

INVESTMENT DETAILS (Please ✓)

UTI-G-Sec Fund Investment Plan Short Term Plan (Default Plan / Option - Investment Plan & Growth Option)
 Dividend Option* Growth Option

UTI-Bond Fund **UTI-MIS** **UTI-Mahila Unit Scheme** **UTI-CRTS** (Default Option - Growth Option)
 Dividend Option* Growth Option \$

\$ I/We wish to opt for Systematic Withdrawal Plan under Growth Option of **UTI-Bond Fund** **UTI-Monthly Income Scheme (MIS)** **UTI-CRTS** as under :
 Fixed Withdrawal Plan Monthly Payment : Rs. _____ Quarterly Payment : Rs. _____
 Variable Withdrawal Plan (available under UTI-Bond Fund only)

UTI-Liquid Fund Cash Plan (Regular) Dividend Monthly Growth
 Cash Plan (Institutional) Dividend Option Daily Weekly Monthly* Growth Option

UTI-Short Term Income Fund Regular Option Institutional Option
 Monthly Dividend Sub Option* Growth Sub Option

(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)
 [For Rs. 1 crore and above default is Cash Plan (Institutional)]

UTI-GILT Advantage Fund-LTP Growth Plan Dividend Plan* PF Plan Growth Option Dividend Option*
 Prescribed Date Auto Redemption Option (PDAR) #
 Prescribed Appreciation Auto Redemption Option (PAAR) # # both options available under PF Plan
 Payout Reinvestment Principal Amount Whole Amount
 In case of PDAR please specify a 'Desired Maturity Date' [d | d | m | m | y | y | y | y |]
 In case of PAAR please specify a 'Desired Appreciation Rate' _____ % (Default Plan - Growth Plan)

UTI-Treasury Advantage Fund Growth Daily Dividend Weekly Dividend* Monthly Dividend* Quarterly Dividend* Annual Dividend* Bonus (Default - Daily Div. Plan / Option)
 Institutional Plan Growth Option Daily Dividend Weekly Dividend* Monthly Dividend Quarterly Dividend* Annual Dividend* Bonus Option

UTI-MIS-Advantage Plan Growth Plan Monthly Dividend Plan* Flexi Dividend Plan* Monthly Payment Plan (Default Option - Growth Option)

UTI-Money Market Fund Regular Plan Institutional Plan (Default Option - Growth Option)
 Daily Dividend Option Weekly Dividend Option* Growth Option

UTI-Floating Rate Fund (STP) Regular Plan Institutional Plan (Default Option - Growth Option)
 Daily Dividend Option Weekly Dividend Option* Growth Option

UTI-Fixed Maturity Plan (Use separate application form for each series)
Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)
 Regular Plan Institutional Plan (Default Plan - Regular Plan)
 Yearly Series (YFMP) Half Yearly Series (HFMP) Quarterly Series (QFMP) (Rs. 1 crore and above default is Institutional)
 Growth Option Dividend Option (Default Option - Growth Option)

UTI-VIS-ILP Growth Option Dividend Option* (Default Option - Growth Option)

* Please tick your option for Dividend Plan / Option / Sub-option Dividend Payout Dividend Reinvestment

Investor opting for SIP, STRIP, UTI - STRIP Advantage, SWP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.

NOMINATION DETAILS

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	Date of Birth (in case of nominee is a minor) [d d m m y y y y]	Name of the guardian	
Address		Address of guardian	
		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 herewith.

DECLARATION AND SIGNATURE OF APPLICANT/s

I / We have read and understood the contents of the Scheme Information Document 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.
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 or 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

<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory _____ Designation _____	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Signature of 2nd Applicant Name of 2nd Authorised Signatory _____ Designation _____	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Signature of 3rd Applicant Name of 3rd Authorised Signatory _____ Designation _____
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Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
3. 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. Karvy Computershare Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com

INVESTMENT DETAILS (Please ✓)

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|--|--|---|--|
| <input type="checkbox"/> UTI-Balanced Fund | <input type="checkbox"/> UTI-Leadership Equity Fund | <input type="checkbox"/> UTI-MNC Fund | <input type="checkbox"/> UTI-Services Industries Fund |
| <input type="checkbox"/> UTI-Banking Sector Fund | <input type="checkbox"/> UTI-Master Index Fund | <input type="checkbox"/> UTI-Nifty Index Fund | <input type="checkbox"/> UTI-Top 100 Fund |
| <input type="checkbox"/> UTI-Contra Fund | <input type="checkbox"/> UTI-Master Plus Unit Scheme | <input type="checkbox"/> UTI-Opportunities Fund | <input type="checkbox"/> UTI-Transportation & Logistics Fund |
| <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Mastershare Unit Scheme | <input type="checkbox"/> UTI-Pharma & Healthcare Fund | <input type="checkbox"/> UTI-Wealth Builder Fund Series II |
| <input type="checkbox"/> UTI-Energy Fund | <input type="checkbox"/> UTI-Master Value Fund | <input type="checkbox"/> S&P CNX NIFTY UTI NOTIONAL DEpository Receipts Scheme (SUNDER) | |
| <input type="checkbox"/> UTI-Equity Fund | <input type="checkbox"/> UTI-Mid Cap Fund | | |
| <input type="checkbox"/> UTI-Infrastructure Fund | | | |

