

Transaction form for Purchase, Redemption & Switch

Please fill in the information legibly in English & CAPITAL LETTERS



| 1. FINANCIAL ADVISOR INFORMATION | | | | |
|----------------------------------|--------------|----------|----------|---------|
| Financial Advisor | Sub ARN Code | Sub Code | EUI No.* | RM Code |
| | | | | |

Time Stamp

*Please sign below in case the EUI No. is left blank/not provided/transaction is "execution-only" in nature.

☐ I/We hereby confirm that the EUI No. box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction

SIGN HERE

First Account Holder

Second Account Holder

Third Account Holder

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.

| 2. Investor Details | | | | | | | | | | | | |
|---|--|------|--|--|--|---------|--|--|--|--------------------------|--|--|
| Folio/Account No.: <input type="text"/> | | | | | | | | | | | | |
| | | Name | | | | PAN No. | | | | KYC Copy | | |
| Name of First applicant | | | | | | | | | | <input type="checkbox"/> | | |
| Name of Guardian (In case of Minor) | | | | | | | | | | <input type="checkbox"/> | | |
| Name of Second Applicant | | | | | | | | | | <input type="checkbox"/> | | |
| Name of Third Applicant | | | | | | | | | | <input type="checkbox"/> | | |

| 3. Unitholding Option <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode | | | | | | | | | | | | |
|---|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|
| 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 participant Name <input type="text"/> | | | | Central Depository Securities Limited | | Depository participant Name <input type="text"/> | | | | |
| Depository ID No. | | <input type="text"/> | | | | Target ID No. | | <input type="text"/> | | | | |
| Beneficiary Account No. | | <input type="text"/> | | | | | | | | | | |
| Enclosures (Please tick any one box): <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) | | | | | | | | | | | | |

| 4. Additional Purchase | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Cheque / DD No. <input type="text"/> Date <input type="text"/> DD Charges Rs. <input type="text"/> Cheque / DD Net Amount Rs. <input type="text"/> | | | | | | | | | | | | |
| Bank Name <input type="text"/> Branch: <input type="text"/> City <input type="text"/> | | | | | | | | | | | | |
| Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/> | | | | | | | | | | | | |

| 5. Switch | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|----|--|------------------------------------|
| <input type="checkbox"/> Partial Switch | | | | | | | | | | OR | | <input type="checkbox"/> All Units |
| Amount Rs. <input type="text"/> or Units : <input type="text"/> | | | | | | | | | | | | |
| From Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/> | | | | | | | | | | | | |
| To Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/> | | | | | | | | | | | | |

| 6. Redemption | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|----|--|------------------------------------|
| <input type="checkbox"/> Partial Redemption | | | | | | | | | | OR | | <input type="checkbox"/> All Units |
| Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/> | | | | | | | | | | | | |
| Amount Rs. <input type="text"/> or Units : <input type="text"/> | | | | | | | | | | | | |

*Please specify the bank details in which your wish to receive the redemption proceeds.

*Bank Account No: Bank Name:

(Kindly note that bank account should be one of the registered bank account in the folio. Else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

| DECLARATION | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| *I/We have understood the contents of the Offer document and addenda issued till date and apply to the Trustees 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 the applicant/unit holder is empowered to invest/ disinvest and the signatories have necessary authorization to invest/disinvest on behalf of applicant/ unit holder. I/We undertake to confirm that this investment has been duly authorized 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 investment. * 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 funds from my/ our NRE/ NRO account. I/ We undertake to provide further details of source of funds and any such other relevant document, if called by UTI Mutual Fund. I/we authorize UTI Mutual Fund, UTI AMC Ltd./its Registrars to refer details related to Aadhaar number to any of the appropriate authorities including UIDAI / KYC Registration Agency / Authentication Agencies etc. and also authorize such agencies including UIDAI to share the data as per their records, for verification purpose | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| *Applicable to NRIs. | | | | | | | | | | | | |

Mobile No.: Email ID:

AADHAR

SIGN HERE

First Account Holder

Second Account Holder

Third Account Holder

Acknowledgement for submission of Purchase / Redemption / Switch request (to be filled by the unitholder)

Received, subject to verification, Request for ☐ Purchase ☐ Redemption ☐ Switch

from Mr/ Mrs/ Ms :

Folio No :

Time Stamp

Scheme : Amount/Units



Guidelines

1. W.e.f., 15.11.2010, third party cheques are not acceptable for Mutual Fund investments.
2. W.e.f., 1.01.2012, SEBI has introduced uniform KYC among all its intermediaries including mutual funds. Accordingly, all investors, other than existing CVL KYC compliant investors prior to 31-12-2011, are required to follow the new KYC compliance procedure while making any investment. The KYC forms are available on www.utimf.com.
3. Please use the service request forms as specified by UTI MF for the services like change of address (for non-KYC complied folios) updation / change of bank mandate. For the KYC complied Folios, request for change of address is to be updated with KYC Registration Agency (KRA) The completed and duly signed forms alongwith the necessary supporting documents can be submitted at any of the UTI Financial Centres.
4. All cheques and bank drafts must be drawn in the name of the scheme as specified in the SID/ and crossed "A/c Payee Only" cheque /DD. A separate cheque or draft must accompany each Application. In order to avoid frauds and as a best practice, investors are advised to make the payment instrument (cheque, DD, pay order etc) favouring "UTI Mutual Fund Scheme A/c First Investor name" or UTI Mutual Fund Scheme A/c Permanent Account Number" or UTI Mutual Fund Scheme A/c Folio Number".
5. Please submit the unit certificate, wherever issued, along with the request for redemption or transfer.
6. If the redemption request exceeds the balance in the account or if the balance falls below the minimum balance required, the account may be closed and the entire (lesser) balance may be paid by cheque / credited to your bank account.
7. The additional purchase / redemption / switch request must be signed by all joint holders in case the units are held jointly.

Check list

- ☐ The form is complete in all respects.
- ☐ The form is signed by the holders as per the holding basis.
- ☐ Units or Amount to redeem is clearly written
- ☐ Units or Amount to switch is clearly written
- ☐ Scheme details



Toll-Free: 1800 22 1230 Email: service@uti.co.in
SMS: 'SERVICE' to 5 67 67 56 Web: www.utimf.com

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For Existing Investors

Type ESOA to 5 60 70 90 to request for Statement of Account.



Type BAL <Folio no> to 5 60 70 90 to know your Folio Balance.