



**COMMON APPLICATION FORM FOR UTI-CHILDREN'S CAREER PLAN (UTI-CCP),
UTI-EQUITY TAX SAVINGS PLAN (UTI-ETSP), UTI-UNIT LINKED INSURANCE PLAN
(UTI-ULIP) AND UTI-RETIREMENT BENEFIT PENSION FUND (UTI-RBP)**

Sr. No. 2012/

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY) PLEASE FILL IN ALL COLOUMS IN CAPITAL LETTERS ONLY AND USE SEPARATE FORM FOR EACH SCHEME

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'n')					CR / CA Code	For Chief Representative	
ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.		DD Amount	
						DD Charges	
						Total	
					DD No.:	Dated:	Drawn on:

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.

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

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

Existing Unit Holder information Scheme Name: Folio Number:

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

Name of First Applicant Minor (above 12 years of age under UTI-ULIP) / Karta of HUF / the Beneficiary under UTI-RBP (for investment by Non-Individual) (as appearing in ID proof given for KYC)

F I R S T M I D D L E L A S T Date of Birth dd mm yy yy Mandatory for UTI-ULIP, UTI-RBP & 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/Post
City/Town* State Pin*

OVERSEAS ADDRESS (overseas address is mandatory for NRI / FIJ applicants in addition to mailing address in india)

City*
State Country* Zip/Pin*

NAME IN FULL OF THE BENEFICIARY CHILD UNDER UTI-CCP Master/Kum: (Not exceeding 15 years of age)

F I R S T M I D D L E L A S T Date of Birth of Beneficiary Child dd mm yy yy

NAME IN FULL OF THE FATHER (OR) MOTHER (OR) GUARDIAN (IN CASE OF MINOR UNDER UTI-ULIP & BENEFICIARY CHILD UNDER UTI-CCP) \$/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS/HUSBAND OF THE APPLICANT (UNDER UTI-ULIP) Mr. Ms. Mrs.

F I R S T M I D D L E L A S T

ADDRESS OF THE FATHER/MOTHER/GUARDIAN OF THE BENEFICIARY CHILD WHERE SCHOLARSHIP / REDEMPTION UNDER GROWTH OPTION TO BE SENT UNDER UTI-CCP / PARENT OR GUARDIAN OF MINOR UNDER UTI-ULIP (Post box no. alone is not sufficient)

City*
State Country* Pin*

Signature of father/mother/guardian_____

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

Applicant's address as mentioned above (for NRIs) At my Overseas address / (Beneficiary's father/mother/guardian address under UTI-CCP (If no option is given, it will be sent to the address of beneficiary's father/mother/guardian)

to be despatched to my resident relative's address in India as given above

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

Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please (✓)

DETAILS OF OTHER APPLICANTS (Not Applicable under UTI-ULIP)

Name of 2nd Applicant Mr. Ms. Mrs. (Alternate Parent of Minor under UTI-ETSP) / Alternate Child under UTI-CCP: Master/Kum: (Not exceeding 15 years of age)

F I R S T M I D D L E L A S T Date of Birth of 2nd Applicant dd mm yy yy Date of Birth of Alternate Child dd mm yy yy

NAME IN FULL OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD \$ (Only for UTI CCP) Mr. Ms. Mrs.

F I R S T M I D D L E L A S T

ADDRESS OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD (Do not repeat the name) (Post box no. alone is not sufficient)

City* State Pin* Country*

***PAN OF 2ND APPLICANT/ALTERNATE CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please (✓)

\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (refer instruction s).

NAME OF 3RD APPLICANT (Applicable only under UTI-ETSP) Mr. Ms. Mrs.

F I R S T M I D D L E L A S T

Date of Birth of 3rd Applicant d d m m y y y y

***PAN OF 3RD APPLICANT**

Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please (✓)

FRIEND IN NEED DETAILS (refer instruction - q) 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.

Name F I R S T M I D D L E L A S T

Address:

Relationship with the applicant (optional) Email Mobile

Unitholding Option Demat Mode Physical Mode (Available under UTI-ETSP)

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 Securities 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)

BANK PARTICULARS OF FIRST APPLICANT / BENEFICIARY CHILD (UNDER UTI -CCP) (Mandatory as per SEBI guidelines)

Bank Name	Branch
Address	MICR Code _____ (this is a 9-digit number next to your cheque number)
City _____ *Pin _____	
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	IFS Code _____
Account No. _____	(this is a 11-digit number)

INVESTMENT AND PAYMENT DETAILS (Please ✓ whichever is selected) for UTI-ULIP fill next page

If no scheme/plan name is selected, the application will be rejected.

