



## **COMMON APPLICATION FORM**

| Application No. |  |
|-----------------|--|

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

| Broker Code/ ARN   |  | oker Code/<br>anch Code  |   | LG/  | MO/ CRE<br>Code  |   | EUIN<br>efer Sed<br>f instruc    | ction 'L'   |                      | RIA C<br>PMF         |   |                        |                  |        | F          | Ref. N   | 0.       |                                       |      |  |  |  |  |  |  |  |  |  |  |
|--|--|--|---|--|--|---|----------------------------------|---|----------------------|----------------------|---|------------------------|------------------|--------|------------|--|----------|---------------------------------------|------|--|--|--|--|--|--|--|--|--|--|
| e hereby confirm that the EUIN ager/sales person of the above loutor has not charged any advis entioning the RIA Code/ PMRN, n Mutual Fund with the SEBI Reg   | distributor or notw<br>ory fees on this trai<br>I/we hereby give n   | vithstanding t<br>nsaction.<br>ny/our conse  | he advice<br>nt to share  | of in-ape/provid   | opropriateness,<br>le the transactio   | if any, pr  | ovided b                         | by the e  | mploye               | e/relatio            | nship i   | mana                   | ager/sale        | s per  | son c      | of the   | distrib  | outor                                 | an   |  |  |  |  |  |  |  |  |  |  |
| Signature  | lotorod irreodiriorii  | triaviosi, occ   | orrogiotore   | our orth   | Signature  | 9   |                                  |   |                      |                      |   |                        | Sig              | gnatur | е          |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| le/ First Applicant/ Guardian/ POA   | / Authorised Signa   | tory   | Sec   | ond Ap   | plicant/ POA/ Au   | thorised 9  |                                  | y   |                      |                      | Third   | Appli                  | cant/ PO         | A/ Aut | thoris     | ed Sig   | gnator   | У                                     |      |  |  |  |  |  |  |  |  |  |  |
| pfront commission shall be paid<br>ACTION CHARGES FOR APPL<br>firm that I am a First time inves<br>se the subscription amount is<br>than first time mutual fund inve   | LICATIONS THRO<br>stor across Mutua<br>₹ 10,000/- or more  | DUGH DISTR<br>al Funds<br>e and your Di  | IBUTORS<br>stributor  | ONLY.  | (Refer Section  ted-in to receive  | 'J' of inst<br>I confirm<br>e Transa                    | ructions<br>that I ar<br>ction C | s)<br>n an Ex<br>harges,  | isting ir<br>₹ 150/- | vestor               | in Mut  | ual F<br>muti          | unds<br>ual fund | inves  | stor)      | or₹1   | 00/- (   |                                       |      |  |  |  |  |  |  |  |  |  |  |
| EXISTING UNIT HOLDER   | XISTING 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 applications). |  |   |  |  |   |                                  |   |                      | cation)              | *N  | lan                    | da               |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| Unitholder's Name  |  |  |   |  |  |   |                                  |   |                      |                      |   | Fo                     | lio No.          |        | T          |  |          |                                       | T    |  |  |  |  |  |  |  |  |  |  |
| MODE OF HOLDING  | Single   | Joint (Def   | ault optio  | n)   | O Anyone o   | r Survivo   | ors                              |   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| FIRST APPLICANT'S INFO   | RMATION* [Ple  | ease tick (🗸)  | ] (Refer  | Section  | n 'B' and 'C' of   | instructi   | ons)                             | (Please   | ensure               | that the             | e detail:   | s me                   | ntioned          | matcl  | hes u      | vith th  | е КҮС    | det                                   | ail  |  |  |  |  |  |  |  |  |  |  |
| ○ Mr. ○ Ms. ○ M/s.   |  |  |   |  |  | N   | A M                              | Е   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| PAN  |  |  | ТС  | кус  |  |   | СК                               | YC No   | (KIN)                | ^                    |   |                        |                  |        | T          |  |          |                                       | Τ    |  |  |  |  |  |  |  |  |  |  |
| 3a. Contact Details* (Refer  | Section 'I' of Ins   | structions) (F   | Please en   | sure to  | mention Count  | y and Are   | ea Code                          | e)  |                      |                      |   |                        |                  |        |            |  |          |                                       | h    |  |  |  |  |  |  |  |  |  |  |
| Mobile No <sup>\$</sup> .  |  |  | E-mail <sup>\$</sup>  |  |  | -   |                                  | -   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| Tel. (Off.) Country/ Area code   |  |  |   |  | ntry/ Area code  |   |                                  |   |                      | Fox                  | Col   | untry/                 | Area co          | do     | $\top$     |  |          |                                       | Т    |  |  |  |  |  |  |  |  |  |  |
| *Mobile number specified at  | hove belongs to  |  | ,   | ., oour  | in y/ Alea Coue  | \$Email   | addros                           | e enoci   | fied ab              | Fax                  |   |                        | Please (         |        |            | Ш  |          |                                       | L    |  |  |  |  |  |  |  |  |  |  |
| Self Spouse  | bove belongs to  |  | •   |  |  | Self  |                                  | s speci<br>) Spou   |                      |                      | _   | -                      | rease (          |        | stme       | nt)  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| Dependent Children   | O Dependent  |  |   |  | ent Siblings   | O Depe  |                                  |   |                      |                      |   |                        | Parents          |        |            | ,  | ende     | nt Si                                 | bl   |  |  |  |  |  |  |  |  |  |  |
| On providing email-id, investo   | rs shall receive th  | e scheme wi  | se annual   | report   | or an abridged   | summar  | y thereo                         | f/ accor  | unt state            | ements               | statut  | ory a                  | nd other         |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| However, if the investors wish   |  |  | nual repo   | rt or an   | abridged sum   | mary the  | reof in p                        | hysical   | form [P              | lease (              | <b>√</b> )] Op  | t-in (                 |                  |        | _          |  |          |                                       | _    |  |  |  |  |  |  |  |  |  |  |
| Mailing address* (P. O. Box  | address is not su  | fficient.)   |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            | Ш  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| City   |  |  |   |  | State  |   |                                  |   |                      |                      |   |                        | F                | Pin C  | ode        |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| Overseas address (Mandato  | ory for NRI/FII. P. (  | O. Box addres  | ss is not s   | ufficien   | t. Investors res   | ding ove  | rseas ar                         | nd with   | P. O. Bo             | x addre              | ess plea  | ase p                  | rovide y         | our Ir | ndian      | addr   | ess)     |                                       |      |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| City   |  |  |   |  | Country  |   |                                  |   |                      |                      |   |                        | Are              | a Co   | de         |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| 3b. Date of Birth (Manda   | tory for investme  | ent received   | through   | minors   | )  |   |                                  |   |                      |                      |   |                        |                  | D      | D          | М  | М Ү      | Υ                                     | ,    |  |  |  |  |  |  |  |  |  |  |
| Minor's Relationship with Gu   | ardian (referred   | in point no.   | 4)  |  | ○ Father   |   | ○ Mc                             | ther  |                      | С                    | Legal   | Gua                    | ırdian           |        |            |  |          |                                       | _    |  |  |  |  |  |  |  |  |  |  |
| 3c. Proof for Date of Birth  | and  | •  | •   | avina  | Certificate  | Marksh  |                                  |   | HSC/ S               |                      |   |                        |                  |        | Otho       | rc   |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| relationship with Guardian   |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        | Julei      |  | (Pleas   | e Sp                                  | ec   |  |  |  |  |  |  |  |  |  |  |
