

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN/RIA Code [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.
ARN-280217					E	

[^] By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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

[@] I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of inappropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (☐ Please tick and sign below when EUIN box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above
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Existing Unit Holder information If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s * Denotes Mandatory Fields

Name of First Applicant (as appearing in ID proof given for KYC)

F I R S T L A S T	Date of Birth d d m m y y y y	I D D L E M A N D A T O R Y f o r m i n o r s
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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*	State	Pin*
Street/Road/Area/Post		
City/Town*		

*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.

Enclosed <input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/>	Know Your Customer (KYC)* Acknowledgement Copy <input type="checkbox"/>	Please (✓)
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OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State	Country*	City*	Zip/Pin*
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NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. F I R S T M I D D L E L A S T
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\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant d d m m y y y y
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PAN/PEKRN \$ of 2nd Applicant	Enclosed <input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/>	Know Your Customer (KYC) Acknowledgement Copy <input type="checkbox"/>	Please (✓)
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Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 3rd Applicant d d m m y y y y
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PAN /PEKRN \$ of 3rd Applicant	Enclosed <input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/>	Know Your Customer (KYC) Acknowledgement Copy <input type="checkbox"/>	Please (✓)
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\$ Required for MICRO Investment upto Rs. 50,000/-. (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE
Account No.			<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad	
Date	Amt. of investment (i)		<input type="checkbox"/> One Time Mandate (OTM) if already registered (Applicable for existing investors)		
Bank	DD Charges if any (ii)		# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"		
Branch	Net amount paid (i-ii)		* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.		
Amt. in words					

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
	City Pin*	IFS Code <input type="text"/> (this is a 11-digit number)

[illegible]

<input type="checkbox"/>	UTI-Balanced Fund	<input type="checkbox"/>	UTI-Mid Cap Fund
<input type="checkbox"/>	UTI-Banking Sector Fund - Regular Plan	<input type="checkbox"/>	UTI-MNC Fund
<input type="checkbox"/>	UTI-Bluechip Flexicap Fund	<input type="checkbox"/>	UTI-Multi Cap Fund - Regular Plan
<input type="checkbox"/>	UTI-Dividend Yield Fund	<input type="checkbox"/>	UTI-Nifty Index Fund
<input type="checkbox"/>	UTI-Equity Fund	<input type="checkbox"/>	UTI-Opportunities Fund
<input type="checkbox"/>	UTI-India Lifestyle Fund	<input type="checkbox"/>	UTI-Pharma & Healthcare Fund
<input type="checkbox"/>	UTI-Infrastructure Fund	<input type="checkbox"/>	UTI-SPrEAD Fund
<input type="checkbox"/>	UTI-Long Term Equity Fund (Tax Saving)	<input type="checkbox"/>	UTI-Top 100 Fund
<input type="checkbox"/>	UTI-Mastershare Unit Scheme	<input type="checkbox"/>	UTI-Transportation & Logistics Fund
		<input type="checkbox"/>	UTI-Wealth Builder Fund Series II - Retail Plan

Can-Serve Facility
➔

Scheme Name:	<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-SPrEAD Fund
Plan :	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Existing Plan	
Option:	<input type="checkbox"/> CanServe Growth Option ₹ _____/- (minimum ₹ 1000/-)	<input type="checkbox"/> CanServe Dividend Payout Option (default 50%) <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Default is CanServe Growth Option

Ownership details to be provided if the Ownership percentage/interest any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction g)

Category	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

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.

