURE OF APPLICANT/s

I / We have read and understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.
I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
* I / We confirm that we are Non-Residents or Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund.
* Applicable to NRIs

Signature of 1st Applicant / Guardian	**Signature of 2nd Applicant**	**Signature of 3rd Applicant**
Name of 1st Authorised Signatory	Name of 2nd Authorised Signatory	Name of 3rd Authorised Signatory
Designation _____	Designation _____	Designation _____

Notes :
1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
3. 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 Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com

UTI Mutual Fund

COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr.No. 2009/

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)

ARN	Broker Name	Sub-Broker Code/ Bank Branch Code	M O Code	UTI RM No.
ARN-1619				

CR / CA Code	For Chief Representative	
	DD Amount	
	DD Charges	
	Total	
DD No.:	Dated:	Drawn on:

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier. ☐ Yes ☐ No

If yes, please provide : Scheme Name ..... Folio ..... (Optional)

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters) ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.**

Name of First Applicant

FIRST MIDDLE

LAST Date of Birth dd mm yyyy Mandatory for minors

First Applicant's Address (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*

Street/Road/Area

City* State Pin*

Tel.No.(R) STDCODE (0) STDCODE Mobile

e-mail Alternate e-mail

***PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

If you wish to receive the following via e-mail Please (✓)(Refer instruction k)

☐ Account Statement ☐ Annual Report ☐ Transaction Confirmation ☐ Communication of change of address, bank details etc.

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

City*

State Country* Zip/Pin*

NAME IN FULL OF THE FATHER/MOTHER OR GUARDIAN (IN CASE OF MINOR)/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.**

FIRST MIDDLE LAST

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

☐ Applicant's address / (for NRIs) At my Overseas address as mentioned above | ☐ (for NRIs) To be despatched to my resident relative's address in India as given above

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** Date of Birth of 2nd Applicant dd mm yyyy

FIRST MIDDLE LAST

***PAN of 2nd Applicant**

Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

Name of 3rd Applicant ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** Date of Birth of 2nd Applicant dd mm yyyy

FIRST MIDDLE LAST

***PAN of 3rd Applicant**

Enclosed ☐ PAN Card Copy Please (✓)

Know Your Customer (KYC)
KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

PAYMENT DETAILS

Cheque / DD* No.		Amt. of investment (i)	
Date		DD Charges if any (ii)	
Bank		Net amount paid (i-ii)	
Branch		Amt in words	

***Please mention the application No. on the reverse of the cheque/DD. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"**

Account Type Please (✓) ☐ Current ☐ Savings ☐ NRE ☐ NRO ☐ DD issued from abroad

ONLINE ACCESS

☐ I/We wish to access the account online through 'invest@uti' at www.utimf.com.
I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.

UTI Mutual Fund

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr.No. 2009/

Received from Mr / Ms / M/s

An application under (scheme name)

along with Cheque / DD No.* dated

Drawn on (Bank)

for Rs. (in figures)

* Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/Authorised Collection Centre

INVESTMENT DETAILS (Please ✓)

- ☐ UTI-Balanced Fund
- ☐ UTI-Banking Sector Fund
- ☐ UTI-Contra Fund
- ☐ UTI-Dividend Yield Fund
- ☐ UTI-Energy Fund
- ☐ UTI-Equity Fund
- ☐ UTI-Infrastructure Fund
- ☐ UTI-Leadership Equity Fund
- ☐ UTI-Master Index Fund
- ☐ UTI-Master Plus Unit Scheme
- ☐ UTI-Mastershare Unit Scheme
- ☐ UTI-Master Value Fund
- ☐ UTI-Mid Cap Fund
- ☐ UTI-MNC Fund
- ☐ UTI-Nifty Index Fund
- ☐ UTI-Opportunities Fund
- ☐ UTI-Pharma & Healthcare Fund
- ☐ **S**&P CNX NIFTY **U**TI **N**OTIONAL **DE**pository **R**eceipts Scheme (SUNDER)
- ☐ UTI-Services Industries Fund
- ☐ UTI-Top 100 Fund
- ☐ UTI-Transportation & Logistics Fund
- ☐ UTI-Wealth Builder Fund Series II

Plan available only under UTI-Banking Sector Fund and UTI-Wealth Builder Fund Series II.

☐ Regular/Retail Plan ☐ Institutional Plan (Minimum is Rs.5 crore under UTI-Banking Sector Fund and Rs.1 crore under UTI-Wealth Builder Fund Series II). (Default is Regular/Retail Plan. However, if the application is for amounts of Rs.5 crore / Rs.1 crore and above the default Plan is the Institutional Plan.)

OPTION (for all schemes) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment (Default is growth option)

☐ I wish to Opt for Systematic Investment Plan (SIP). ☐ I wish to Opt for Automatic Trigger Facility.

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach with this application form.

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name		Branch
Address		MICR Code (this is a 9-digit number next to your cheque number)
	City Pin*	IFS Code
Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE Account No.		