|  | esident Individua  |  |   |  | (Repatriable)  |   | NRI (No                          |   |                      |                      |   |                        | prietors         |        |            | ○ HU   |          | _                                     |      |  |  |  |  |  |  |  |  |  |  |
|  | imited Partnershi<br>OP/BOI O Tru:   | 1 \ /  | ○ Listed  |  |  | nlisted C<br>Superan                                    |                                  | -   | Body                 |                      |   |                        | Bank/F           |        |            |  | ance     |                                       | •    |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| 3e. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Spec  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            | hers   |          |                                       | ÷    |  |  |  |  |  |  |  |  |  |  |
| <b>3f. Gross Annual Income*</b>  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            |  |          | >1                                    | С    |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  |        |            | han  | 1 yea    | r)                                    |      |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |   |                                  |   |                      |                      |   |                        |                  | servio | ces)       | _  |          | ○ N.I                                 |      |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*   |  |  | lly Exposed Person Foreign Exchange / Money Changer Services                        |  |  |   |                                  |   |                      |                      |   |                        |                  |        | Yes<br>Yes |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| <b>3f. Gross Annual Income* Net-worth in ₹</b> Please tick (✓)*  ○ Politically Exposed Person  |  | Foreig   | ın Exchai   |  |  |   |                                  | . bettin  | a svnd               | cates1               | d to Politically Exposed Person  Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates]  Manage / Routing / Routing |                        |                  |        |            |  |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person  Related to Politically Expo  |  | Foreig<br>Gamir<br>Mone  | ın Exchai<br>ng / Gam<br>y Lendinç  | bling /<br>g / Paw   | Lottery Service  | es [eg. c   |                                  | , bettin  | g synd               | cates]               |   |                        |                  |        |            | O Not Applicable Money Lending / Pawning Any other information [Please specify]: |          |                                       |      |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person  Related to Politically Exposed  Not Applicable   | osed Person  | Foreig<br>Gamir<br>Money<br>Any of   | ın Exchai<br>ng / Gam<br>y Lendinç<br>ther infor                                    | bling /<br>g / Paw<br>mation                               | Lottery Service vning [Please spec   | es [eg. d   | asinos                           |   |                      |                      |   |                        |                  |        |            |  | Yes      | O N                                   | 0    |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Expo  Not Applicable  SECOND APPLICANT/ GUA  | ARDIAN IF MINC   | Foreig<br>Gamir<br>Money<br>Any of   | n Exchaing / Gam<br>y Lending<br>ther infor   | bling /<br>g / Paw<br>mation                               | Lottery Service Inling In [Please spector NON-INDIN  | es [eg. dify]:  | casinos<br>6/ POA                | HOLDE   |                      |                      | [Please   |                        |                  |        |            | B' and   | I 'C' of | ○ N                                   | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr. OMs. N A  | ARDIAN IF MINC   | Foreig<br>Gamir<br>Money<br>Any of<br>DR/ CONTAC   | n Exchaing / Gam y Lending ther infor   | bling /<br>g / Paw<br>mation                               | Lottery Service vining [Please spector NON-INDIN   | es [eg. c   | 6/ POA                           | HOLDE<br>N T  |                      |                      | [Please   |                        | (✓)] (Ref        |        |            | B' and   | I 'C' of | ○ N                                   | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr. OMs. N A  PAN   | ARDIAN IF MINC   | Foreig<br>Gamir<br>Money<br>Any o'   | in Exchaing / Gam y Lending ther infor CT PERS                                      | bling /<br>g / Paw<br>mation<br>ON FO                      | Lottery Service Inling I [Please spector NON-INDIN A P F   | es [eg. c   | POA C A C No. (I                 | HOLDE<br>N T<br>KIN) ^  | ER DET               | AILS*                | [Please   | Date                   | e of Birt        |        | D          | B' and   | I 'C' of | instru<br>Y                           | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Expo Not Applicable  SECOND APPLICANT/ GUA  Mr. Ms. N A  PAN  4a. Status* Resident Indi  | ARDIAN IF MINC  M E O I  | Foreig<br>Gamir<br>Money<br>Any o'<br>DR/ CONTAC<br>F S E  | n Exchaing / Gam y Lending ther infor CT PERS                                       | bling / g / Paw mation ON FO N D                           | Lottery Service raining In [Please spector NON-INDIV A P F   | es [eg. c   | POA C A No. (I                   | HOLDE<br>N T<br>KIN) ^  | epatriat             | AILS*                | [Please   | Date                   | e of Birt        | th D   | ) D        | B' and   | I 'C' of | instru<br>Y                           | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr.   | ARDIAN IF MINC  M E O I  ividual  ctor O Public Se   | Foreig<br>Gamir<br>Money<br>Any or<br>DR/ CONTAC<br>F S E<br>K<br>Minor  | in Exchaing / Gam y Lending ther infor CT PERS YC                                   | bling / g / Paw mation ON FC  N D  NRI (R                  | Lottery Service raining in [Please spector NoN-INDIN A P F   | es [eg. cify]: /IDUALS CKYC                             | C No. (I                         | HOLDE<br>N T<br>KIN) ^<br>Non-Re                                  | ER DET               | AILS*                | [Please   | Date<br>O C            | of Birt          | th D   | ) D        | B' and   | I 'C' of | instru<br>Y                           | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr.   | ARDIAN IF MINO  M E O I  ividual  ctor O Public Se   | Foreign Gamir Money Any or OR/ CONTACT S E   | in Exchaing / Gam y Lending y Lending ther infor CT PERS C O YC  tt. Service s 5-10 | bling / g / Paw mation ON FO N D NRI (R                    | Lottery Service (ming a [Please spector NON-INDIN A P F  | es [eg. cify]:  | C No. (I Agri                    | HOLDE  N T  KIN) ^  Non-Re  culturis  1 Crore                     | epatrials            | AILS*                | (Please   | Date O Conservite wort | e of Birt        | th D   | ) D        | B' and   | I 'C' of | instru<br>Y                           | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr. ○ Ms. N A  PAN  4a. Status* ○ Resident Ind  4b. Occupation* ○ Pvt. Sec  4c. Gross Annual Income*  4d. Other Details* ○ I am | ARDIAN IF MINO M E O I ividual ctor O Public Se O Below 1 Lac Politically Expos  | Foreign Gamir Money Any or OR/ CONTACT S E   | in Exchaing / Gam y Lending y Lending ther infor CT PERS C O YC  tt. Service s 5-10 | bling / g / Paw mation ON FC N D NRI (R                    | Lottery Service (ning) In [Please spector   Please specto | es [eg. cify]:  | C No. (I Agri                    | HOLDE  N T  KIN) ^  Non-Re  culturis  1 Crore                     | epatrials            | AILS*                | (Please   | Date O Conservite wort | e of Birt        | th D   | ) D        | B' and   | I 'C' of | instru<br>Y                           | ouct |  |  |  |  |  |  |  |  |  |  |
| 3f. Gross Annual Income*  Net-worth in ₹  Please tick (✓)*  Politically Exposed Person Related to Politically Exposed Not Applicable  SECOND APPLICANT/ GUA  Mr.   | ARDIAN IF MINC  M E O I  ividual  ctor O Public Se O Below 1 Lac Politically Expose  | Foreig<br>Gamir<br>Money<br>Any or<br>DR/ CONTAC<br>F S E<br>K Minor<br>ector Gov<br>C 1-5 Laces<br>sed Person | in Exchaing / Gam  y Lending ther infor  CT PERS  YC   tt. Services  \$\int 5-10    | bling / g / Paw mation ON FC N D NRI (R C O Bu Lacs I am R | Lottery Service Annual Control of the Control of th | es [eg. cify]:  //IDUALS  CKYC  essional  >25  cally Ex | POA C No. (I Agri                | HOLDE<br>N T<br>KIN) ^<br>Non-Re<br>culturis<br>1 Crore<br>Person | epatriab             | AILS* lle) Crore Not | Please  Hous  Net- Applic   | O Cosewife worth       | e of Birl        | th D   | (F         | B' and<br>M<br>Please  | M Y Spec | N N N N N N N N N N N N N N N N N N N | Ouct |  |  |  |  |  |  |  |  |  |  |