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Unitholding Option ☐ Demat Mode ☐ Physical Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

National Securities Depository Limited	Depository Name _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

Name	F	I	R	S	T			M	I	D	D	L	E					L	A	S	T
Address:																					
Relationship with the applicant (optional)																					
Email																					
Mobile																					

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Sole Proprietorship ☐ Society / Club ☐ Body Corporate ☐ AOP ☐ BOI
☐ FPI ☐ NRI ☐ Foreign Nationals** ☐ Listed Company ☐ LLP
☐ Unlisted 'Not for Profit'^^ Company ☐ Other Unlisted Company ☐ PIO
☐ Others (Please specify) _____

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

** Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

OCCUPATION: ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service
☐ Forex Dealer ☐ Others (Please specify) _____

MODE OF HOLDING: ☐ Single ☐ Anyone or survivor ☐ Joint

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary ☐ ☐ ☐ ☐

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ as on (date) / /

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
(For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ as on (date) / /

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ as on (date) / /

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

FOR NON-INDIVIDUALS ONLY

(A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ as on (date) / /

(B) **Is the entity involved in / providing any or the following services**

- Foreign Exchange / Money Changer Services ☐ YES ☐ NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
- Money Lending / Pawning ☐ YES ☐ NO

(C) **Any other information:** _____



Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] Sr. No. 2016/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD^s/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

^s Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/
Authorised Collection Centre

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

☐ 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 <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (in case of nominee is a minor)	Address of guardian
Address with pin code	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.

☐ I/We do not wish to nominate

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Signature of 1st Applicant / Guardian

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Signature of 2nd Applicant

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Signature of 3rd Applicant

● 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 hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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). ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable).

☐ Through email® ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above® ☐ To be dispatched to my resident relative's address in India as mentioned above®

☐ Through email® ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above® ☐ To be dispatched to my resident relative's address in India as mentioned above®

[∞] Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

® Applicable to NRIs

First Applicant Details	Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel. (R)	STD CODE	<input type="text"/>	Tel. (O)	STD CODE	<input type="text"/>
	<div>*E-mail <input type="text"/></div> <div>Alternate E-mail <input type="text"/></div>														

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Signature of 1st Applicant / Guardian / POA^^

Name of 1st Authorised Signatory

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Signature of 2nd Applicant / POA^^

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^^

Name of 3rd Authorised Signatory

Designation

Designation

Designation

^^Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'ab')

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.

2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.

2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.

3. Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable 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

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.



☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certifies UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisor/fee for this transaction. (Pleasetick and sign belowwhen EUIN box is left blank))

SIP DETAILS / Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period (MM/YY)	Additional Purchase	SIP Step Up	
						Amount In Multiple of : 500/-	Frequency
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR : _____</div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> To <div><div></div><div></div><div></div><div></div></div> OR To <div><div>1</div><div>2</div><div>9</div><div>9</div></div>	Cheq. No. : _____ AMT : _____ Bank : _____		<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR : _____</div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> To <div><div></div><div></div><div></div><div></div></div> OR To <div><div>1</div><div>2</div><div>9</div><div>9</div></div>	Cheq. No. : _____ AMT : _____ Bank : _____		<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR : _____</div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> To <div><div></div><div></div><div></div><div></div></div> OR To <div><div>1</div><div>2</div><div>9</div><div>9</div></div>	Cheq. No. : _____ AMT : _____ Bank : _____		<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>
UTI Unit Linked Insurance Plan	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR : _____</div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> *Half Yearly</div> <div><input type="checkbox"/> *Yearly</div>	From <div><div></div><div></div><div></div><div></div></div> To <div><div></div><div></div><div></div><div></div></div> OR To <div><div>1</div><div>2</div><div>9</div><div>9</div></div>	Cheq. No. : _____ AMT : _____ Bank : _____		<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>
Amount in the mandate to bank should be equal or more than this total amount	Total		* "Applicable only for UTI ULIP Scheme."				

My Financial Goal for this SIP (choose anyone).

☐ Retirement Corpus
 ☐ Child Education
 ☐ Child Marriage
 ☐ Dream Car
 ☐ Dream House
 ☐ Marriage
 ☐ Holiday

I/ We hereby authorise UTI MUTUAL FUND and their authorised service providers and my banker, to debit my/our bank account using the Mandate form. If the transaction is delayed or not effected at all for reason 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, above any changes in my bank account. I/ We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum 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 investment exceeding 50,000 in a year (applicable only for Micro SIP applicants). 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTI/MF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me / us for availing this facility and carrying out transactions of Purchase/ SIP/ Redemption/ Switch in my/ our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/ We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customer-service/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By signing this SIP enrolment form I/ We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Holder / Guardian

