

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
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*I/we hereby confirm that the EUIN 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 in-appropriateness, 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.

****By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.**

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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Any 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)

I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unitholder's Name	Folio No.
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2. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

3. FIRST APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	NAME	
PAN	<input type="radio"/> KYC	CKYC No. (KIN) ^

3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No ⁵	E-mail ⁵	
Tel. (Off.) Country/ Area code	Tel. (Res.) Country/ Area code	Fax Country/ Area code
⁵ Mobile number specified above belongs to [Please (✓)]		⁵ Email address specified above belongs to [Please (✓)]
<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment)	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment)	
<input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings	<input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings	

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in

Mailing address* (P. O. Box address is not sufficient.)

City	State	Pin Code
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Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)

City	Country	Area Code
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3b. Date of Birth (Mandatory for investment received through minors) D D M M Y Y Y Y

Minor's Relationship with Guardian (referred in point no. 4) Father Mother Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian Birth Certificate School Leaving Certificate Marksheet issued by HSC/ State Board Passport Others (Please Specify)

3d. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Sole Proprietorship HUF Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank/FI Insurance Company Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund FII Others (Please Specify)

3e. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

3f. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

Net-worth in ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)*

<input type="checkbox"/> Politically Exposed Person	For Non - Individual Investors* (Is the entity involved in / providing any of the following services)	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Related to Politically Exposed Person		<input type="checkbox"/> Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Any other information [Please specify]: _____

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

<input type="radio"/> Mr. <input type="radio"/> Ms.	NAME OF SECOND APPLICANT	Date of Birth
PAN	<input type="radio"/> KYC	CKYC No. (KIN) ^

4a. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

4b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

4c. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore **Net-worth in ₹** _____

4d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

4e. Contact Details* Mobile No. _____ E-mail _____

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Lumpsum SIP STP SWP **Application No.** _____

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

an application for units of _____ (Scheme/Plan/Option) Amount _____

Enclosure _____

Collection centre's stamp with date and time of receipt



For Office use only

5. **THIRD APPLICANT'S INFORMATION*** [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

Mr. Ms.	N	A	M	E	O	F	S	E	C	O	N	D	A	P	P	L	I	C	A	N	T	Date of Birth	D	D	M	M	Y	Y	Y					
PAN												KYC					CKYC No. (KIN) ^																	
5a. Status*												Resident Individual			Minor			NRI (Repatriable)			NRI (Non-Repatriable)			Others (Please Specify)										
5b. Occupation*												Pvt. Sector		Public Sector		Govt. Service		Business		Professional		Agriculturist		Retired		Housewife		Student		Others (Please Specify)				
5c. Gross Annual Income*												Below 1 Lac		1-5 Lacs		5-10 Lacs		10-25 Lacs		>25 Lacs - 1 Crore			>1 Crore			Net-worth in ₹ _____								
5d. Other Details*												I am Politically Exposed Person			I am Related to Politically Exposed Person			Not Applicable																
5e. Contact Details*												Mobile No.					E-mail																	

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

6. **FATCA INFORMATION/ FOREIGN TAX LAWS*** - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
<ul style="list-style-type: none">Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.Reason B - No TIN required. (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)Reason C - others; please state the reason thereof.			

7. **UNITHOLDING OPTION** [Please tick (✓)] Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)

NSDL: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____

CDSL: Depository Participant (DP) Name _____ Beneficiary Account Number _____

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

8. **INVESTMENT AND PAYMENT DETAILS*** [Please tick (✓)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	U N I O N																
Plan	Option	Sub Option				IDCW Frequency~											
<input type="radio"/> Regular/ Other than Direct Plan <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW	<input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW			<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly												
Transfer of IDCW to	U N I O N																
Plan/ Option	Facility																
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option																	
LUMP SUM	Payment Mode: <input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> One Time Mandate (OTM)																
	Cheque / RTGS / NEFT No.					Cheque / RTGS / NEFT Date					D	D	M	M	Y	Y	Y
	Amount in ₹ (Figures)					Amount in ₹ (words)											
	Source Bank Name					Source Branch											
	Source Bank A/C No.					Account Type					<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR						
	Source Bank IFSC Code					Cheque Issuer Name					In case the cheque is issued by a person other than the investor						
	If electronic transfer, please fill UTR No. _____																
If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN) _____																	

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.
Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059

Toll Free : 1800 200 2268/1800 572 2268 | Tel No. : 022 67483333

Website: www.unionmf.com | Email : investorcare@unionmf.com

Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



9. PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '8' as default payout bank account Yes No
 (If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)

Bank Name														
Bank A/C No												Bank Branch		
A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others _____ (Please Specify)													
Bank City										State		PIN		
IFSC CODE										MICR CODE				In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.
Document Attached	<input type="radio"/> Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed <input type="radio"/> Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months													
(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)														

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

10. SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick (✓)]

		From Scheme						To Scheme					
Name of the Scheme													
Plan													
Option													
Enrolment Period													
Transfer Amount in (₹ Figures)													
Frequency													

* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.
 Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11. SIP DETAILS [Please tick (✓)] (Refer Section 'F' of instructions) Registration via New OTM Registration via Existing OTM

Scheme/ Plan/ Option	SIP Amount	Frequency*	SIP Date#	SIP Day#	Enrolment Period# (MM/YY)	Top-Up Facility	
						Frequency	Amount
Union							
Union							
Union							

#Note: In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day. Daily Frequency is available only for Union Flexi Cap Fund. Weekly Frequency is available under all existing schemes except Union Liquid Fund and Union Overnight Fund. Any day between Monday to Friday to be specified for Daily/Weekly frequency. In case of any discrepancy "Wednesday" shall be considered as default day for Weekly SIP. Monthly/ Quarterly Frequency: SIP Date to be specified for monthly/quarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. Further, in case of any discrepancy default SIP date considered shall be 8th of the specified month/ quarter.
 \$ If Default Enrolment End Period is not mentioned it will be December 2099.

Union Mutual Fund MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT

UMRN For Office use Date

[tick (✓)] Sponsor Bank Code Utility Code

CREATE I/We, hereby authorize **Union Mutual Fund** To debit [tick (✓)]

MODIFY Bank a/c number

CANCEL

with Bank Name of Customer's Bank IFSC or MICR

an amount of Rupees in words ₹ in figures

FREQUENCY Daily Weekly Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 Application No. Email ID

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 bank.

PERIOD From To

Signature Primary Account Holder Signature of Account Holder Signature of Account Holder

Name as in bank records 1. 2. 3.

Or Until cancelled

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

12.

SYSTEMATIC WITHDRAWAL PLAN ("SWP") DETAILS* (Refer Section 'Q' of instructions) [Please Tick (✓)]

Scheme	U N I O N																													
Plan	<input type="radio"/> Direct Plan													<input type="radio"/> Regular Plan/ Other than Direct Plan																
Option	<input type="radio"/> Growth						<input type="radio"/> Payout of IDCW						<input type="radio"/> Transfer of IDCW						<input type="radio"/> Reinvestment of IDCW (IDCW - Income Distribution cum Capital Withdrawal)											
Withdrawal Amount in ₹ (Figures)														Withdrawal Amount in ₹ (words)																
Withdrawal Frequency	<input type="radio"/> Daily						<input type="radio"/> Monthly (Default)						<input type="radio"/> Quarterly						<input type="radio"/> Half yearly						<input type="radio"/> Yearly					
Withdrawal Period	From DD MM YYYY To DD MM YYYY													OR <input type="radio"/> Till Further Instruction* (Default)																
SWP Date⁵	DD DD													*If day or date chosen for SWP falls on a Non-Business Day, the SWP will be processed on the immediate next Business Day.																

* If the SWP end date is not selected by the investor, then the SWP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.

PAYMENT OF SWP PROCEEDS

Redemption proceeds through SWP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:

Account No.																										
Bank Name & Branch																										
(If the above mentioned bank details do not match with the registered bank account in your Folio, proceeds will be credited to the default bank account registered in the Folio.)																										

13.

NOMINATION DETAILS* [Please tick (✓)] (Refer Section 'H' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)
Nominee						
Nominee						
Nominee						

I/ We do not wish to nominate I/ We hereby confirm that I / We do not wish to appoint any nominee(s) in respect of mutual fund application(s)/unit(s) held in my / our mutual fund folio(s). I/We understand the implications/ issues involved in non- appointment of nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of units held in the mutual fund folio/s.

14.

DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

- I/We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. 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 confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund / Sponsor will not be responsible if such investment is ultravires the relevant constitution.
- I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the F&TC & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/ we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

Applicable to Micro Investments only: I/ We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/ We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/ we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Important alert: In case there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Name & Signature of Unitholder(s)	Signature	Signature	Signature
	Sole/First Applicant/Guardian/POA/Authorized Signatory	Second Applicant/Guardian/POA/Authorized Signatory	Third Applicant/Guardian/POA/Authorized Signatory

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit/ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- Following fields need to be filled mandatorily:-
 - Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box
 - Bank Account Number (Investor's bank account number)
 - Name of Destination Bank (Investor's bank)
 - IFSC / MICR code
 - Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - Reference 1: Mention Folio Number
 - Reference 2: Mention Application No.
 - Phone No. (Optional)
 - Email ID (Optional)
 - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - Signature as per bank account records
 - Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot- Frequency, Minimum Amount and Minimum Period.

SIP Frequency	Minimum SIP Amount (Applicable to Schemes other than Union Long Term Equity Fund)	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day
Daily*	₹ 300 and in multiples of ₹ 1 thereafter	Not applicable	1 Month	-
Weekly*	₹ 500 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday
Monthly*	₹ 1000 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month
Quarterly	₹ 5000 and in multiples of ₹ 1 thereafter	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month

* Available only under Union Flexi Cap Fund

* Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

* Available in all existing Schemes except Union Liquid Fund and Union Overnight Fund.