AC (Scheme/Plan/Option) an application for units of \_\_\_ Amount Enclosure\_



Collection centre's stamp with date and time of receipt

|  | N  |   |  |  |  | ОК   | CYC             |                     |   | C  | KYC N                | o. (KIN)  | ^                        |  |  |   |  |                  |                               |             |
|--|--|---|--|--|--|--|-----------------|---------------------|---|--|----------------------|---|--------------------------|--|--|---|--|------------------|-------------------------------|-------------|
| 5a.  | Status* O Re   | esident In  | dividual   |  | O N  | /linor                                     |                 | O NRI (             | Repatriab   | le)  | ○ N                  | RI (Non   | -Repati                  | riable)  |  | Other   | rs   | (PI              | lease Spec                    | ifv)        |
| 5b.  | Occupation*  | O Pvt. S  | ector O  | Public   | Secto  | r O Gov                                    | /t. Serv        | rice O B            | usiness (   | ) Profession   | onal O               | Agricultu   | urist (                  | Retired  | ○ Hou                                  | sewife O  | Studen   |                  |                               |             |
|  | Gross Annua  |   | _  |  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | Other Details  |   |  |  |  |  |                 |                     | Related to  |  |                      |   |                          |  | ot Appli                               |   |  |                  |                               |             |
|  | Contact Deta   |   |  | Ť  |  |  |                 |                     | E-mail  | •  |                      |   |                          |  | - ' '                                  |   |  |                  |                               |             |
|  | estors who h   |   |  | ne Cer   | ntral K  | YC with                                    | the Co          | entral K            |   | ds Regist  | rv (CK)              | CR), ar   | nd have                  | e a KYO  | 2 Identi                               | fication N  | lumber   | (KIN)            | from the                      | CKYC        |
| eque   | ested to quote   | the 14 dig  | it KIN.  |  |  |  |                 |                     |   |  | , (-                 | - ,,  |                          |  |  |   |  | ` '              |                               |             |
| Dec  | TCA INFORM claration Form below inform   | n availab   | le at ww   | /w.uni   | ionmf.c  | com or a                                   | at our          | Custom              | _   |  | •                    |   |                          |  |  |   |  | epara            | te FATC                       | A and       |
|  | tegory   |   | 1  |  |  | t Applic                                   |                 |                     | Minor)  |  | Secon                | d Applic  | ant/ G                   | uardiar  | 1                                      |   | Th   | ird Ap           | plicant                       |             |
| ls th  | he Country of<br>tionality / Tax F<br>In India?*   |   |  | 1  |  | ○ Yes                                      |                 | 0 N                 | •   |  | 0 '                  |   |                          | ) No   |  |   | ○ Ye   |                  | O N                           | lo          |
|  |  | * If Yes  | , please i   | indica   | te all c   | ountries                                   | in whi          | ch you              | are reside  | nt for tax   | ourpose              | s and th  | ne asso                  | ociated -  | Tax Ref                                | erence Nu   | umbers   | below.           |                               |             |
| Pla  | ce/ City of Birt   | h   |  | $\neg \neg$  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  |  |   |  | +  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | untry of Birth   |   |  | +  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | dress Type<br>address in KY  | C records   | ;)   | 0  | Resid  | ential / E                                 | Busine          | ss 🔾                | Residentia  | al O Res   | sidentia             | l / Busin   | ess                      | ○ Resid  | dential                                | ○ Resid   | dential /  | Busine           | ess O                         | Reside      |
| •  | untry of Tax Re  |   | ·  | +  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  |  |   |  | +  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | Payer Ref. ID  |   |  |  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | cumentation T<br>N or Other Plea   |   | fy)  |  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
| f TI   | IN is not applice (✓)] the reason defined below  | cable, [Pl  | ease   |  | Reas   | on O                                       | A               | ОВ                  | O C   | Re   | ason                 | ○ A   | ○ E                      | 3 (  | ) C                                    | Reas  | son C  | ) A              | ОВ                            | 0           |
| _  | untry of Tax Re  |   |  | -  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  |  |   |  | +  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
|  | Payer Ref. ID  |   |  |  |  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
| (TIN   | cumentation T<br>N or Other Plea   | ase speci   |  | _  |  |  | •               |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
| tick   | IN is not applic<br>( (✓)] the reason<br>defined below   | on A, B o   |  |  | Heas   | on O                                       | Α               | ○ B                 | ○ C   | Re   | ason                 | ○ A   | ○ E                      | خ (<br>  | ) C                                    | Reas  | son C  | ) A              | ○ B                           | 0           |
|  | Reason A - The   |   | ired. (Sel   | lect th  | nis reas   | on Only                                    |                 |                     |   |  |                      |   |                          |  |  |   | N to be  | collect          | ted)                          |             |
| • F  | Reason B - No<br>Reason C - oth  |   |  | NITHOLDING OPTION [Please tick (🗸)] OPhysical Mode Operat Mode (If demat account details are provided below, units will be allotted by default in electronic mode  |  |  |                 |                     |   |  |                      |   |                          |  |  |   | otted by   | default i        | in electron                   | ic mode     |
| • F  | Reason B - No<br>Reason C - oth  | iers; pleas   |  | tick (🗸  | ')]  |  |                 |                     |   |  |                      |   |                          |  |  |   |  |                  |                               |             |
| • F<br>• F   | Reason B - No<br>Reason C - oth  | pers; pleas   | [Please t  |  | /3   |  | ructions        | ,                   |   |  |                      |   |                          |  |  |   |  |                  | 1 1                           | 1 1         |
| UN<br>DEI  | Reason B - No<br>Reason C - oth  | OPTION  | [Please t  | er Sect  | tion 'G  |  | ructions        | ,                   | DP ID No:   | I N  |                      |   |                          | Benefic  | ciary Ac                               | count Nu  | mber   |                  |                               |             |
| UN<br>DEI  | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor   | OPTION NT DETAIL  y Participa   | [Please to the control of the contro | er Sect  | etion 'G   |  | ructions        | ,                   |   |  | Accoun               | Numbe   | er                       | Benefic  | ciary Ac                               | count Nu  | mber   |                  |                               |             |
| UN<br>DEI<br>NSI   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTIES TO PROPERTY OF THE PROPERTY OF T   | OPTION NT DETAI  y Participa  y Participa   | [Please to the content of the conten | er Sect<br>Name<br>Name  | etion 'G   | of instr                                   |                 |                     | Be  | eneficiary   |                      |   |                          |  |  |   |  | h the D          | epositor                      | / partic    |
| UN<br>DEI<br>NSI   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor   | OPTION NT DETAI  y Participa  y Participa   | [Please to the content of the conten | er Sect<br>Name<br>Name  | etion 'G   | of instr                                   |                 |                     | Be  | eneficiary   |                      |   |                          |  |  |   |  | h the D          | Depository                    | / partic    |
| UN<br>DEI<br>NSI   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUR  DL: Depositor  SL: Depositor  asy be noted the estor willing to   | DPTION NT DETAI  y Participa y Participa at the con invest in   | [Please to the content of the conten | Name<br>Name<br>Name<br>n/ sequotion, n  | etion 'G   | of instr                                   | and m           | ode of h            | Be<br>nolding in t<br>statement                           | eneficiary in the application enable   | ation for<br>us to m | m must<br>atch the                                  | match<br>demat           | exactly v  | with the                               | account I   | neld with  | h the D          | epository                     | / partic    |
| UN<br>DEI<br>NSI   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNT  DL: Depositor  SL: Depositor  hay be noted the estor willing to  | DPTION NT DETAIL y Participe y Participe at the con invest in   | [Please to ILS (Reference of the ILS (Refere | Name Name Name sequention, n   | etion 'G   | of instr                                   | and m           | ode of h            | Be<br>nolding in t<br>statement                           | eneficiary in the application enable   | ation for<br>us to m | m must<br>atch the                                  | match<br>demat           | exactly v  | with the                               | account I   | neld with  | h the D          | Depository<br>n.              | / partic    |
| UN<br>DEI<br>NSI   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al  me of the Sche  | DPTION NT DETAIL y Participe at the con invest in ND PAYN where U   | [Please to the content of the conten | Name Name Name sequention, n   | uence omay pro   | of names                                   | and m           | ode of h            | Be<br>nolding in t<br>statement                           | eneficiary<br>the applica<br>to enable   | ons) [T              | m must<br>atch the<br>hird Par                      | match<br>demat           | exactly v  | with the                               | account I   | neld with  |                  |                               | / partic    |