2nd Unit Holder

3rd Unit Holder

SIP/Micro SIP by cheque/s (only CTS-2010 compliant cheques)

1. The submission of cheques could be as under :

	Monthly option	Quarterly option
New investor	Cheque of initial investment + 5 cheques (Min)	Cheque of initial investment + 3 cheques
Existing unit holder	6 Cheques (Min)	4 Cheques

Note : if a unit holder desires to submit 12 cheques under the monthly option, the same will be accepted. No up country cheques (UCC) shall be accepted. Only local country cheques (LCC) i.e. from location where Axis bank branch is present shall be accepted as a mode of payment under PDC w.e.f 17th July 2012. CTS 2010 standard complied cheques shall be accepted w.e.f. 1st January 2013.

2. All instalment cheques under MSIP & QSIP should be of uniform amount. For example : if an investor enrolls under MSIP say under UTI Master share for the period Aug 2013 to July 2014, the first cheque can be of any amount drawn on any date of Aug 2013. The remaining cheques should be of uniform date SIP date chosen by investor For uniform amount i.e. 2000/-. Similarly for quarterly option the first cheque could be of any amount and of any date of Aug 2013 and subsequent cheques should be of uniform date and amount.

3. Please draw your cheques in the name of the scheme/Plan in which the amount is invested.

4. Returned Cheques, if any will not be presented again.

SIP/Micro SIP is available under the Existing Plan and Direct Plan of the below mentioned schemes

Sr. No.	Scheme Name
1	UTI-Balanced fund
2	UTI-Banking Sector Fund
3	UTI-Dividend Yield Fund
4	UTI-Equity Fund
5	UTI-India Lifestyle Fund
6	UTI-Infrastructure Fund
7	UTI-Bluechip Flexi Cap Fund
8	UTI-Mastershare Unit Scheme
9	UTI-Mid cap Fund
10	UTI-Multi Cap Fund
11	UTI-MNC Fund
12	UTI-Opportunities Fund
13	UTI-Pharma & Healthcare Fund

Sr. No.	Scheme Name
14	UTI-Top 100 Fund
15	UTI-Transportation & Logistics Fund
16	UTI-Wealth Builder Fund
17	UTI-MIS Advantage Plan
18	UTI-Monthly Income Scheme
19	UTI-Children's Career Balanced Plan
20	UTI-CCP Advantage Fund
21	UTI-SMART WOMAN SAVINGS PLAN
22	UTI-Long Term Equity Fund (Tax Saving)
23	UTI-Floating Rate Fund - STP (Regular Plan - Growth to Option)
24	UTI-Gilt Advantage Fund-Growth Plan and Dividend Plan
25	UTI-Bond Fund
26	UTI-G-Sec Short Term Plan

Sr. No.	Scheme Name
27	UTI-Short Term Income Fund - Institutional Plan
28	UTI-Nifty Index Fund
29	UTI-Retirement Benefit Pension Fund
30	UTI-Dynamic Bond Fund
31	UTI-Income Opportunities Fund
32	UTI-Banking & PSU Debt Fund
33	UTI-Medium Term Fund
34	UTI-Unit Linked Insurance Plan
35	UTI-Spread Fund
36	UTI-Treasury Advantage Fund-Institutional Plan
37	UTI-Money Market Fund-Institutional Plan

Schemes available in Demat Mode

Sr. No.	Scheme Name
1	UTI-Balanced fund
2	UTI-Banking Sector Fund
3	UTI-Dividend Yield Fund
4	UTI-Equity Fund
5	UTI-India Lifestyle Fund
6	UTI-Infrastructure Fund
7	UTI-Bluechip Flexi Cap Fund
8	UTI-Mastershare Unit Scheme
9	UTI-Mid cap Fund
10	UTI-Multi Cap Fund