Scheme / Plan	Option (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)	Cheque / DD** No. & Date	Bank / Branch
<input type="checkbox"/> UTI-RBP						
<input type="checkbox"/> UTI-ETSP	<input type="checkbox"/> Growth #					
	<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Dividend Reinvestment					
<input type="checkbox"/> UTI-Children's Career Balanced Plan #	<input type="checkbox"/> Growth					
	<input type="checkbox"/> Scholarship #					
<input type="checkbox"/> UTI-CCP Advantage Fund	<input type="checkbox"/> Growth#					
	<input type="checkbox"/> Dividend					
	<input type="checkbox"/> Scholarship					

For Scholarship option under UTI-CCP please tick the mode and the No. of instalments

UTI-Children's Career Balanced Plan					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)

UTI-CCP Advantage Fund					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)

#Cheque/DD/*NEFT/*RTGS Ref. No. _____ Account type (please ✓) Savings Current NRE
Account No. _____ NRO DD issued from abroad

Please mention the Application No. on the reverse of the Cheque/DD, NEFT/RTGS advice. Please use separate Cheque/DD for each Scheme. Cheque/DD Ref. No. must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only".

* Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.

Annual Income of First Individual Applicant (Please ✓) < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs

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 (specify) _____

Mode of Holding Single Anyone or Survivor Joint (not applicable to UTI-ULIP)

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

Marital Status Unmarried Married Wedding Anniversary D D M M

Category under UTI-ULIP In my/our individual capacity (Please fill in the nomination form) On behalf of minor as Father/Mother/Lawful guardian

FOR NRIS ONLY UNDER UTI-CCP

I am a Non-Resident Applicant Beneficiary Child Alternate Child

I am a Resident Applicant Beneficiary Child Alternate Child

I am an Indian National of: _____ and of Indian Origin
 _____ and of Indian Origin
 _____ and of Indian Origin
 (Name of the Country)

UTI-ULIP INVESTMENT AND PAYMENT DETAILS (Please ✓ whichever is selected)

Target Amount (₹) Mode of contribution Age in Yrs Sex

Yrly Half Yrly Male Female

Number of contributions now paid (initial + renewal) = _____

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)	Cheque / DD** No. & Date	Bank / Branch
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term					
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term					

**Please mention the Application No. on the reverse of the Cheque/DD. Please use separate Cheque/DD for each Plan. Cheque/DD must be drawn in favour of "UTI-ULIP" & crossed "A/c Payee Only".
 I have regular and independent income YES NO
 I am a resident non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.
 \$ In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company.
 I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds ₹ 15,00,000/-. I realise that in the event of its exceeding ₹ 15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to ₹ 15,00,000/- (₹ 5,00,000/- for females without regular income).
 I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.
 \$ Please strike off if the same is not acceptable.

Particulars of health:
 (A) Am I in sound health: YES NO
 (B) Have I ever suffered from any of the following:
 Tuberculosis Cancer Paralysis Insanity Any disease of the heart and lungs
 Kidney disease Any disease of brain Diabetes Hypertension Any other serious disease
 (C) Do I have any physical deformity or handicap: NO YES If yes, (i) the date of occurrence _____ (ii) the extent of deformity _____ (iii) the present condition _____ (iv) whether gainfully employed YES NO
 (D) **Declaration of health:** I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

HEALTH DECLARATION (To be completed by the agent of UTI AMC or by the authorised person^)

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from _____ (Please state nature of proof) The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. _____ whose signature is appended.

<p>Signature of witness identifying the applicant</p> <p>Date: _____ Place: _____</p> <p>Name of witness (in block letters) _____</p> <p>Occupation: _____</p> <p>Address: _____</p>	<p>(Signature of the authorised person)</p> <p>Date: _____ Place: _____</p> <p>Name of authorised person (in block letters) _____</p> <p>Status: (UTI AMC Agent, Magistrate, Bank Manager etc.) _____</p> <p>Code No. (If UTI AMC Agent): _____</p> <p>Office Seal (if others): _____</p> <p>Address: _____</p>
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^UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

NOMINATION DETAILS (Please ✓) (Person applying on behalf of Minor cannot nominate under UTI-ULIP) (Not available under UTI-CCP) (please sign if you do not wish to nominate)

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of 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.
 I/We do not wish to nominate

<p>Signature of 1st Applicant / Guardian</p>	<p>Signature of 2nd Applicant</p>	<p>Signature of 3rd Applicant</p>
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DECLARATION AND SIGNATURE OF APPLICANT/S

● I/We have read and understood the contents of the scheme information documents, statement of additional information and Key information Memoranda, 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 schemes 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. I/We agree that in case of scholarship option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child. ● 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 NRIS). ● 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).

* 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. (If you wish to receive in physical form please tick)

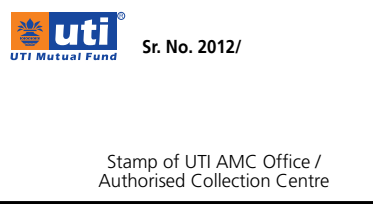
First Applicant Details	Mobile Number <input type="text"/>	Tel. (R) STD CODE <input type="text"/> No. (O) STD CODE <input type="text"/>	*E mail <input type="text"/> Alternate E-mail <input type="text"/>
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<p>Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory _____</p> <p>Designation _____</p>	<p>Signature of 2nd Applicant Name of 2nd Authorised Signatory _____</p> <p>Designation _____</p>	<p>Signature of 3rd Applicant Name of 3rd Authorised Signatory _____</p> <p>Designation _____</p>
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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)
 (UTI-ETSP, UTI-ULIP and UTI-RBP are eligible for deduction under Section 80C of the Income-Tax Act, 1961)

Received from Mr./Ms./M/s.