| UN<br>DEI<br>NSI<br>CD:                                    | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al me of the Sche   | DPTION NT DETAIL y Participe at the con invest in ND PAYN mme U Plan  | [Please to ILS (Reference of I | Name Name Name n/ sequotion, r   | euence o omay pro  | of names ovide a c ase tick Option         | s and mecopy of | node of h<br>the DP | Be nolding in t statement                                 | eneficiary and the application enable of instruct  | ons) [T              | m must<br>atch the<br>hird Par                      | match<br>demat           | exactly videtails a  | with the                               | account I   | neld with  | V Frequ          | uency~                        |             |
| UN<br>DEI<br>NSI<br>CDS<br>It m<br>Inve                    | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNT  DL: Depositor  SL: Depositor  ay be noted the estor willing to  VESTMENT Al  me of the Sche  Regular/ Other t  | DPTION NT DETAI y Participa at the con invest in ND PAYN Plan han Direct  | [Please to the second s | Name Name Name Name N/ sequiption, n   | euence o omay pro  | of names ovide a c ase tick Option         | s and mecopy of | node of h<br>the DP | Be<br>nolding in t<br>statement                           | eneficiary and the application enable of instruct  | ons) [T              | m must<br>atch the<br>hird Par                      | match<br>demat           | exactly videtails a  | with the                               | account I   | neld with  | V Frequ          |                               |             |
| P F UN DE! NSI CDS It minve                                | Reason B - No Reason C - oth  ITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  May be noted the stor willing to  VESTMENT Al  Me of the Sche  Regular/ Other the stor of IDCW   | DPTION NT DETAI y Participa at the con invest in ND PAYN Plan han Direct  | [Please to the second s | Name Name Name Name N/ sequiption, n   | euence o omay pro  | of names ovide a c ase tick Option         | s and mecopy of | node of h<br>the DP | Be nolding in t statement                                 | eneficiary and the application enable of instruct  | ons) [T              | m must<br>atch the<br>hird Par<br>n<br>of IDCW      | match demat              | exactly videtails a  | with the                               | account I   | neld with  | V Frequ          | uency~                        |             |
| UN DEI NSI CDS II MAI INVENTA REPLATE                      | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al me of the Sche  Regular/ Other to  Inster of IDCW  In/ Option  | DPTION NT DETAI y Participe at the con invest in ND PAYN Plan han Direct to U N   | [Please to ILS (Reference in I | Name Name Name Name Name Name No sequention, reservation, | stion 'G'  uence o may pro  ** [Pleater of the content of the cont | of names ovide a c ase tick Option         | s and mcopy of  | (Refer S            | Be nolding in t statement ection 'E' c                    | eneficiary.  che applicate enable  of instruct   | ons) [T              | m must hird Par n n n Facility                      | match demat              | exactly videtails a  | with the as state                      | account It d in the A                                   | ineld with the polication of t | V Frequ          | uency~                        | ) Mc        |
| UN DEI NSI CDS II MAI INVENTA REPLATE                      | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNT  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al me of the Sche  Regular/ Other t  nsfer of IDCW  n/ Option  fault Plan/ Opt   | DPTION NT DETAI  y Particip  y Particip  at the con invest in  ND PAYN  me  U  Plan  han Direct  to U N   | [Please to and (DP) a | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' c  | eneficiary che applicate de la policie de la | ons) [T              | m must hird Par n of IDCW Facility ~Not             | match demat              | exactly v details a nent(s) v  | with the as state                      | account It d in the A                                   | ineld with the polication of t | V Frequ          | uency~                        | ) Mc        |
| UN DEI NSI CDS IN NAT                                      | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  ay be noted the estor willing to  VESTMENT All  me of the Sche  Regular/ Other the start of IDCW  n/ Option  fault Plan/ Opt  Payment Mo  | DPTION NT DETAI  Y Participa at the con invest in  ND PAYN  Plan han Direct to U N  ion/ Facili de:   | [Please to the content of the conten | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option         | s and mecopy of | Refer S Payou       | Be nolding in t statement ection 'E' c                    | eneficiary che applicate de la policie de la | ons) [T              | m must hird Par n of IDCW Facility ~Not             | match demat              | exactly vectors and details are details and details an | with the as state will not  DCW  ome D | account I d in the A                                    | neld with pplication in the pp | V Frequy F       | uency~<br>Fortnightly         | O Mo        |
| UN DEI NSI CDS IN NAT                                      | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT All  me of the Sche  Regular/ Other the store of IDCW  In/ Option  fault Plan/ Opt  Payment Mo  Cheque / RT   | DPTION NT DETAI  y Participa at the con invest in  ND PAYN han Direct to U N ion/ Facili de: C GS / NEF   | [Please to the content of the conten | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' o  | eneficiary when applicate to enable of instruct of instruct of Reinversion or discrete or or discrete or one   | ons) [T              | m must hird Par n of IDCW Facility ~Not             | match demat              | exactly vectors and details are details and details an | with the as state will not  DCW  ome D | account It d in the A                                   | neld with pplication in the pp | V Frequy F       | uency~                        | O Mo        |
| UN DEI NSI CDS It m Investigation Report INV Nar Plan Def  | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  May be noted the  Restor willing to  VESTMENT A  Mee of the Sche  Regular/ Other the  Insfer of IDCW  I | DPTION NT DETAI  y Participa at the con invest in  ND PAYN  Plan  han Direct to U N  GS / NEF  (Figures)  | [Please to the content of the conten | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' c  | eneficiary when applicate to enable of instruct of instruct of Reinversion or discrete or or discrete or one   | ons) [T              | m must atch the hird Par n of IDCW Facility ~Not    | Tran te: IDC             | exactly vectorial details a details a ment(s) vectorial leads of IEC l | with thees state will not OCW Ome D    | account I d in the A                                    | neld with pplication in the pp | V Frequy F       | uency~<br>Fortnightly         | O Mo        |
| UN DEI NSI COS It m Investigation Report INV Nar Train Def | Reason B - No Reason C - oth  ITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al  me of the Schell  Regular/ Other the estor of IDCW  In/ Option  fault Plan/ Opt  Payment Mo  Cheque / RT  Amount in ₹  Source Bank   | DPTION NT DETAIL y Participa at the con invest in  ND PAYN Han Direct to U N GS / NEF (Figures) k Name  | [Please to the content of the conten | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' o  | eneficiary che applicate enable  of instruct  Reinve  or discree   | ons) [T              | m must atch the hird Par n n of IDCW Facility ~ Not | match demat              | exactly vectorial details and the second sec | with theas state will not OCW Ome D    | account id in the A                                     | neld with pplication ted]  IDCW Weekly   | V Frequency of F | uency~<br>Fortnightly         | O Mo        |
| UN DEI NSI CD: It m Inve                                   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al me of the Sche  Regular/ Other the nsfer of IDCW  In/ Option  fault Plan/ Opt  Payment Mo  Cheque / RT  Amount in ₹  Source Bank  Source Bank  | DPTION NT DETAIL y Participa at the continuest in ND PAYN han Direct to U N GS / NEF (Figures) x Name x A/C No.                                       | [Please to the content of the conten | Name Name Name Name Notion, r  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' c  ut of IDCW  ambiguity ambiguity amount in 3 | eneficiary the applicate enable of instruct  St.  Reinver  or discre   | ons) [T              | m must atch the hird Par n n of IDCW                | Tran te: IDC Chec Source | exactly vectorial details a ment(s) vectorial details a ment  | with theas state will not OCW Ome D    | account I d in the An be accept Daily Daily Serribution | neld with pplication ted]  IDCW Weekly  n cum (  | V Freque y OF    | Jency~ Fortnightly  I Withdra | O Modawal O |
| UN DEI NSI CD: It m Inve                                   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUI  DL: Depositor  SL: Depositor  ay be noted th  estor willing to  VESTMENT Al  me of the Sche  Regular/ Other t  nsfer of IDCW  n/ Option  fault Plan/ Opt  Payment Mo  Cheque / RT  Amount in ₹  Source Bank  Source Bank  Source Bank   | DPTION NT DETAIL y Participa y Participa at the con invest in ND PAYN han Direct to U N ion/ Facili de: GS / NEF (Figures) x Name x A/C No. x IFSC Co | [Please to ILS (Reference in I | Name Name Name Name Name Name Name Name  | stion 'G'  suence of may pro  S* [Pleas  N   Grown  ied in c   | of names ovide a c ase tick Option with    | s and mecopy of | Refer S Payou       | ection 'E' c  ut of IDCW  ambiguity ambiguity amount in 3 | eneficiary che applicate enable  of instruct  Reinve  or discree   | ons) [T              | m must atch the hird Par n n of IDCW                | Tran te: IDC Chec Source | exactly vectorial details a ment(s) vectorial details a ment  | with theas state will not OCW Ome D    | account id in the A                                     | neld with pplication ted]  IDCW Weekly  n cum (  | V Freque y OF    | Jency~ Fortnightly  I Withdra | O Modawal O |
| UN DEI NSI CDS It m Inve                                   | Reason B - No Reason C - oth  IITHOLDING ( MAT ACCOUNTY  DL: Depositor  SL: Depositor  any be noted the estor willing to  VESTMENT Al me of the Sche  Regular/ Other the nsfer of IDCW  In/ Option  fault Plan/ Opt  Payment Mo  Cheque / RT  Amount in ₹  Source Bank  Source Bank  | DPTION NT DETAI y Participi y Participi at the con invest in  ND PAYN han Direct to U N ion/ Facili de: GS / NEF (Figures) x Name x A/C No. c IFSC Co | [Please to ILS (Reference of the ILS (Refere | Name Name Name Name Name Name Name Name  | stion 'G'  uence omay pro  S* [Plea  | of names ovide a case tick Option with III | s and mecopy of | Refer S Payou       | ection 'E' c  ut of IDCW  ambiguity ambiguity mount in 3  | eneficiary che applicate de app | ons) [T              | m must atch the hird Par n n of IDCW                | Tran te: IDC Chec Source | exactly vectorial details a ment(s) vectorial details a ment  | with theas state will not OCW Ome D    | account I d in the An be accept Daily Daily Serribution | neld with pplication ted]  IDCW Weekly  n cum (  | V Freque y OF    | Jency~ Fortnightly  I Withdra | O Modawal O |

