


# 4 Solutions for a lifetime

UTI Asset Management Co. Ltd.

## UTI - Childrens Career Balanced Plan

(An open-ended scheme)

This product is suitable for investors who are seeking\*:

- Long term capital appreciation
- Investment in equity instruments (maximum-40%) and debt instruments
- Medium risk  (Yellow)




children's education

## UTI - CCP Advantage Fund

(An open-ended scheme)


This product is suitable for investors who are seeking\*:

- Long term capital appreciation
- Investment in equity instruments (above 70%) and debt instruments
- High risk  (Brown)

## UTI - Equity Tax Savings Plan

(An open-ended ELSS with a lock-in period of 3 years)

This product is suitable for investors who are seeking\*:

- Long term capital growth
- Investment in equity instruments of companies that are believed to have growth potential
- High risk  (Brown)




wealth creation

## UTI - Unit Linked Insurance Plan

(An open-ended tax saving cum insurance scheme)

This product is suitable for investors who are seeking\*:

- Long term capital appreciation
- Investment in equity instruments (maximum-40%) and debt instruments
- Medium risk  (Yellow)




insurance plus investment

## UTI - Retirement Benefit Pension Fund

(An open-ended notified tax saving -cum- pension scheme)

This product is suitable for investors who are seeking\*:

- Long term capital appreciation
- Investment in equity instruments (maximum-40%) and debt/ money market instruments
- Medium risk  (Yellow)



retirement planning

\* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Note: Risk may be represented as:

**(BLUE)**

Investors understand that their principal will be at low risk

**(YELLOW)**

Investors understand that their principal will be at medium risk

**(BROWN)**

Investors understand that their principal will be at high risk

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

(OCBs & US PERSONS INCLUDING QUALIFIED FOREIGN INVESTORS REGISTERED IN USA AND CANADA AND RESIDENTS OF CANADA ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr. No. 2014/

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY) PLEASE FILL IN ALL COLOUMS IN CAPITAL LETTERS ONLY AND USE SEPARATE FORM FOR EACH SCHEME [Fields Marked with (\*) must be Mandatorily filled in]

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

Upront Commission shall be paid directly by the investor to the AMFI/NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor.  
 @ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. ( ) Please tick and sign below when EUIN box is left blank (refer instruction 'v').

Signature of 1st Applicant / Donor (for UTI CCP) / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

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

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR  I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above OR ₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

Existing Unit Holder information Scheme Name: Folio Number:

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

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

F I R S T M I D D L E L A S T Date of Birth d d m m y y y y Mandatory for UTI-ULIP, UTI-RBP & for minors

# For UTI CCP, applicant can be other than Father / Mother / Guardian of the beneficiary child. However, Parent/Guardian details must be provided below separately.

First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot\* Street/Road/Area/Post City/Town\* State Pin\*

**OVERSEAS ADDRESS** (overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State Country\* City\* Zip/Pin\*

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

F I R S T M I D D L E L A S T Date of Birth of Beneficiary Child d d m m y y y y

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

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

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

State Country\* City\* Pin\*

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT FOR NRIs**

Applicant's address as mentioned above |  At my Overseas address as mentioned above /  to be despatched to my resident relative's address in India as given above

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

Enclosed copy of  PAN Card  KYC Compliance Proof\* AADHAR Card No. \*PAN No. OF HUF/SPOUSE Enclosed copy of  PAN Card  KYC Compliance Proof\*

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

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

F I R S T M I D D L E L A S T Date of Birth of 2nd Applicant d d m m y y y y Date of Birth of Alternate Child d d m m y y y y

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

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

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

City\* State Pin\* Country\*

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

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

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

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

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

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

\*PAN OF 3RD APPLICANT Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Relationship with the applicant (optional) Email Mobile

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

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

National Securities Depository Limited	Depository Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Services (India) Limited	Depository Name _____ Target ID No. _____
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Enclosures :  Client Master List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