Sr. No.	Scheme Name
11	UTI-MNC Fund
12	UTI-Opportunities Fund
13	UTI-Pharma & Healthcare Fund
14	UTI-Top 100 Fund
15	UTI-Transportation & Logistics Fund
16	UTI-Wealth Builder Fund - Series II
17	UTI-MIS Advantage Plan
18	UTI-Monthly Income Scheme
19	UTI-Floating Rate Fund - STP (Regular Plan - Growth to Option)
20	UTI-Gilt Advantage Fund-Growth Plan and Dividend Plan

Sr. No.	Scheme Name
21	UTI-Bond Fund
22	UTI-G-Sec Short Term Plan
23	UTI-Short Term Income Fund - Institutional Plan
24	UTI-Nifty Index Fund
25	UTI-Dynamic Bond Fund
26	UTI-Income Opportunities Fund
27	UTI-Banking & PSU Debt Fund
28	UTI-Medium Term Fund

"Note: Please refer Scheme Information Document (SID) for the applicable load structure of the above Listed scheme."

Instructions Cum Terms and Conditions For SIP & Micro SIP

Haq, ek behtar zindagi ka.

1) Please refer the SID, SAI, Key Information Memorandum, all instructions, addenda issued from time to time and our website www.uti.mf.com for instructions, terms and conditions, Applicable NAV, Risk Factors, Load and other information, various requirement of the respective schemes / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application / investment. SIP / Micro SIP is offered with Monthly and Quarterly periodicity.

2) I understand & agree that mobile number & email id registered / updated in the folio given will be replaced with the mobile number & email id provided by overleaf. I will receive the alerts sent by UTIMF with regard to transactions including SIP renewals. I do authorize UTIMF to act on my instructions sent through SMS vide my mobile number registered with UTIMF.

3) **Any day SIP:** Investor may choose any date between 1st and 31st of the month as their SIP date. In case SIP date is left blank, the date mentioned in the SIP Start date will be considered as SIP date. In case the SIP Start date is left blank, SIP date opted by the investor falling 21 days from the date of submission of the applications shall be taken as the SIP Start date. If the frequency is not ticked by the investor, Monthly will be taken as frequency by default. However, the above is subject to the acceptance of the investors' mandate by his / her bank. There is no stipulated period up to which a SIP / Micro SIP can be under operation. However, if no period is specified period ended December 2099 will be taken by default. Investors are required to submit the SIP forms atleast 21 days prior to the first SIP date opted.

4) If frequency in the Mandate to Bank is left blank then by default the same will be taken as As and When presented".

5) If the SIP / Micro SIP amount is not mentioned by the investor in the SIP form, then by default, the same will be taken as ` 500/- under the monthly option and ` 1500 under the quarterly option.

6) **New Fund Offer:** Investors may submit the Mandate Form during the NFO period for such Schemes as may be decided by AMC from time to time. In such cases, the mandate shall commence on the dates stipulated by the investor after a gap of 20 days from the time of reopening of the Schemes for purchase and redemption of units. For example, if the units of the Scheme reopens for purchase and redemption post NFO on 16th December, the earliest instalment can be only on 3rd of January of the following year.

7) **Minimum amount:** The minimum amount of each investment for SIP / Micro SIP is ` 500/- (for monthly option) and ` 1500/- (for Quarterly option) for all the Schemes except for UTI Floating Rate Fund - Regular Plan and Direct Plan. The minimum amount is ` 2500/- (for Monthly Option) and ` 7500/- (for Quarterly Option) and in multiples of ` 1. The minimum amount is ` 10,000 for the schemes UTI-Money Market Fund and UTI-Treasury Advantage Fund. Investors desiring to start SIP / Micro SIP in a dividend plan of any of the Debt Schemes are required to have a minimum investment of ` 5000/- . Minimum application amount as specified in the respective SID of the Schemes of (UTI MF) is not applicable in case of transactions through SIP.

8) **Unit Allotment:** Units will be allotted at NAV based purchase price declared on the applicable SIP date opted by the investors of the month or quarter. In case date falls on a non business day or falls during a book closure period, the immediate next business day will be taken into account for the purpose of determining the price. However, if the SIP amount is equal to or more than ` 2,00,000/- the unit allotment will be as per the NAV applicable for the date of realization of the investment amount.