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.

|                                     | PAYOUT BANK ACCOUNT DET<br>Please update my/our pay-in-b  | - '  | ,,,  |  |  | , ,  |  |  | *  | k account is avail   | lable)  |
|-------------------------------------|---|--|--|--|--|--|--|--|--|--|---|
|                                     | (If no please provide the below of  |  |  |  |  |  |  |  |  |  |   |
|                                     | Bank Name   |  |  |  |  |  |  |  |  |  |   |
|                                     | Bank A/C No   |  |  |  | Branch   |  |  |  | (D)  |  |   |
|                                     | A/C Type Savings  | O Current  | NRE O  | NRO O  |  | Othe   | rs   |  | (Please  | Specify)   |   |
|                                     | Bank City   |  |  |  | State  |  | 1  | 41 D   |  | PIN  | form Bookin to a sta  |
|                                     | IFSC CODE   | :  | MICR C   |  |  |  | accoun   |  |  | nt detail is different<br>cessary documents  |   |
|                                     |   | jinal Cancelled Chequ<br>k Pass Book having r  |  |  |  |  | .ea  |  |  | •  | ,   |
|                                     | (IFSC Code is the 11 digit no. appe   |  |  |  |  |  |  |  |  |  |   |
|                                     | For unit holders opting to inve   | st in demat mode, p  | lease ensure   | that the bank  | account link   | ed with  | the demat a  | ccount   | is mentioned   | I here.  |   |
|                                     |   |  |  |  |  |  |  |  |  |  |   |
|                                     | SYSTEMATIC TRANSFER PLAI  | N ("STP") DETAILS (F   | Refer Section '  | 'P' of instructio  | ns) [Please Tid  | ck (✔)]  |  |  |  |  |   |
|                                     |   |  | From S   | Scheme   |  |  |  |  | To Sch   | eme  |   |
|                                     | Name of the Scheme  |  |  |  |  |  |  |  |  |  |   |
|                                     | Plan  | O Direct Plan  | O Regular  | Plan/ Other th   |  |  | O Direct Pla   | n  |  | Plan/ Other than [   |   |
|                                     | 0.11  | ○ Growth   | ,  | O Payout of  |  |  | <ul><li>Growth</li><li>Transfer of</li></ul>   | f IDCW   |  | <ul><li>Payout of IDC</li><li>Reinvestment</li></ul>   |   |
|                                     | Option  | <ul> <li>Transfer of IDCW</li> </ul>   | l .  | <ul> <li>Reinvestm</li> </ul>  | nent of IDCW   |  | Transfer of II   | 1  | UNIC   |  | 0.15011   |
|                                     |   |  |  |  |  | -  | Plan/ Option   |  | 5 14 1 1   | 1.4  |   |
|                                     |   |  |  |  |  | -  | Sub Option/ Fr   |  |  |  |   |
|                                     |   |  |  |  |  |  |  | , ,  | Sub Option/  | Eroguanav will ba  | applied   |
|                                     |   |  |  |  |  |  |  |  |  | Frequency will be<br>y or discrepancy.   |   |
| - 1                                 | Enrolment Period  | From D D   | M M Y Y  | Y Y To   | D D  | M M  | YYYY   | OR   |  | Further Instruction  |   |
| İ                                   | Transfer Amount in (₹ Figures)  |  |  | Transfer Am  | ount in (₹ wor   | ds)  |  |  |  |  | ,   |
|                                     |   | O Daily STP  | O Weekly   | 1.0  | ○ Fortnightly  | STP  | ○ Monthly S  | TP (Def  | ault) ∩ Qua  | rterly STP () F  | lalf Yearly STP   |
|                                     | Frequency   |  | (Monday  | y to Friday)   |  |  |  | /// (DOI   | uuit) O dut  |  | ian roany orr   |
|                                     |   | Daily (Only<br>Business Day)   | Day of   | Transfer   | Every Altern<br>Wednesda   |  | STP Date*  | D D  |  |  |   |
|                                     |   |  |  |  |  |  |  |  |  |  |   |
|                                     | SIP DETAILS [Please tick (✓)]   | (Refer Section 'F' of in   | structions)  | ○ Rec  | istration via I  | New O  | TM   | ○ Re   | aistration vi  | a Existing OTM   |   |
|                                     | SIP DETAILS [Please tick ( )]  Scheme/ Plan/ Option   | (Refer Section 'F' of in   |  | nov# SIP   | gistration via I   |  | olment Perio   | d <sup>s</sup>   |  | a Existing OTM Top-Up Facility   | nunt.   |
| •                                   | . , , , , ,   | ,  | nt Freque  | ency* SIP<br>Date*   | -  | Enr  | olment Perio<br>(MM/YY)  | d <sup>s</sup> Fr  | equency<br>lalf Yearly   |  | ount  |
| •                                   | . , , , , ,   | ,  | Treque   | ency* SIP Date*  | -  | From   | olment Perio<br>(MM/YY)  | d <sup>s</sup> Fr  | equency<br>lalf Yearly<br>early  | Top-Up Facility  | ount  |
| •                                   | Scheme/ Plan/ Option  | ,  | Daily  Description  Daily  Week  Month  Quarte   | ency* SIP Date*  | -  | Enr  | olment Perio<br>(MM/YY)  | Free SIP Amo   | equency<br>lalf Yearly<br>early<br>Top-Up Cap<br>ount  | Top-Up Facility  | ount  |
|                                     | Scheme/ Plan/ Option  | ,  | Daily  Daily  Meek  Month Quarte   | ly orly erly   | -  | From<br>To   | olment Perio<br>(MM/YY)  | From the state of  | equency lalf Yearly early Top-Up Cap bunt lalf Yearly  | Top-Up Facility  | ount  |
|                                     | Scheme/ Plan/ Option  | ,  | Daily Daily Week Month Daily Week Month Moth   | ency" SIP Date's   | -  | From To  | olment Perio<br>(MM/YY)  | From SIP Amo   | equency lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap   | Top-Up Facility  | ount  |
|                                     | Scheme/ Plan/ Option Union  | ,  | Daily Daily Week Month Daily Week Month Quart Quart  | ency" SIP Date's   | -  | From<br>To   | olment Perio<br>(MM/YY)  | From the second  | equency laif Yearly early Top-Up Cap ount laif Yearly early Top-Up Cap ount Top-Up Cap   | Top-Up Facility  | ount  |
|                                     | Scheme/ Plan/ Option Union Union  | ,  | ht Freque Daily Week Month Quart Daily Week Month Quart Daily Week   | ly ly erly   | -  | From To  | olment Perio (MM/YY)  M M Y  M M Y  M M Y  | From the second  | equency lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap   | Top-Up Facility  | ount  |
|                                     | Scheme/ Plan/ Option Union  | ,  | Daily Oweek Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Month Daily Meek  | ly l   | -  | From To From To  | olment Perio (MM/YY)  M M Y  M M Y  M M Y  | From SIP Amount SIP Am | equency lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early  | Top-Up Facility  | punt  |
|                                     | Scheme/ Plan/ Option  Union  Union  #Note: In case the chosen date/day fal  | SIP Amour  | ht Freque Daily Week Month Quart Daily Week Month Quart Quart Quart Quart Quart  | ly hily erly ly hily erly hily erly hily erly  | , SIP Day*   | From To From To From To From To  | olment Perio (MM/YY)  M M Y  M M M Y  M M M M   | ds Fr. Fr. Y SIP Amc   | equency lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early lalf Yearly early Top-Up Cap bunt  | Top-Up Facility Amc  | iness date/dav.   |
|                                     | Scheme/ Plan/ Option Union Union  | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily/Weekly frequency refry frequency. In cas liment size for monthly f   | Daily Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Incase of any enone of the frequency is fulfi  | ly hily erly ly hily erly hily erly hily erly  | , SIP Day*   | From To From To From To From To  | olment Perio (MM/YY)  M M Y  M M M Y  M M M M   | ds Fr. Fr. Y SIP Amc   | equency lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early lalf Yearly early Top-Up Cap bunt  | Top-Up Facility Amc  | iness date/dav.   |
|                                     | Union Union Union Union Union Union Union Whote: In case the chosen date/day fal Daily Frequency is available only for I Monday to Friday to be specified for Date to be specified for monthly/qua requirement relating to minimum insta  | Ils on a Non-Business Da<br>Jnion Flexi Cap Fund. W<br>Daily/Weekly frequency<br>rterly frequency. In cas<br>Jliment size for monthly fo<br>to t mentioned it will be De   | Daily Week Month Quart Counter Count Counter Count | ly hily erly ly hily erly hily erly hily erly  | ble in a particula nder all existing /ednesday" sha e been selecterase of any disc   | From To From To From To From In To From To   | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early lalf Yearly early Top-Up Cap bunt  | Top-Up Facility Amc  | iness date/dav.   |
| în                                  | Union Union Union Union Union Union Union Whote: In case the chosen date/day fal Daily Frequency is available only for I Monday to Friday to be specified for Date to be specified for monthly/qua requirement relating to minimum insta  | Ils on a Non-Business Da<br>Jnion Flexi Cap Fund. W<br>Daily/Weekly frequency<br>rterly frequency. In cas<br>Jliment size for monthly fo<br>to t mentioned it will be De   | Daily Week Month Quart Counter Count Counter Count | ly hily erly ly hily erly ly hich is not availa cy is available u discrepancy "W requencies hav illed. Further, inc  | ble in a particula nder all existing /ednesday" sha e been selecterase of any disc   | From To From To From To From In To From To   | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early lalf Yearly early Top-Up Cap bunt  | mmediate next Bus on Overnight Fund. P. Monthly/ Quarter the Default freque th of the specified r  | iness date/dav.   |
| În                                  | Union  Union  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for I Monday to Friday to be specified for Monday to Friday to be specified for monthly/quarequirement relating to minimum instate \$1f Default Enrolment End Period is not period in the period in the period is not period in the period in the period is not period in the pe | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily/Weekly frequency. In cas alment size for monthly for the mentioned it will be De   | Daily Week Month Quart Counter Count Counter Count | ly hily erly ly hily erly ly hich is not availa cy is available u discrepancy "Wirequencies hav illed. Further, inc  | ble in a particula nder all existing (ednesday" sha e been selecte case of any disc  | From To From To From To From In To From To   | olment Perio (MM/YY)  M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early Top-Up Cap ount Top-Up Cap ount Top-Up Cap ount sessed on the Fund and Unic for Weekly SII be treated as ered shall be 8 | mmediate next Bus on Overnight Fund. P. Monthly/ Quarter the Default freque th of the specified r  | iness date/dav.   |
| k (VREA                             | Union  Union  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for I Monday to Friday to be specified for Monday to Friday to be specified for monthly/quarequirement relating to minimum instate \$ If Default Enrolment End Period is not provided in the provided of the provided in the provi | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily/Weekly frequency. In cas alment size for monthly for the mentioned it will be De   | Treque  Daily Week Month Quart Syor on a date w Weekly Frequen Incase of any e none of the frequency is fulf excember 2099.   | ly hily erly ly hily erly ly hich is not availa cy is available u discrepancy "Wirequencies hav illed. Further, inc  | ble in a particula nder all existing (ednesday" sha e been selecte case of any disc  | From To From To From To From To From To CS/ [  | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount cessed on the Fund and Unic for Weekly Sill be treated as ered shall be 8                          | mmediate next Bus on Overnight Fund. P. Monthly/ Quarter the Default freque th of the specified r  | iness date/day.<br>Any day betwee<br>I Frequency: SI<br>ncy, provided th<br>nonth/ quarter.                           |