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

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

**INVESTMENT AND PAYMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (refer instruction 'j' & 'x') for UTI-ULIP fill next page**

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

Scheme / Plan	Option (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)	Cheque / DD# No. & Date	Bank & Branch
<input type="checkbox"/> UTI-RBP						
<input type="checkbox"/> UTI-ETSP	<input type="checkbox"/> Growth #					
	<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Dividend Reinvestment					
<input type="checkbox"/> UTI-Children's Career Balanced Plan #	<input type="checkbox"/> Growth					
	<input type="checkbox"/> Scholarship #					
<input type="checkbox"/> UTI-CCP Advantage Fund	<input type="checkbox"/> Growth#					
	<input type="checkbox"/> Dividend					
	<input type="checkbox"/> Scholarship					
<input type="checkbox"/> UTI-ULIP Investment Details must be furnished separately in the subsequent page. Payment details must be furnished below.						

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

UTI-Children's Career Balanced Plan					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16
(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)					
UTI-CCP Advantage Fund					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16
(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)					

#Cheque/DD/\*NEFT/\*RTGS Ref.No. / \_\_\_\_\_  Cash Account type  Savings  Current  NRE  
Unique Serial No. (For Cash) \_\_\_\_\_  
Account No. \_\_\_\_\_ (please ✓)  NRO  DD issued from abroad

**Bank & Branch (For UTI-ULIP)** \_\_\_\_\_

Please tick if the above payment is made from your Spouse / HUF Bank Account. In case of Spouse, please tick  Husband  Wife  
# Please mention the Application No. on the reverse of the Cheque/DD, NEFT/RTGS advice. Please use separate Cheque/DD for each Scheme. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only". \* Investment amount shall be Rs. 2 lacs and above in case of payments through RTGS.

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Applicable only under UTI-ETSP) (Refer instruction 'q')**

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

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.  
\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.  
In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				
4				
5				
6				

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

**GENERAL INFORMATION - Please (✓) wherever applicable**

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

**## OCBs & US persons including Qualified Foreign Investors registered in USA and Canada and residents of Canada are not allowed to invest in units of any of the schemes of UTI MF.**  
**^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).**

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

**MODE OF HOLDING**  Single  Anyone or Survivor  Joint (not applicable to UTI-ULIP)

**MARITAL STATUS**  Unmarried  Married  Wedding Anniversary (DD) (MM) (YYYY)

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

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**  
 Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) (DD) (MM) (YYYY)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (For definition of PEP, please refer instruction 'w').  
 (C) **Any other information:** \_\_\_\_\_

**2<sup>nd</sup> Applicant:** (A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**  
 Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) (DD) (MM) (YYYY)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> Applicant:** (A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**  
 Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) (DD) (MM) (YYYY)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (C) **Any other information:** \_\_\_\_\_

**FOR NON-INDIVIDUALS ONLY**

(A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**  
 Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) (DD) (MM) (YYYY)

(B) **Is the entity involved in / providing any or the following services**  
 - Foreign Exchange / Money Changer Services  YES  NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  YES  NO  
 - Money Lending / Pawning  YES  NO

(C) **Any other information:** \_\_\_\_\_

**FOR NRIS ONLY UNDER UTI-CCP**

I am a Non-Resident Applicant  I am a Resident Applicant  I am an Indian National of: \_\_\_\_\_ and of Indian Origin  
 (Name of the Country) \_\_\_\_\_  
 Beneficiary Child  Beneficiary Child  and of Indian Origin  
 (Name of the Country) \_\_\_\_\_  
 Alternate Child  Alternate Child  and of Indian Origin  
 (Name of the Country) \_\_\_\_\_

**UTI-ULIP INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Plan / Type of Insurance Cover given below) (refer instruction 'j' & 'x')**

Target Amount (₹) \_\_\_\_\_ Mode of contribution  Yrly  Half Yrly  SIP / Micro SIP Age in Yrs \_\_\_\_\_ Sex  Male  Female

Investor opting for Systematic Investment Plan (SIP) / Micro SIP should fill in the separate form for the same.  
 Number of contributions now paid (initial + renewal) = \_\_\_\_\_ (not applicable for SIP / Micro SIP)

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term # _____ <input type="checkbox"/> Fixed Term _____			
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term # _____ <input type="checkbox"/> Fixed Term _____			


I have regular and independent income  YES  NO  
 I am a  resident  non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.