Annual Income of First Individual Applicant (Please (✓) ☐ < 5 Lacs ☐ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs * Denotes Mandatory Fields

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Resident Individual ☐	Minor through guardian ☐	HUF ☐	Partnership ☐	Trust ☐
	Company ☐	Sole Proprietorship ☐	Society ☐	Body Corporate ☐	AOP ☐
	BOI ☐	FII ☐	NRI ☐	Others ☐	
Mode of Holding	Single ☐	Anyone or survivor ☐	Joint ☐		
Occupation	Business ☐	Student ☐	Agriculture ☐	Self-employed ☐	Professional ☐
	Housewife ☐	Retired ☐	Service ☐	Others ☐	
Marital Status	Unmarried ☐	Married ☐	Wedding Anniversary ☐	D D M M	

NOMINATION DETAILS

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and address of Nominee		**To be furnished in case nominee is a minor**
Name		Name of the guardian:
Date of Birth (in case nominee is a minor)		Address of guardian
Address		Signature of nominee/guardian (For minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

DECLARATION AND SIGNATURES OF APPLICANT/s

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

*I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund.

* Applicable to NRI's

Signature of 1st Applicant / Guardian Name of the 1st Authorised Signatory	**Signature of 2nd Applicant** Name of the 2nd Authorised Signatory	**Signature of 3rd Applicant** Name of the 3rd Authorised Signatory
Designation _____	Designation _____	Designation _____

Notes:

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority.
3. **Please ensure that all PAN details are given, failing which your application will be rejected (PAN not applicable for Micro SIP).**
4. All communications 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.
Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081
Tel.: 040-23421944 to 47 Fax: 040-23115503 Email: uti@karvy.com

SYSTEMATIC INVESTMENT PLAN (SIP)/MICRO SIP

MANDATE FORM FOR AUTO DEBIT

(Please read instructions)

UTI Mutual Fund

AGENT's Name and ARN	Sub Broker Code	MO Code
ARN-1619		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / First Investor Name

Application No. / Existing Folio No. Mobile No.

Scheme/Plan

Each SIP/Micro SIP Amount (Rs.) Frequency : ☐ Monthly ☐ Quarterly

SIP/Micro SIP Date : ☐ 1st ☐ 7th ☐ 15th ☐ 25th Period : Start from Mth Year

PAN* 1st applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO.

DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.)

PAN* 2nd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO.

Name of 3rd applicant (Mr. / Ms. / Mrs.)

PAN* 3rd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO.

*** Mandatory field for SIP. # Details of Documents Attached for Micro SIP.**

I / We hereby, authorise UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP/Micro SIP Payments.

PARTICULARS OF BANK ACCOUNT

Bank Name

Branch Name

Account Number 9 Digit MICR Code

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO IFS Code

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR code starting or ending with 000 are not valid for ECS.

Accountholder Name as in Bank Account

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund mentioned within and have read and agreed to the terms and conditions of SIP/Micro SIP.

I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable only for Micro SIP applicants).

I/We hereby authorise UTI MF to send my Statement of Account (SoA)/ Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail instead of physical copy. (Those who wish to get physical SOA/AAA/All other Communication may delete the same).

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I have attached cancelled blank cheque or its Photocopy and PAN Card/Document copies of all applicants. ☐

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	

(Investor's Signature) (Date)

Banker's Attestation (For bank use only)	Signature of Authorised Official from Bank with Stamp and Date
Certified that the signature of the account holder and the details of Bank account are correct as per our records.	

TEAR AWAY

Authorisation of the Bank Account Holder (to be signed by the Investor)

(To be retained by the Bank)

To,

The Branch Manager

PIN

This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I authorise you to honour such payments. I/ We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified & executed, if necessary.The verification charges, if any, may be debited to my/our account.

Bank Account Number

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	

SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

MANDATED FORM FOR SIP/MICRO SIP THROUGH POST DATED CHEQUES

(Please read instructions)

UTI Mutual Fund

AGENT's Name and ARN	Sub Broker Code	MO Code
ARN-1619		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / First Investor Name

Application No. / Existing Folio No. Mobile No.

Scheme/Plan

Initial Investment Amount SIP/Micro SIP Amount (Rs.)

SIP/Micro SIP Date : 1st 7th 15th 25th Frequency : Monthly Quarterly Post Dtd. Chq. Amt.

SIP/Micro SIP Period : Start from Mth Year End on Mth Year

Cheque Nos. From To No. of Cheques

Account No. Drawn on

Branch PIN Code

PAN* 1st applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.)

PAN* 2nd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

Name of 3rd applicant (Mr. / Ms. / Mrs.)

PAN* 3rd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

*** Mandatory field for SIP. # Details of Documents Attached for Micro SIP.**

I/We have read and understood the contents of the SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund mentioned within and have read and agreed to the terms and conditions of SIP/Micro SIP.

I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs.50,000 in a year. (Applicable only for Micro SIP applicants).

I/We hereby authorise UTI MF to send my Statement of Account (SoA)/ Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail in stead of physical copy. (Those who wish to get physical SOA/AAA/All other Communication may delete the same).

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We have attached PAN Card/Document copies of all applicants.

Signature :

First Investor Second Investor Third Investor

Date : _____