| Julius<br>REA                       | Union  Union  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for I Monday to Friday to be specified for Monthly/quarequirement relating to minimum instates if Default Enrolment End Period is not provided in the Company of the Co  | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily Weekly frequency. In cas alment size for monthly f ot mentioned it will be De  MANDATI  F o r C Code   | Treque  Daily Week Month Quart Syor on a date w Weekly Frequen Incase of any e none of the frequency is fulf excember 2099.   | ly hily erly ly hily erly ly hich is not availa cy is available u discrepancy "Wirequencies hav illed. Further, inc  | ble in a particula nder all existing (ednesday" sha e been selecte case of any disc  | From To From To From To From To From To CS/ [  | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount cessed on the Fund and Unic for Weekly Sill be treated as ered shall be 8                          | mmediate next Bus on Overnight Fund. Monthly/ Quarter the Default freque th of the specified r   | iness date/day.<br>Any day betwee<br>I Frequency: SI<br>ncy, provided th<br>nonth/ quarter.                           |
| k (AREA                             | Scheme/ Plan/ Option  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for Umonday to Friday to be specified for Monday to Friday to be specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating to minimum installs of the specified for monthly/quarequirement relating   | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily Weekly frequency. In cas alment size for monthly f ot mentioned it will be De  MANDATI  F o r C Code   | Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Up or on a date weekly Frequen Incase of any en one of the frequency is fulficember 2099.  | ly hily erly ly hily erly hich is not available u discrepancy "W Trequencies have illed. Further, inc  | ble in a particula nder all existing (ednesday" sha e been selecte case of any disc  | From To From To From To From To From To CS/ [  | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount lalf Yearly early Top-Up Cap ount cessed on the Fund and Unic for Weekly Sill be treated as ered shall be 8                          | mmediate next Bus on Overnight Fund. Monthly/ Quarter the Default freque th of the specified r   | iness date/day.<br>Any day betwee<br>I Frequency: SI<br>ncy, provided th<br>nonth/ quarter.                           |
| k (v<br>REA                         | Union  Union  Union  Union  Whote: In case the chosen date/day fall before the control of the c   | Is on a Non-Business Da Jainon Flexi Cap Fund. W Daily/Weekly frequency. In cas alment size for monthly for the mentioned it will be De  MANDATI  For Code  Union Mutual Fund  | Daily Week Month Quart Streepen Stree | ly hily erly ly hily erly hily erly hily erly hily erly hily erly hily erly hilb hich is not available undiscrepancy "Wrequencies "Navilled. Further, inc  | ble in a particula nder all existing fednesday" sha e been selected as e of any disco  | From To From To From To From To From To CS/ [  | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early carly Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt cessed on the Fund and Unit for Weekly SII be treated as ered shall be 8                           | mmediate next Bus on Overnight Fund. P. Monthly/ Quarter the Default freque th of the specified r  | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.                                      |
| k (v<br>REA<br>ODDI<br>h Ba         | Scheme/ Plan/ Option  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for Umonday to Friday to be specified for Monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for Monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequirement relating to minimum instate in the specified for monthly quarequ  | Is on a Non-Business Da Jnion Flexi Cap Fund. W Daily/Weekly frequency. In cas allment size for monthly for the mentioned it will be De  MANDATI  F o r C  Code  Union Mutual Fund  ne of Customer's Ban   | Treque  Daily Week Montr Quart Daily Week Montr Quart Daily Week Montr Quart Up or on a date weekly Frequency is fulf requency is fulf accember 2099.  | ly hily erly ly hily erly ly hily erly ly hilbrich is not available u discrepancy have discrepancy has a consideration have discrepancy have discrepancy have d | ble in a particula nder all existing (ednesday" sha e been selecte case of any discrete selecters of any discrete selecter | From To From To From To From To From To To From To Uniformed the Control of the C | olment Perio (MM/YY)  M M Y  M | ds Fri   | equency lalf Yearly early Top-Up Cap bunt cessed on the Fund and Unit for Weekly SII be treated as ered shall be 8                                 | mmediate next Bus on Overnight Fund. P Monthly/ Quarter the Default freque th of the specified r   | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other               |
| k (VREA                             | Scheme/ Plan/ Option  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for Umonday to Friday to be specified for Monday to Friday to be specified for monthly/quarequirement relating to minimum installs (\$If Default Enrolment End Period is not provided for the control of the control | SIP Amour  MANDATI  MANDATI  SIP O r C  Code  Union Mutual Fund  The of Customer's Ban  SIP Amour  MANDATI  SIP O r C  Code  Union Mutual Fund  The of Customer's Ban  SIP Amour  MANDATI  SIP O R  SIP Amour  MANDATI  SIP O R  SIP Amour  MANDATI  MANDATI  SIP O R  SIP OR  MANDATI  SIP O R  SIP OR  MANDATI  SIP OR  SIP OR  SIP OR  MANDATI  MANDATI  SIP OR  SIP OR  MANDATI  MANDAT | Treque  Daily Week Montr Quart Daily Week Montr Quart Daily Week Montr Quart Up or on a date weekly Frequency is fulf requency is fulf accember 2099.  | ly hily erly ly hily erly ly hily erly ly hilbrich is not available u discrepancy have discrepancy has a consideration have discrepancy have discrepancy have d | ble in a particula nder all existing (ednesday" sha e been selecter asse of any discrete sase of any discrete sase when prese  | From To From To From To From To From To Utility C  | olment Perio (MM/YY)  M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M Y  M M M M   | ds Fri   | equency lalf Yearly early carly Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt lalf Yearly early Top-Up Cap bunt cessed on the Fund and Unit for Weekly SII be treated as ered shall be 8                           | mmediate next Bus on Overnight Fund. P. Monthly/ Quarter the Default freque th of the specified r  | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other               |
| k (VREANCE)                         | Union  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for Union be specified for Date to be specified for monthly/quarequirement relating to minimum installs of the specified for Date to be specified for Monday to be specified for Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to minimum installs of Date to be specified for monthly/quarequirement relating to be specified for monthly/quarequirement relating to be specified for monthly/quareq  | SIP Amour  SIP Amour  Is on a Non-Business Da  Jinion Flexi Cap Fund. W  Daily Weekly frequency. In cas  Ilmentisze for monthly f  to mentioned it will be De  MANDATI  For Code  Union Mutual Fund  The of Customer's Ban  Onthly X Quarterly X  Folio No.  | Treque  Daily Week Montr Quart Daily Week Montr Quart Daily Week Montr Quart Up or on a date weekly Frequency is fulf requency is fulf accember 2099.  | ly hily erly ly hily erly ly hily erly ly hilbrich is not available u discrepancy have discrepancy has a consideration have discrepancy have discrepancy have d | ble in a particular notation of the second o | From To From To From To From To From To Utility C  | olment Perio (MM/YY)  M M Y  M | ds Fri   | equency lalf Yearly early Top-Up Cap bunt cessed on the Fund and Unit for Weekly SII be treated as ered shall be 8                                 | mmediate next Bus on Overnight Fund. P Monthly/ Quarter the Default freque th of the specified r   | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other               |
| k (v<br>REA<br>DDIII<br>h Ba<br>amo | Union  Union  Union  Union  Whote: In case the chosen date/day fall Daily Frequency is available only for Union be specified for Date to be specified for monthly/quarequirement relating to minimum install for the properties of    | SIP Amour  SIP Amour  Is on a Non-Business Da  Jaion Flexi Cap Fund. W  Daily Weekly frequency  Irterly frequency. In cas  Ilment size for monthly f  to r cas  MANDATI  For Code  Union Mutual Fund  The of Customer's Ban  Inthly & Quarterly &  Folio No.  Dilication No.   | Treque Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Syor on a date w Weekly Frequen Incase of any e none of the frequency is full facember 2099.  | Ily serly  | ble in a particular notation of the control of the  | From To From To From To From To From To To From To From To To From To To To Trenonth scheme To Trenonth sche | olment Perio (MM/YY)  M M Y  M M M Y  M M M M  | ds Fr.   | equency laif Yearly early early early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early cessed on the Fund and Unic for Weekly Sil be treated as ered shall be 8                                     | mmediate next Bus on Overnight Fund.  2 Monthly/ Quarter the Default freque th of the specified r  | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other  ures  Amount |
| ANC ANC EQL feren                   | Scheme/ Plan/ Option  Union  Union  Whote: In case the chosen date/day fall pair of the control   | SIP Amour  SIP Amour  Is on a Non-Business Da  Jaion Flexi Cap Fund. W  Daily Weekly frequency  Irterly frequency. In cas  Ilment size for monthly f  to r cas  MANDATI  For Code  Union Mutual Fund  The of Customer's Ban  Inthly & Quarterly &  Folio No.  Dilication No.   | Treque Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Syor on a date w Weekly Frequen Incase of any e none of the frequency is full facember 2099.  | Ily serly  | ble in a particular notation of the control of the  | From To From To From To From To From To To From To From To To From To To To Trenonth scheme To Trenonth sche | olment Perio (MM/YY)  M M Y  M M M Y  M M M M  | ds Fr.   | equency laif Yearly early early early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early cessed on the Fund and Unic for Weekly Sil be treated as ered shall be 8                                     | mmediate next Bus on Overnight Fund.  2 Monthly/ Quarter the Default freque th of the specified r  | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other  ures  Amount |
| ANC<br>h Ba<br>amo                  | Union  Union  Union  Union  Whote: In case the chosen date/day fall being fall for monthly for the properties of the pr   | SIP Amour  SIP Amour  Is on a Non-Business Da  Jaion Flexi Cap Fund. No  Daily/Weekly frequency. In cas  Ilment size for monthly fi  to mentioned it will be De  MANDATI  For Code  Union Mutual Fund  The of Customer's Ban  Onthly X Quarterly X  Folio No.  Dication No.  date processing charge  | Treque Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Daily Week Month Quart Syor on a date w Weekly Frequen Incase of any e none of the frequency is full facember 2099.  | Ily hily erly ly hily erly hily erly hily erly hily erly hily erly hily erly hilb hich is not available undiscrepancy "Averagencies" have requencies "Not available undiscrepancy "Averagencies" have requencies available undiscrepancy "As available undiscrepancy "Available und | ble in a particular nder all existing lednesday" sha e been selecter asse of any discrete when the selection is a selecter asset of any discrete when the selecter as the sele | From To From To From To From To To From To   | olment Perio (MM/YY)  M M Y  M M M Y  M M M M  | ds Fr. Fr. Pr. SIP Amount of the supervision of the | equency laif Yearly early early early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early Top-Up Cap ount laif Yearly early cessed on the Fund and Unic for Weekly Sil be treated as ered shall be 8                                     | mmediate next Bus on Overnight Fund.  Monthly Quarter the Default freque th of the specified record of | iness date/day. Any day betwee ly Frequency: SI ncy, provided th nonth/ quarter.  Y Y Y Y  SB-NRO/Other  ures  Amount |