<sup>55</sup> In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company.  
 I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds ₹ 15,00,000/- . I realise that in the event of its exceeding ₹ 15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to ₹ 15,00,000/- (₹ 5,00,000/- for females without regular income).  
 I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.  
<sup>55</sup> Please strike off if the same is not acceptable.

**Particulars of health:**  
 (A) Am I in sound health:  YES  NO  
 (B) Have I ever suffered from any of the following:  
 Tuberculosis  Cancer  Paralysis  YES If yes, please tick from the following  
 Kidney disease  Any disease of brain  Diabetes  Insanity  Any disease of the heart and lungs  
 Do I have any physical deformity or handicap:  NO  YES  Hypertension  Any other serious disease  
 (ii) the extent of deformity \_\_\_\_\_ (iii) the present condition \_\_\_\_\_ (iv) whether gainfully employed  YES  NO

(D) **Declaration of health:** I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  
 (UTI-ETSP, UTI-ULIP and UTI-RBP are eligible for deduction under Section 80C of the Income-Tax Act, 1961)

 **Sr. No. 2014/**

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

**Notes :**  
 1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.  
 2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.  
 3. **Please ensure that all KYC Compliance Proof/PAN details are given, failing which your application will be rejected.**  
 4. All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, etc. may please be addressed to the Registrar.

**M/s. Karvy Computershare Private Limited,**  
 Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081. Tel.: 040-23312454; Fax: 040-23115503  
 Email: uti@karvy.com

Stamp of UTI AMC Office /  
 Authorised Collection Centre

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

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

\_\_\_\_\_  
 (Signature of witness identifying the applicant)  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Name of witness (in block letters) \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of the authorised person)  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Name of authorised person (in block letters) \_\_\_\_\_  
 Status: (UTI AMC Agent, Magistrate, Bank Manager etc.) \_\_\_\_\_  
 Code No. (If UTI AMC Agent): \_\_\_\_\_  
 Office Seal (if others): \_\_\_\_\_  
 Address: \_\_\_\_\_

^UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

**DETAILS UNDER FATCA/FOREIGN TAX LAWS (Refer Instruction 'y')**

(Information to be provided for all Individual Applicants in the same sequence of names as given in the Application Form. For Non-Individuals, please use separate prescribed form along with Annexures specified therein)

Are you a tax resident of any country other than India?  
 If no, please tick here  (First Applicant)  (Second Applicant)  (Third Applicant)

If yes, please indicate all the countries in which you are resident for tax purposes and the associated Tax Reference Number(s) below:-

Category	First Applicant (including Minor)	Second Applicant/Guardian	Third Applicant
Country of Birth			
Country of Citizenship			
# Country of Tax Residency 1			
Tax Reference No.1			
# Country of Tax Residency 2			
Tax Reference No.2			
# Country of Tax Residency 3			
Tax Reference No.3			

# to include USA, where investor is a citizen / greencard holder of USA

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

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth   d   d   m   m   y   y   y   y	Address of guardian
(in case of nominee is a minor)	
Address	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

I/We do not wish to nominate

\_\_\_\_\_  
 Signature of 1st Applicant / Guardian      Signature of 2nd Applicant      Signature of 3rd Applicant

**DECLARATION AND SIGNATURE OF APPLICANT/S**

• I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, addenda issued till date and apply to the trustee of UTI Mutual fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. • I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. I/We agree that in case of scholarship option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child. • The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual funds from amongst which the scheme is being recommended to me/us. • I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual fund. (Applicable to NRIs.) • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (strike out if this declaration is not applicable).

\* Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID. (If you wish to receive in physical form please tick )

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

\_\_\_\_\_  
 Signature of 1st Applicant / Donor (for UTI CCP) / Guardian®  
 Name of 1st Authorised Signatory

\_\_\_\_\_  
 Signature of 2nd Applicant  
 Name of 2nd Authorised Signatory

\_\_\_\_\_  
 Signature of 3rd Applicant  
 Name of 3rd Authorised Signatory

Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_

@Signature of Guardian (if different from Donor) (for UTI CCP) \_\_\_\_\_

@ For UTI CCP-Growth option, both Guardian & Donor (if different from Guardian) must sign.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM**      • Subject to realisation

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



# GENERAL INSTRUCTIONS FOR FILLING THE FORM

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

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

- (a) Please read the terms of the Key Information Memorandum, Scheme Information Documents and Statement of Additional Information carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form. Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.
- (b) Before submission of application form at UTI Financial Centres and other authorised collection centres investors may please ensure that the form has been filled in completely and signed by all the applicants properly as incomplete application is liable to be rejected.
- (c) NRI applicants should preferably submit the application at NRI Branch, Mumbai, Dubai Representative Office or any Financial Centre of UTI AMC along with NR(E) / NR(O) cheque or a rupee draft payable at the place where the application is submitted.
- (d) **Please write the application serial / ULIP Membership number on the reverse of the cheque / draft.**
- (e) Please fill in the names of the applicant(s) / beneficiary / alternate child (if any) / institution / parent or lawful guardian / minor / alternate applicant / nominee etc. at the appropriate places in the application form. PIN code no. must be given with address to avoid delay / loss in transit.
- (f) Attach any one of the documents as proof of date of birth and relationship with minor viz., birth certificate, School leaving certificate/mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., Passport of the minor or any other suitable proof evidencing the date of birth and relationship with the minor.
- (g) It is mandatory for an applicant to furnish full and correct particulars of bank account such as nature and number of the account, name and address of the bank, name of the branch, MICR code of the branch (where applicable) etc. at the appropriate place in the application form. Application without such bank particulars is liable to be rejected. If the credit of dividend distribution is delayed or not effected at all for reason of incomplete or incorrect information furnished by the applicant, UTI AMC cannot be held responsible.
- (h) If you have invested through a distributor, kindly specify the Name and ARN Code of the distributor, else for Direct Investment, please mention "Direct" in the Column "Name & Broker Code/ARN". In case nothing is specified, then by default, the Broker Code will be treated as Direct and the application form will be treated as Direct Application.
- (i) **Transaction Charges**  
Pursuant to SEBI circular no. CIR/IMD/DF/13/2011 dated August 22, 2011, a transaction charge of ₹ 100/- for existing investors and ₹ 150/- in the case of first time investor in Mutual Funds, per subscription of ₹ 10,000/- and above, respectively, is to be paid to the distributors of UTI Mutual Fund products. However, there shall be no transaction charges on direct investment/s not made through the distributor/ financial advisor etc.  
There shall be no transaction charge on subscription below ₹ 10,000/-.  
In case of SIPs, the transaction charge shall be applicable only if the total commitment through SIPs amounts to ₹ 10,000/- and above. In such cases, the transaction charge shall be recovered in 3-4 instalments.  
The transaction charge, if any, shall be deducted by UTI AMC from the subscription amount and paid to the distributor and the balance shall be invested. Allocation of Units under the scheme will be Net of Transaction Charges. The Statement of Account (SoA) would also reflect the same.  
If the investor has not ticked in the Application form whether he/she is an existing/new investor, then by default, the investor will be treated as an existing investor and transaction charges of ₹ 100/- will be deducted for investments of ₹ 10,000/- and above and paid to distributor/financial advisor etc., whose information is provided by the investor in the Application form. However, where the investor has mentioned 'Direct Plan' against the scheme name, the Distributor code will be ignored and the Application will be processed under 'Direct Plan' in which case no transaction charges will be paid to the distributor.  
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.  
For details on opting in/out by distributors for charging transaction charges etc., refer to SAI/SID.
- (j) **Direct Plan**  
Direct Plan is for all category of eligible investors (whether existing or new Unitholders) who purchase/subscribe Units directly with the Fund and is not available for investors who route their investments through a Distributor.  
The Direct Plan will be a separate plan under the Fund/Scheme and shall have a lower expense ratio excluding distribution expenses, commission etc and will have a separate NAV. No commission shall be paid from Direct Plan. Portfolio of the scheme under the Existing Plan