Notes :
 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.
 3. **Please ensure that all KYC Compliance Proof/PAN details are given, failing which your application will be rejected.**
 4. All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, etc. may please be addressed to the Registrar.
M/s. Kavya 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 Email: uti@kavya.com



GENERAL INSTRUCTIONS FOR FILLING THE FORM

- (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, Bahrain 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) **The cheque/draft accompanying an application should be made payable in favour of "The name of the scheme".**
- (e) 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. Demand draft charges if reimbursed to unitholders will be borne by the AMC and will not be charged to the scheme. However in case of applications received along with local bank draft where UTI AMC has its Financial Centres/ or any other authorised collection centre, bank draft commission will have to be borne by the investors.
- (f) **Please write the application serial / ULIP Membership number on the reverse of the cheque / draft.**
- (g) 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.
- (h) 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.
- (i) **No cash, money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan(SIP)/Micro SIP] and postal orders will be accepted.**
- (j) 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.

Under UTI-CCP:

	UTI-Children's Career Balanced Plan and UTI-CCP Advantage Fund - Scholarship Option	UTI-Children's Career Balanced Plan - Growth Option and UTI-CCP Advantage Fund - Growth & Dividend Options
PAN to be furnished by	Applicant*	Minor Child or Father or Mother or Guardian whose particulars are provided in the application form

* The applicant can be other than the Father/Mother/Guardian of the beneficiary child.

- (k) **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.
- (l) **Know Your Customer (KYC):** Know Your Customer (KYC) Norms
Common Standard KYC through CDSL Ventures Ltd (CVL) is applicable for all categories of investors (guardian in case of UTI-CCP), 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.
Existing investors in mutual funds who have already complied with the KYC requirement are exempt from following the new KYC procedure effective January 01, 2012 but only for the purpose of making additional investment in the Scheme(s) / Plan(s) of any Mutual Fund registered with SEBI.
However, existing investors who are KYC compliant before 1st January 2012, will have to complete the new KYC requirements and get the IPV done if they wish to deal with any other SEBI registered intermediary other than a Mutual Fund.
KYC guidelines are not applicable to investors coming under Micro Pension products.

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 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 with payment along with KYC application form with other prescribed documents towards proof of identity as specified by SEBI. For all other categories of investors, this exemption is not applicable

Please refer to the SAI for further details on KYC and on non applicability of the aforesaid guidelines to certain other category of investors and transactions

- (m) 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 SAI.
- (n) If you have invested through a distributor, kindly specify the Name and ARN Code of the distributor, else for Direct Investment, please mention "Direct" in the Column "Name & Broker Code/ARN". 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.

(o) Transaction Charges

- i) Transaction charges of ₹ 100/- (existing investor) or ₹ 150/- (new investor) will be deducted for investment of ₹ 10000/- and above for investments being made through distributors having valid ARN and opted in for transaction charges. The units will be allotted to the investor on the net subscription amount. In case of SIPs, the transaction charge shall be applicable only if the total commitment through SIPs amounts to ₹ 10,000/- and above. In such cases the transaction charge shall be recovered in 3-4 installments However, there shall be no transaction charges for direct investments, Subscriptions below ₹ 10000/-, and on transactions other than purchases/ subscriptions relating to new inflows such as switch / Systematic Transfer investment Plan (STRIP) / Systematic Withdrawal Plan (SWP)/ Dividend Transfer Plan (DTP) etc.

The transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor and the balance shall be invested.

- ii) UTI Mutual Fund will endeavor to check the existing available investor base at the RTA level /Industry based on various parameters to find if the investor is an existing or a new investor to Mutual Fund. If the details of the investor are found, then the investor will be treated as existing investor, else, the details furnished under the "Distributor information" in the Form will be treated as valid and accordingly the investor will be treated as new or existing investor.
- iii) If the investor has not ticked / not furnished the details under "Distributor Information" of the application form, then by default, the investor will be treated as an existing investor and transaction charges of ₹ 100 will be deducted for investment of ₹ 10000 and above.

(p) 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.

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

- (q) **'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.

(r) 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).

- (s) 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.

CHECK LIST

Please ensure that:

- 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 completed and signed by all applicants.
- Cheques are drawn in favour of 'The name of the scheme', dated, signed and crossed 'A/c Payee only'.
- On the reverse of each cheque submitted, the Application Form number is written.
- Separate cheque towards Upfront Commission issued to AMFI registered Distributor.
- All PAN details are given failing which your application will be rejected. (PAN not applicable to micro SIP)
- Copy of KYC acknowledgement 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.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM

• Subject to realisation

Sr.No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				• Cheque/DD No.	Bank & Branch
1					
2					
3					
4					
5					