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.

|     | 01/07=114=10  |  |                                 | (1014/011) 0.1114  | <b>8</b> 1 ( <b>D</b> ( <b>0</b>     |                           |                                    | \ . FD1                | T 1 ( a)                         |                             |                       |                              |                            |                       |                      |                          |                           |
|-----|---|--|---------------------------------|--|--------------------------------------|---------------------------|------------------------------------|------------------------|----------------------------------|-----------------------------|-----------------------|------------------------------|----------------------------|-----------------------|----------------------|--------------------------|---------------------------|
| 12. |   |  |                                 | ("SWP") DETAIL   | .S* (Refer Se                        | ection 'Q'                | of instructio                      | ns) [Ple               | ease Tick (🗸)                    | )]                          |                       |                              |                            |                       |                      |                          |                           |
|     | Scheme  | <u> Л И I О</u>  | N                               |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Plan O E  | Direct Plan  |                                 | <ul> <li>Regular</li> </ul>  | Plan/ Other                          | than Dir                  | ect Plan                           |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Option O  | Growth   | <ul><li>Payou</li></ul>         | ut of IDCW   | <ul><li>Transfer</li></ul>           | of IDCW                   | ○ Reinv                            | vestmer                | nt of IDCW                       | (IDC                        | CW - Inc              | come D                       | Distributio                | on cum                | Capital              | Widra                    | val)                      |
|     | Withdrawal Am   | ount in ₹ (Fi  | gures)                          |  |                                      | W                         | ithdrawal An                       | nount ir               | n ₹ (words)                      |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Withdrawal Fre  | quency   | ) Daily                         | ○ Mo   | nthly (Defau                         | lt)                       | ○ Q                                | uarterly               | '                                | ○ Half                      | yearly                |                              | 0                          | Yearly                | ,                    |                          |                           |
|     | Withdrawal Per  | iod  | From                            | D M M Y  | YYY                                  | То                        | D D M                              | MY                     | YYY                              | OR                          | 0                     | Till Fu                      | urther In:                 | structio              | n <sup>#</sup> (Defa | ault)                    |                           |
|     | SWP Date <sup>\$</sup>  | D  | D \$If c                        | day or date chose  | en for SWP f                         | alls on a                 | Non-Busine                         | ess Day                | , the SWP wi                     | II be proc                  | cessed                | on the                       | immedia                    | ate nex               | Busine               | ss Day                   |                           |
|     | # If the SWP end  | d date is not  | selected by                     | the investor, the  | n the SWP w                          | ill contin                | ue till further                    | instruc                | tions are rec                    | eived fror                  | m the in              | vestor                       | or till all                | units ar              | e liquid             | ated or                  | withdrawn                 |
|     | from the accoun   | nt or pledged  | l or upon the                   | e notification of d  | eath of the Ui                       | nit holder                | r is received b                    | by the A               | MC.                              |                             |                       |                              |                            |                       |                      |                          |                           |
|     | PAYMENT OF  | SWP PROC   | EEDS                            |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   |  |                                 | vill be credited to  |                                      |                           |                                    | red in th              | ne Folio. If yo                  | u wish to                   | receive               | e the re                     | demptio                    | on proc               | eeds int             | o any c                  | ther bank                 |
|     | account registe   | red in the Fo  | lio, please                     | mention the Banl   | k Account No                         | o. and Na                 | me below:                          |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Account No.   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Bank Name & I   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | (If the above me  | entioned bank  | к details do                    | not match with th  | ne registered                        | bank acc                  | count in your                      | Folio, p               | roceeds will l                   | be credite                  | ed to the             | e defaul                     | t bank a                   | ccount                | registere            | ed in the                | Folio.)                   |
|     |   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
| 13. | NOMINATION  | DETAILS*   | [Please tici                    | k (✓)] (Refer Sec  | tion 'H' of ins                      | structions                | s) This section                    | on is ap               | oplicable only                   | y to new                    | investo               | rs. Exis                     | sting inve                 | estors r              | need to              | fill stand               | dalone                    |
|     | Nomination / C  | Cancellation /   | Opt-out Fo                      | orm for any chan   | ges or modif                         | ication ir                | the existing                       | g details              | s registered i                   | in your Fo                  | olio with             | n the Al                     | MC.                        |                       |                      |                          |                           |
|     | ○ I/We wish to  | nominate   | I/We hereby                     | nominate the und   | er mentioned                         | Nominee                   | e(s) to receive                    | the am                 | ounts to my /                    | our credit                  | in the e              | vent of r                    | ny / our o                 | death. I/             | We also              | underst                  | and that all              |
|     |   |  |                                 | nd settlements mad   |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Name and Add<br>Nominee   | iress of   | PAN                             | of Nominee   | Relation                             | iship                     | % of Allocation                    | Da                     | te of Birth                      | Name                        | e and A               | ddress                       | of Guai                    | rdian                 | Signa<br>Guar        | ture of dian of          | Nominee/<br>Nominee       |
|     |   |  |                                 |  |                                      |                           |                                    | (to                    | be furnishe                      | d in case                   | the No                | minee                        | is a min                   | or)                   |                      | (Option                  | nal)                      |
|     | Nemin   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Nomir   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Nomir   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   |  | +                               |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       | _                    |                          |                           |
|     | Nomir   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   | U/We do not wish to nominate I/We hereby confirm that I/We do not wish to appoint any nominee(s) is 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 |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | to nominate   | in the   | e folio, my /                   | our legal heir(s) w  | ould need to                         | submit all                | the requisite                      | docum                  | ents issued by                   | Court or                    | such ot               | her com                      | npetent a                  | authority,            | as may               | be requ                  | ired by the               |
|     |   | Mutu   | ual Fund / AN                   | AC for settlement of   | f death claim /                      | transmiss                 | sion of units in                   | n favour o             | of the legal hei                 | r(s), based                 | d on the              | value of                     | units hel                  | d in the r            | nutual fu            | ınd folio/               | s.                        |
| 14. | DECLARATIO  | N & SIGNAT   | TURES* (F                       | Refer Section 'K'  | of instruction                       | ıs)                       |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | 1 I/Wahaya  | read undereto  | od and harah                    | ov agree to comply v   | with the terms a                     | nd conditi                | ons (T & C) oft                    | the sche               | me related doc                   | uments th                   | eT&Ca                 | and polic                    | ies on the                 | AMC'sı                | vehsite :            | and here                 | by apply for              |
|     | Units of the  | aforemention   | ed Scheme(s                     | s). I/ We have neithe<br>gitimate sources on<br>disclosed to me/us   | er received nor                      | been indu                 | iced by any re                     | bate or c              | gifts, directly or               | indirectly in               | n making              | g this inv                   | estment.                   | I/ We her             | reby decl            | are that                 | the amount                |