and Direct Plan will be common.

However, for UTI-Unit Linked Insurance Plan (ULIP), only new commencement of membership on/or after 1st January, 2013 can be under the Direct Plan. All the Renewal Contributions (RC) in respect of Membership Accounts opened on/or before December 31, 2012 will continue to remain in the Existing Plan.

For further details refer to SAI.

- (k) **'Friend In Need'** details will be used by UTI MF only for ascertaining the present address of the unit holder (without disclosing investment details of the investor) if no response is received from the unit holder on sending communication in any form to his/her registered address or e-mail ID, if available, atleast for two occasions. For further details, please refer to SAI.
- (l) SEBI has made it mandatory for all applicants, irrespective of amount of investment, to furnish Income Tax PAN (PAN not applicable to Micro SIP). An application without PAN will be rejected. Investors are required to provide the photocopy (self attested by the investor) of the PAN card along with the application form. If the investment is in the name of minor the PAN of the minor or his father / mother / guardian whose particulars are provided in the application form is to be provided.

**Under UTI-CCP:**

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

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

**Investment & Payment Details**

- (m) **The cheque/draft accompanying an application should be made payable in favour of "The name of the scheme".**  
**In the case of 'Direct Plan', the cheque/draft shall be payable in favour of "The name of the scheme-Direct Plan".**
- (n) Outstation cheques are not accepted. In case the payment is made by demand draft, the draft commission will have to be borne by the applicants. However for investment made from areas where there are no UTI Financial Centres or authorised collection centres (where local cheques are accepted), UTI AMC may, if it so decides, bear draft charges to the extent of ₹ 250/- per application or the actual as is prescribed by banks, whichever is lower or such amount as may be decided by UTI AMC from time to time. The investors have to attach proof of the DD charges paid to a bank (i.e. acknowledgement issued by the bank where DD is purchased). The reimbursement/adjustment of DD charges is solely at the discretion of UTI AMC and in case if it is found that such charges are unreasonably higher than normal market rates, such charges may not be admissible. For further details, refer to SAI/SID of respective scheme.
- (o) UTI AMC/MF shall not accept application for subscription of units accompanied with Third Party Payment except in certain exceptional cases as may be permitted. For details please refer to SAI.

**Payment Modes**

- (p) **No money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan(SIP)/Micro SIP] and postal orders will be accepted.**  
However, **cash payment** to the extent of ₹ 50,000/- per investor, per Mutual Fund, per financial year through designated branches of Axis Bank will be accepted subject to the following procedure:-  
i. Investors who desire to invest upto ₹ 50,000/- per financial year shall contact any of our UTI UFCs and obtain a Form for Deposit of Cash and fill-up the same.  
ii. Investors shall then approach the designated branch of Axis Bank along with the duly filled-in Form for Deposit of Cash and deposit the cash.  
iii. Axis Bank will provide an Acknowledgement slip containing the details of Date & Time of deposit, Unique serial number, Scheme Name, Name of the Investor and Cash amount deposited. The Investors shall attach the Acknowledgement slip with the duly filled-in application form and submit them at the UFCs for time stamping.

