

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

| | | | | | |
|---|------|------|---|--|--|
| Bank Name | | | Branch | | |
| Address | | | MICR Code | | |
| | City | Pin* | (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 DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')
PLEASE USE SEPARATE FORM FOR EACH SCHEME**

| | | | | | |
|--|--|--|--|--|--|
| <input type="checkbox"/> UTI OVERNIGHT FUND <input type="radio"/> Growth <input type="radio"/> Daily IDCW (Reinvestment) <input type="radio"/> Periodic IDCW (Payout) <input type="radio"/> Periodic IDCW (Reinvestment) (Default-Growth Option) | | | | | |
| <input type="checkbox"/> UTI BANKING & PSU DEBT FUND <input type="checkbox"/> UTI CREDIT RISK FUND <input type="checkbox"/> UTI SHORT TERM INCOME FUND | | | | | |
| <input type="radio"/> Growth <input type="radio"/> Monthly IDCW (Payout) <input type="radio"/> Monthly IDCW (Reinvestment) <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) (Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. IDCW Sub Option) <input type="radio"/> Flexi IDCW (Payout) <input type="radio"/> Flexi IDCW (Reinvestment) | | | | | |
| <input type="checkbox"/> UTI CORPORATE BOND FUND <input type="checkbox"/> UTI BOND FUND <input type="checkbox"/> UTI DYNAMIC BOND FUND <input type="checkbox"/> UTI FLOATER FUND | | | | | |
| <input type="radio"/> Growth <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) <input type="radio"/> Flexi IDCW (Payout) <input type="radio"/> Flexi IDCW (Reinvestment) (Default-Growth Option) | | | | | |
| <input type="checkbox"/> UTI ULTRA SHORT TERM FUND <input type="checkbox"/> UTI LIQUID CASH PLAN <input type="checkbox"/> UTI MONEY MARKET FUND <input type="checkbox"/> UTI TREASURY ADVANTAGE FUND | | | | | |
| <input type="checkbox"/> UTI MEDIUM TERM FUND | | | | | |
| <input type="radio"/> Growth <input type="radio"/> Daily IDCW (Reinvestment) ^{&&&} <input type="radio"/> Weekly IDCW (Payout) ^{&&} <input type="radio"/> Weekly IDCW (Reinvestment) ^{&&&} <input type="radio"/> Fortnightly IDCW (Payout) ^{&&&} <input type="radio"/> Fortnightly IDCW (Reinvestment) ^{&&&} <input type="radio"/> Monthly IDCW (Payout) <input type="radio"/> Monthly IDCW (Reinvestment) <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) <input type="radio"/> Flexi IDCW (Payout) (Default-Growth Option under UTI USTF, UTI MMF & UTI MTF) (Default-Daily IDCW (Reinvestment) under UTI LCP & UTI TAF) | | | | | |

Please Note:

IDCW - Income distribution cum capital withdrawal option

^{&&} Weekly IDCW (Payout) Option **NOT** available under UTI Liquid Cash Plan, UTI Ultra Short Term Fund & UTI Medium Term Fund^{&&&} Daily IDCW (Reinvestment), Weekly IDCW (Reinvestment), Fortnightly IDCW (Payout), Fortnightly IDCW (Reinvestment) options are not available under UTI Medium Term Fund

For Income Distribution Policy relating to various Options / Sub Options, please refer to SID.

| | | | | |
|---|------------------------------|-------------------------------------|---|-------------------------|
| <input type="checkbox"/> UTI GILT FUND | <input type="radio"/> Growth | <input type="radio"/> IDCW (Payout) | <input type="radio"/> IDCW (Reinvestment) | (Default-Growth Option) |
|---|------------------------------|-------------------------------------|---|-------------------------|

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. (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 | | | | |

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

Unitholding Option ☐ Physical Mode ☐ Demat Mode

(If Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

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

| | | | |
|---|-----------------------|--|-----------------------|
| National Securities Depository Limited | Depository Name _____ | Central Depository Services (India) Limited | Depository Name _____ |
| DP ID No. | <input type="text"/> | Target ID No. | <input type="text"/> |
| Beneficiary Account No. | <input type="text"/> | | |