|     | applicable  | laws. The ARN  | I holder has c                  | disclosed to me/us   | all the commis                       | sions (in th              | ne form of trail                   | commis                 | sion or any oth                  | ner mode),                  | payable               | to him fo                    | or the diff                | erent co              | mpeting              | Scheme                   | s 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 Privat (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, 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.  2. 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 responsition 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 applic |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       | ate Limited<br>, I / we have |                            |                       |                      |                          |                           |
|     |   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       | l.                           | cible for the              |                       |                      |                          |                           |
|     | information   | submitted. I/V   | Ne am/are no                    | ot prohibited from a   | ccessing capit                       | al markets                | under any or                       | der/rulin              | g/judgment etc                   | c., of any re               | egulation             | i, includii                  | ng SEBI.                   | I/We cor              | nfirm that           | my appl                  | ication is in             |
|     | compliance<br>promptly ir   | e with applicat<br>nformed in writ   | ile Indian and<br>ling about an | d foreign laws. I/ we<br>ny changes/ modific<br>as regulators/ tax au  | also confirm to the a                | nat i nave<br>above info  | read and unde<br>ormation in fut   | erstood t<br>ure and   | ine FATCA & C<br>also undertake  | e to provide                | and here<br>e any ot  | by acce<br>her addi          | pt the sar<br>itional info | ne. I/ We<br>ormation | also und<br>as may   | be requi                 | o keep you<br>ired by any |
|     | intermedia<br>AMC, Trust  | ry or by domes<br>ee. their emplo  | stic or oversea<br>ovees. RTAs. | as regulators/ tax au authorized agents.   | uthorities. I/ We<br>third partv sen | e hereby a<br>vice provic | uthorize the Fu<br>ders. mv/ our d | und/ the<br>listributo | AMC/ the RTA<br>r(s). SEBI reais | to share ar<br>stered Inter | ny inforn<br>mediarie | nation pr<br>es or anv       | rovided by<br>Indian of    | y me/ us<br>r foreian | to the Fu            | ınd, its Sı<br>ıental or | ponsor, the statutory or  |
|     | judicial or t   | ax/ revenue au   | ithorities/age                  | authorized agents,<br>encies and other inv<br>dvising me/us of the   | estigation age                       | ncies in o                | r outside India                    | , and/or               | to withhold an                   | d pay out a                 | any sum               | s from m                     | ny/ our ac                 | count(s)              | or close             | or suspe                 | end my/our                |
|     | Applicable to S   | P Investment   | s only: I/We I                  | hereby express my,   | our willingnes                       | s to make                 | payments tov                       | vards SIF              | instalments a                    | s mentione                  | ed under              | the SIP.                     | Auto deb                   | it form. If           | the trans            | action is                | delayed or                |
|     | not effected for re<br>get the mandate  | easons of inco<br>herein verified.   | mplete/ incor<br>. Mandate ver  | rrect information, I/w<br>rification charges, if a   | ve would not ho<br>anv. mav be ch    | old the use<br>araed to m | er institution an<br>nv/our accoun | nd its affili<br>nt.   | iates responsib                  | ole. Further,               | ; I/ we au            | thorize th                   | ne repres                  | entative              | (the bear            | er of this               | request) to               |
|     | Applicable to M   | icro Investme  | ents only: I/We                 | e do not have any ex   | kisting Micro inv                    | vestments                 | which togethe                      | er with the            |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | 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: Incase 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.   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   | ragericy.  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Name &<br>Signature of  |  | S                               | Signature  |                                      | Sign                      |                                    |                        | ıre                              |                             |                       |                              |                            | Signat                | .ure                 |                          |                           |
|     | Unitholder(s)   | Sole/First A   | Applicant/Gua                   | rdian/POA/Authorize  | d Signatory                          | Second                    | l Applicant/Gu                     | ardian/P               | OA/Authorized                    | l Signatory                 | , T                   | nird App                     | licant/Gu                  | ardian/P              | OA/Auth              | orized Si                | gnatory                   |
|     | . ,   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     |   |  |                                 |  |                                      |                           |                                    |                        |                                  |                             |                       |                              |                            |                       |                      |                          |                           |
|     | Terms and Conditi   | one for Manda  |                                 | on for Auto Dobit:   |                                      |                           |                                    | C.                     | Bank Accoun                      | t Number (                  | Invoctor's            |                              | coount nu                  | mbor)                 |                      |                          |                           |
|     |   |  |                                 | Clearing House) / I  | ECS / Direct D                       | ebit is offe              | ered to                            | d.                     | Name of Dest                     |                             |                       |                              |                            | ilbei)                |                      |                          |                           |
|     | investors hav<br>located currer   |  | ounts in selec                  | cted bank / cities w   | here they hav                        | e an acco                 | ount or                            | e.                     | IFSC/MICR of                     | code                        | ·                     |                              | ,                          |                       |                      |                          |                           |
|     | ii. The list of such  | n banks may be   | e modified/ up                  | odated at any time in  | future entirely a                    | t the discre              | etion of                           | f.                     | Mention Maxi<br>than or equal    | imum Amoi<br>to the Maxi    | unt such<br>imum Am   | that the t                   | otal of all                | SIP instal            | ments in             | a day sho                | ould be less              |
|     | Union Mutual I  | -und without as  | ssigning any re                 | easons or prior notice   | e.                                   |                           |                                    | g.                     | Reference 1:                     |                             |                       |                              |                            |                       |                      |                          |                           |
|     | iii. The investor a   | grees to abide<br>India (NPCI). T  | by the terms a                  | ssumes the entire ris  | sk of using the                      | Auto Debit                | rinents<br>Facility                | h.                     | Reference 2:                     |                             | plication             | No.                          |                            |                       |                      |                          |                           |
|     | and takes full<br>and other ser   | vice providers   | r tne same. In<br>responsible   | and conditions of NA<br>ssumes the entire ris<br>nvestor will not hold I<br>if the transaction is<br>e or after the specific | union Mutual F<br>delayed or no      | una, its rec              | JISTRATS<br>or the                 | i.                     | Phone No. (O                     |                             |                       |                              |                            |                       |                      |                          |                           |
|     | cycles of NAC   | account is debi<br>H Debit/Auto De   | ebit/ECS.                       | e or alter the specific  | SIF date due to                      | o various c               | ıearırıg                           | j.<br>k.               | Email ID (Opt<br>Period: Start   | date and E                  | End Date              | of NACH                      | H registrat                | tion (in fc           | rmat DD/             | /MM/YYY                  | Y) or select              |
|     | iv. Union Mutual the bank for ar  | Fund reserves t  | the right to rev                | verse allotments in c  | ase the Auto de                      | ebit is rejec             | cted by                            |                        | 'Until cancelle                  | ed'.                        |                       |                              | . 5.5                      | . ,                   | 201                  | .,                       | ,                         |
|     | v. By submitting  | the Auto Debit   | mandate the                     | investor authorizes  | Union Mutual F                       | und to util               | ize the                            | l.<br>m.               | Signature as p                   |                             |                       |                              | ne as ner l                | bank rec              | ords                 |                          |                           |
|     | information pri<br>including crea   | ovided herein<br>tion of a folio.  | ior the purpo                   | ose of investor's in   | vestments in t                       | ne Mutual                 | rund,<br>SIP Sr                    |                        | Frequency, Min                   |                             |                       |                              |                            |                       |                      |                          |                           |

- 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. vii.
- 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. viii.
- 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

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

<sup>\*</sup> Available only under Union Flexi Cap Fund

<sup>&</sup>lt;sup>®</sup>Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

<sup>&</sup>quot;Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.