For further details please refer to Addendum No. 03/2014-15 dated 4<sup>th</sup> June, 2014/SAI.

- (q) **Know Your Customer (KYC) Norms:**

Common Standard KYC through CDSL Ventures Ltd (CVL) is applicable for all categories of investors (guardian in case of UTI-CCP), and for any amount of investment. KYC done once with a SEBI registered intermediary will be valid with another intermediary.

Intermediaries shall carry out In-Person Verification (IPV) of their clients.

For further details related to KYC, please refer to SAI/SID of the respective scheme.

#### **PAN-Exemption for micro financial products**

Only individual Investors (including NRIs, Minors & Sole proprietary firms) who do not have a PAN, and who wish to invest upto ₹ 50000/- in a financial year under any Scheme including investments, if any, under SIPs shall be exempted from the requirement of PAN on submission of duly filled in purchase application forms, payment amount/instrument and KYC application form with other prescribed documents towards proof of identity as specified by SEBI. For all other categories of investors, this exemption is not applicable.

Please refer to the SAI for further details on KYC.

#### **Details of Beneficial Ownership**

In terms of SEBI Master Circular on AML/CFT dated December 31, 2010, 'Beneficial Owner' has been defined as a natural person/s who ultimately own, control or influence a client and / or persons on whose behalf a transaction is being conducted, which includes persons who exercise ultimate effective control over a legal person or arrangement.

Further, the Prevention of Money Laundering Rules, 2005 (PMLR 2005) read with Prevention of Money Laundering Act, 2002 also require that all the beneficial owner(s) shall identify themselves with the intermediary through whom his/her/their investments are made in the scheme.

#### **Applicability:**

It is applicable to all categories of investors **except** a) Individuals and b) a company listed on a stock exchange or is a majority owned subsidiary of such a company.

Above information shall be provided by the investors to UTI Asset Management Company Ltd (UTI AMC) / its Registrar, till the same is taken over by KYC Registering Authority (KRA).

Details of the identity of the beneficial owner/ all natural person(s) such as their Name(s), PAN number/Passport details, Address etc together with a self attested PAN Card copy is to be provided by the Investor to the Official Points of Acceptance (OPAs) of the UTI MF Schemes/aforesaid Registrar while submitting the Application Form. Such beneficial owners/natural persons include those who are acting alone or together, or through one or more juridical person and exercising control through ownership or who ultimately has a controlling ownership interest.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

For further details regarding manner of determination of beneficial ownership in doubtful cases (relating to investors other than Trust and Foreign investors), investments by Trust and Foreign Investors and for other details regarding disclosure of information regarding beneficial ownership etc., please refer to SAI/relevant Addendum.

#### **(r) Aadhar Card**

**In addition to KYC compliance proof / self attested PAN Card copy, the investors are advised to provide Aadhar Card No., if any.**

#### **(s) Consolidated Account Statement (CAS)**

The AMC will issue a Consolidated Account Statement (CAS) for each calendar month to the investor in whose folios transactions has taken place during that month and such statement will be issued on or before the 10th day of the succeeding month detailing all the transactions and holding at the end of month including transaction charges paid to the distributor, if any, across all schemes of all mutual funds.

Further, CAS as above, will also be issued every half yearly (September/ March), on or before the 10th day of succeeding month detailing holding at the end of the sixth month, across all schemes of all mutual funds, to all such investors in whose folios no transactions has taken place during that period.

The word "transaction" for the purposes of CAS would include purchase, redemption, switch, dividend payout, dividend reinvestment, Systematic Investment Plan (SIP), Systematic Withdrawal Plan (SWP), Systematic Transfer of Investment Plan (STRIP), bonus transactions and merger, if any.

However, Folios under Micropension arrangement shall be exempted from the issuance of CAS.