Plan available only under UTI-Banking Sector Fund and UTI-Wealth Builder Fund Series II.

Regular/Retail Plan Institutional Plan (Minimum is Rs.5 crore under UTI-Banking Sector Fund and Rs.1 crore under UTI-Wealth Builder Fund Series II). (Default is Regular/Retail Plan. However, if the application is for amounts of Rs.5 crore / Rs.1 crore and above the default Plan is the Institutional Plan.)

OPTION (for all schemes) Growth Dividend Payout Dividend Reinvestment (Default is growth option)

I wish to Opt for Systematic Investment Plan (SIP). I wish to Opt for Automatic Trigger Facility.

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach with this application form.

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

Bank Name				Branch
Address				MICR Code <input type="text"/>
	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
Account No.	<input type="text"/>			IFS Code <input type="text"/>

Annual Income of First Individual Applicant (Please ✓) < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs * Denotes Mandatory Fields

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Resident Individual	<input type="checkbox"/>	Minor through guardian	<input type="checkbox"/>	HUF	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust	<input type="checkbox"/>
	Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Society	<input type="checkbox"/>	Body Corporate	<input type="checkbox"/>	AOP	<input type="checkbox"/>
	BOI	<input type="checkbox"/>	FII	<input type="checkbox"/>	NRI	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Mode of Holding	Single	<input type="checkbox"/>	Anyone or survivor	<input type="checkbox"/>	Joint	<input type="checkbox"/>				
Occupation	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"/>	Service	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Marital Status	Unmarried	<input type="checkbox"/>	Married	<input type="checkbox"/>	Wedding Anniversary	<input type="checkbox"/>	<input type="checkbox"/> D D	<input type="checkbox"/> M M		

NOMINATION DETAILS

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 (in case nominee is a minor)		Address of guardian
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.

DECLARATION AND SIGNATURES 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.

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 to NRI's

Signature of 1st Applicant / Guardian
Name of the 1st Authorised Signatory

Designation _____

Signature of 2nd Applicant
Name of the 2nd Authorised Signatory

Designation _____

Signature of 3rd Applicant
Name of the 3rd Authorised Signatory

Designation _____

Notes:

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority.
- Please ensure that all PAN details are given, failing which your application will be rejected (PAN not applicable for Micro SIP).**
- All communications 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 :

SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

MANDATED FORM FOR SIP/MICRO SIP THROUGH POST DATED CHEQUES

(Please read instructions)



AGENT's Name and ARN	Sub Broker Code	MO Code
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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.

Sole / First Investor Name

Application No. / Existing Folio No. Mobile No.

Scheme/Plan

Initial Investment Amount SIP/Micro SIP Amount (Rs.)

SIP/Micro SIP Date : 1st 7th 15th 25th Frequency : Monthly Quarterly Post Dtd. Chq. Amt.

SIP/Micro SIP Period : Start from Mth Year End on Mth Year

Cheque Nos. From To No. of Cheques

Account No. Drawn on

Branch PIN Code

PAN* 1st applicant Date of Birth Email ID

N A T U R E O F P H O T O I D I S S U E D B Y I D N O

DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.)

PAN* 2nd applicant Date of Birth Email ID

N A T U R E O F P H O T O I D I S S U E D B Y I D N O

Name of 3rd applicant (Mr. / Ms. / Mrs.)

PAN* 3rd applicant Date of Birth Email ID

N A T U R E O F P H O T O I D I S S U E D B Y I D N O

*** Mandatory field for SIP. # Details of Documents Attached for Micro SIP.**

I/We have read and understood the contents of the SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund mentioned within and have read and agreed to the terms and conditions of SIP/Micro SIP.

I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs.50,000 in a year. (Applicable only for Micro SIP applicants).

I/We hereby authorise UTI MF to send my Statement of Account (SoA)/ Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail in stead of physical copy. (Those who wish to get physical SOA/AAA/All other Communication may delete the same).

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 have attached PAN Card/Document copies of all applicants.

Signature : _____
First Investor
Second Investor
Third Investor

Date : _____