9) The applications will be received at all official points of acceptance of UTI Asset Management Company (UTIAMC). Outstation Cheques will not be accepted. Only CTS- 2010 compliant cheques are allowed.

10) **Account Statement:** An Account Statement will be sent to the unit holder through Email where ever email id is registered. The physical statement would be dispatched to the unit holders once in 6 Months.

11) Investors can choose to discontinue this facility by giving one month written notice to the registrar of the Schemes. In case of 4 consecutive failures of SIP instalments due to insufficient funds, UTI MF reserves the right to terminate such SIP without a written request from the investor.

12) It will be sole responsibility of the investor's bank and / or branch to ensure proper registration of the debit mandate and confirm its registration. Investor will not hold UTI MF or its service providers responsible if the transaction is delayed or declined or not effected or the investor's bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS /local holidays. Investors will not hold UTIMF or it's service providers responsible for non allotment of Units for SIP / Micro SIP if the payment is not received from the Unit Holders bank for various reasons.

13) UTI MF or its other service providers shall not be responsible and liable for any damages / compensations for any loss, damage, etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility. In case all the cheques are not attached with initial SIP application, UTI MF shall not be responsible for discontinuation of SIP due to non receipt of subsequent cheques in time.

14) UTI MF reserves the right to reject SIP / Micro SIP / Debit Mandate without assigning any reasons therefor.

15) If you have invested through a distributor kindly specify the name of financial advisor and ARN Code of the distributor, Sub ARN Code and EUIN else, for Direct Investment, Please mention "Direct" in the column "Name of Financial Advisor" and "Sub Code / ARN". In case nothing is specified, then by default, the Sub Code will be treated as Direct and the application form will be treated as DirectApplication.

16) **Direct Plan:** Investor subscribing under direct plan of a Scheme will have to indicate "Direct Plan" against the Scheme Name in the Application form, Example "UTI Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the application form. However in case distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the distributor code will be ignored and the application will be processed under the Direct Plan. In case investors do not indicate his / her choice and no ARN code is mentioned, it will be treated as Direct application and accordingly considered under "Direct Plan".

17) It will be the sole responsibility of the unit holder(s) bank and its branch to ensure proper registration of the debit mandate and confirm registration. If no confirmation of registration/ rejection is received, the AMC /RTA/ its agents will deem the same to be registered and confirm the registration to unit holders entirely at the risk of unit holder(s). In case of rejection of SIP form for any reason what so ever, the UTIMF will not entertain any request for refund of proceeds of the first cheque which is already realized. Investors may redeem the units allotted through first cheque at applicable NAV.

18) The unit holder(s) agree that, UTIMF / its RTA and their agents shall not be held liable for any unsuccessful registration and / or transaction due to any action or inaction of the unit holder's bank including but not limited to the reasons mentioned below and agree to indemnify UTIMF / UTIAMC /RTA for all liabilities, losses, damages and expenses which they may consequently incur or sustain either directly or indirectly.

- Non acceptance or rejection of debit mandate for whatsoever reason by the unit holder(s) bank branch, with or without any reasons assigned by the unit holder(s) bank.
- Loss of debit mandate form in transit from point of acceptance of the form to RTA office and further to the unit holder(s) bank and /or branch.
- Non registration of the debit mandate by the unit holder(s) bank and branch.
- Deemed registration due to non confirmation of registration or rejection by the bank and any subsequent rejection of the debit of bank account for funds.
- Non availability of funds in the bank account of the Unit holder(s) at the time of debit.
- Rejection of registration or transaction debit for any reason or without assigning any reason whatsoever.

19) **SIP Step Up:** By opting for this facility investor can choose to increase the SIP / Micro SIP by a predefined amount at predefined intervals (Half yearly or Yearly). For availing the facility the investor has to a) Provide the details of the SIP Step up in the SIP enrolment form. b) Sign the SIP mandate to bank with the Debit type as Maximum Amount, and the amount sufficiently higher to accommodate the maximum stepped up amount. In case the amount mentioned in the mandate falls short of stepped amount, the step up will be cancelled in our records automatically. However, the SIP with the last stepped up amount will continue. c) The minimum step up amount is ` 500 and in multiples of 2500. d) If step amount is mentioned and frequency is not mentioned, the default frequency will be taken as Yearly. e) In case of request for Cancellation of Step up facility received from the investor, the last stepped amount will continue for the rest of the period of SIP unless modified by the investor.