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

FRIEND IN NEED DETAILS - 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. (refer instruction - k)

| | |
|--|----------------------|
| Name | <input type="text"/> |
| Address: | <input type="text"/> |
| Relationship with the applicant (optional) | <input type="text"/> |
| Email | <input type="text"/> |
| Mobile | <input type="text"/> |

GENERAL INFORMATION - Please (✓) wherever applicable

| | | | | | |
|----------------|--|---|--|---|--------------------------------|
| STATUS: | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Minor through guardian | <input type="checkbox"/> HUF | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Society / Club | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> AOP | <input type="checkbox"/> BOI |
| | <input type="checkbox"/> FPI | <input type="checkbox"/> NRI | <input type="checkbox"/> Foreign Nationals** | <input type="checkbox"/> Listed Company | <input type="checkbox"/> LLP |
| | <input type="checkbox"/> Unlisted 'Not for Profit'^^ Company | <input type="checkbox"/> Other Unlisted Company | <input type="checkbox"/> PIO | | |
| | <input type="checkbox"/> Others (Please specify) | | | | |

** OCBs 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: | <input type="checkbox"/> Business | <input type="checkbox"/> Student | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Professional |
| | <input type="checkbox"/> Housewife | <input type="checkbox"/> Retired | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service |
| | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Others (Please specify) | | | |

MODE OF HOLDING: ☐ Single ☐ Anyone or survivor ☐ Joint

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

| | |
|----------------------------------|---|
| 1st Applicant: | (A) Gross Annual Income Details Please tick (✓) |
| | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore |
| | [OR] |
| | Net-worth in ₹ _____ as on (date) ____/____/____ |
| | (B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'x'). |
| | (C) Any other information: _____ |
| 2nd Applicant: | (A) Gross Annual Income Details |
| | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore |
| | [OR] |
| | Net-worth in ₹ _____ as on (date) ____/____/____ |
| | (B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| | (C) Any other information: _____ |
| 3rd Applicant: | (A) Gross Annual Income Details |
| | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore |
| | [OR] |
| | Net-worth in ₹ _____ as on (date) ____/____/____ |
| | (B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| | (C) Any other information: _____ |

FOR NON-INDIVIDUALS ONLY

| |
|---|
| (A) Gross Annual Income Details |
| <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore |
| [OR] |
| Net-worth in ₹ _____ as on (date) ____/____/____ |
| (B) Is the entity involved in / providing any or the following services |
| - Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| - Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (C) Any other information: _____ |



Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2022/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD/NEFT/RTGS
Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

(scheme name)

dated

Stamp of UTI AMC Office/
Authorised Collection Centre

^s Cheques and drafts are subject to realisation.

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

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 fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

NOMINATION DETAILS (Please ✓) (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 of Nominee | To be furnished in case nominee is a minor |
| | Name of the guardian |
| | Address of guardian |
| Date of Birth (in case of nominee is a minor) | Signature of Nominee / guardian (for minor) |
| *PAN | |

*PAN of the nominee/guardian (in case the nominee is 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 hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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 Document, Statement of Additional Information and Key Information Memorandum, 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 scheme 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 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. ● 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 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 for 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)[∞]

Applicable to NRIs

☐ SoA in Physical Form ☐ At my Overseas address as mentioned above
☐ AAR in Physical Form ☐ To be despatched to my resident relative's address in India as mentioned above

[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

| | | | |
|---|-------------|---------------------------|----------|
| First Applicant Details | *Mobile No. | Tel. (R) | Tel. (O) |
| | *E-mail | | |
| Alternate E-mail | | | |
| *If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member. | | | |
| For E-mail ID | | For Mobile Number | |
| Name of the family member | | Name of the family member | |
| Relationship | | Relationship | |
| PAN | | PAN | |
| Folio Number | | Folio Number | |

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Signature of 1st Applicant / Guardian / POA^{^^}

Signature of 2nd Applicant / POA^{^^}

Signature of 3rd Applicant / POA^{^^}

Name of 1st Authorised Signatory

Name of 2nd Authorised Signatory

Name of 3rd Authorised Signatory

Designation

Designation

Designation

^{^^} Power of Attorney (POA) Registration No. (if already registered) (Refer instruction 'aa')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
- All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Private Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com