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

- (t) E-mail communication:** Unitholders who have opted to receive documents/communication by e-mail will be required to download and print the documents/communication after receiving the e-mail from UTI AMC. Should the unitholder experience any difficulty in accessing the electronically delivered documents/communication, the unitholder should advise the Registrars immediately to enable UTI AMC to send the same through alternate means. In case of non receipt of any such intimation of difficulty within 24 hours from receiving the e-mail, it will be regarded as receipt of email by the unitholder. It is deemed that the unitholder is aware of all the security risks including possible third party interception of the documents/communications and contents of the same becoming

known to third parties. SMS and Email on the registered address of the investor shall be sent confirming the number of unit allotted within 5 business days from the date of transaction.

#### **(u) Abridged Annual Report:**

The unitholders whose Email ID is registered with UTI Mutual Fund will receive Abridged Annual Report by email unless indicated by the investor otherwise to receive the physical copy. The scheme-wise Abridged Annual report will also be made available on the website of UTI Mutual Fund ([www.utimf.com](http://www.utimf.com)).

- (v) Note on EUIN:** Investors should mention the EUIN of the person who has advised the investor. If left blank, please sign the declaration provided in the application form. EUIN will assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the ARN holder /Sub broker.

#### **Applicability of EUIN :**

- Transactions to be included - Purchases, Switches, SIP/ STP / STP Triggers registration, Dividend Transfer Plan registration.
  - Transactions to be excluded – Auto SIP/ STP / SWP / STP Triggers Installments, Dividend Reinvestments, Bonus Units, Redemption, SWP Registration, Zero Balance Folio creation and Dividend Transfer Plan installments.
- (w) Politically Exposed Persons (PEP)** are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

#### **(x) Risk Mitigation process against Third Party Cheques**

Third party payments are not accepted in any of the schemes of UTI Mutual Fund subject to certain exceptions.

"Third Party Payments" means the payment made through instruments issued from an account other than that of the beneficiary investor mentioned in the application form. However, in case of payments from a joint bank account, the first named applicant/ investor has to be one of the joint holders of the bank account from which payment is made.

For further details on documents to be submitted under the process to identify third party payments, Exceptions for accepting such cheques etc, refer to SAI/relevant addenda.

#### **Bank Mandate registration as part of the New Folio creation**

In order to reduce frauds and operational risks relating to fraudulent encashment of redemption/dividend proceeds, Investors are required to submit any of the prescribed documents (along with original document for verification) in support of the bank mandate mentioned in the application form for subscription under a new folio, in case these details are not the same as the bank account from which the investment is made.

#### **(y) Details under FATCA / Foreign Tax Laws**

As per Tax regulations, Investors have to provide information about their tax residency to the UTI AMC Ltd. In certain circumstances (including when a valid self certification is not received from the investor), the UTI AMC may be obliged to share information on the investor(s)' Account with relevant tax authorities. Investors are advised to contact their tax advisor if they have any questions about their tax residency. Should there be any change in the information provided, Investors shall promptly i.e. within 30 days, advise the UTI AMC with full details of such changes.

If the Investor is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with his/her US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act, 2010.

#### **CHECK LIST**

##### **Please ensure that:**

- The Application Form is filled in Capital letters only.**
- Your name and address is given in full.
- Your preferred scheme, plan and option is selected.
- Your investment is not less than the minimum investment amount.
- Your application is completed and signed by all applicants.
- Cheques are drawn in favour of 'The name of the scheme' (in case of Direct Plan, "name of the scheme-Direct Plan") dated, signed and crossed 'Ac Payee only'.
- On the reverse of each cheque submitted, the Application Form number is written.
- PAN details of all holders are given failing which your application will be rejected (PAN not applicable to micro SIP).
- Copy of KYC acknowledgement for all holders provided by service provider is given, failing which your application will be rejected.
- Your bank account details are entered completely and correctly. This is mandatory. If this is not included, your application will be rejected.
- Only CTS-2010 complied cheques are submitted.