20) Currently, Auto debit facility is offered only to the investors maintaining the accounts with ICICI Bank, Axis Bank and Dhanalakshmi bank and such other bank's as may enabled by UTI AMC from time to time. National Automated Clearing House (NACH) is Direct Electronic Debit mode implemented by National Payment Corporation of India (NPCI). List of Banks under this mode is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH /Auto Debit. If any city / Bank is removed from the above mentioned list, UTI Mutual Fund at its sole discretion will change the mode of collecting the SIP amounts for the balance period. UTI AMC reserves the right to get the SIP mandate registered with the investor's bank either in NACH / Direct Debit mode at its discretion.

21) For Micro SIP only

i). Applicability & Transactions covered:

- Micro SIP is allowed only for those who do not have PAN.
- Systematic Investment Plans (SIPs) where aggregate of instalments in a rolling 12 months period or in a financial year, i.e. April to March does not exceed ` 50,000/- will be covered (to be referred as "Micro SIP" herein)
- The exemption will be applicable ONLY to investments by individuals (including NRIs but not PIOs) and Minor. HUFs and other categories will not be eligible for Micro SIPs.
- The exemption is applicable to joint holders also.

ii) Procedure:

- W.e.f 1st January 2012 KYC has become mandatory through KRA.
- KYC photo ID Proof and Address Proof should be submitted along with KYC form to any of the official points of acceptance. For details of documents to be submitted please visit: www.cvkra.com.
- a) A Micro SIP application will be rejected where it is found that the registration of the application will result in aggregate of Micro SIP instalments in a financial year exceeding ` 50,000/- or where there are deficiencies in supporting documents.
- b) Rejected application will be sent back to the investor with a deficiency memo.
- c) In case the first Micro SIP instalment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will be ceased for future instalments. No refunds will be made for the units already allotted. Investor will be sent a communication to this effect. However, redemption shall be allowed.

22) **Transaction Charges** for application through Distributors / Agents only - In case the subscription amount is ` 10,000/- or more and if your Distributor has opted to receive the transaction charges, ` 150/- (for first time mutual fund investor) or ` 100 (for investor other than first time mutual fund investor) would be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

23) **Multi SIP:** Investor can start SIP in multiple schemes (3 schemes) using the form overleaf with all the parameters suiting his requirement. In case investors wants to register SIP in more than 3 schemes investors may use an additional SIP enrolment form.

24) **Change of Bank:** Investor needs to submit the UTI SMaRT Form duly filled with the details of new bank details from which the SIP should be started. Investor must tick the option of Change of Bank in the UTI SMaRT SIP Form and also mention the details of the SIP in which the Change of Bank Details is requested. This form should be submitted at least 21 days prior to the subsequent SIP instalment debit date

25) **Request for Change in SIP Scheme:** Investors must use the SIP Service. Request form duly filled in at least 15 days prior to the subsequent SIP instalment date..

26) SIP in schemes through post dated cheques is available only on 01st/07th/15th / 25th of a month.

27) For SIP/Micro SIP under UTI RBPF / UTI CCP / UTI ULIP - Please refer to the scheme provisions before registering for the SIP / Micro SIP.

28) Frequencies in SIP forms: Currently Half Yearly and Yearly Frequency are available only for the Scheme UTI-ULIP only.



ACKNOWLEDGMENT UTI SMaRT SIP Form

UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.

Received from Mr./Ms./Mrs

Date

Folio No./Investor Id/Application No.

'SIP/Micro SIP' Application for Scheme/Plan/Option

Scheme	Plan	Option
Scheme	Plan	Option
Scheme	Plan	Option

Unit Holding Option	Payment Mechanism
<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Electronic
<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Cheque

TIME STAMP

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