## UTI-UNIT LINKED INSURANCE PLAN (UTI-ULIP)



(PLEASE READ IN	ISTRUCTIONS (	CAREFULLY TO H	ELP US SERVE YOU BE	TTER)		Sr. 1	lo. 2010/	
						Reg	istrar Sr. No.	
DISTRIBUTOR	INFORMATIO	N (only empanelled	Distributors / Brokers will	be permitted to	distribute Units)	CR / CA Code	For	Chief Representative
ARN	Bi	roker Name	Sub-Broker Code /	M O Code	UTI RM No.		DD Amount	
			Bank Branch Code				DD Charges	
							Total	
			or to the AMFI registered Di	stributors based	on the investors'	DD No.:	Dated:	Drawn on:
		-	idered by the distributor.					
Have you invested If yes, please provid			s 🗌 No			Folio		(Optional)
Details of inves			f anv.					(Optional)
		]						
Folio	No	Targe	et Amount	Folio N	lo	Target Ar	mount	
		5	ill in Block Letters)					
Name of Applic		-		,				
	LA	S   T		Dat	e of Birth		Mar	ndatory for all Applicant's
Applicant's Add	<b>fress</b> (Do not r	epeat the name)	Name & Address o	f resident rela	ative in India	(for NRIs) (P.O. Bo	x No. is not suf	ficient)
Village/Flat/Bldg								
(Street/Road/Are	a/Post							
City/Town*				State				Pin*
Tel. No. (R) S			(O)				Vobile	
e-mail				Alternate e-n	nail			
If you wish to red	eive the follow	/ing via e-mail Pl	ease (✔)					
Account Stat	ement 🗌	Annual Report	Transaction Con	firmation	Communica	ation of change of	address, bank d	etails etc.
OVERSEAS AD	DRESS (Overse	as address is ma	ndatory for NRI applica	ints in addition	to mailing add	lress in India)		
						City*		
State				Country*				ip/Pin*
NAME IN FULL	OF THE FATH	ER/MOTHER OI	R GUARDIAN (IN CAS	E OF MINOR)	HUSBAND OF	F THE APPLICANT	Mr. Ms.	Mrs.
ADDRESS OF T	HE FATHER/N	IOTHER OR GU	ARDIAN OF MINOR				(Post bo	ox no. alone is not sufficient)
						City/Town*		
State					Countrut			Pin*
		TATEMENT OF	ACCOUNT		Country*	-		
			dress as mentioned above		(for NRIs) To	be despatched to my r	esident relative's a	address in India as given above
		-	OTHER/GUARDIAN (w					
					Know Your	Customer (KYC)		
		Enclos	ed 🛄 PAN Card Cop	oy Please (🗸		tory for Investment acknowledgemen		
BANK PARTICL	JLARS OF APP	LICANT/MINOR	(Mandatory as per S	SEBI Guideline	17	activiteagemen		
Bank Name			(manador) as por r		,	Branch		
Address						MICR Code		
							t number next to	your cheque number)
	City			Pin*		IFS Code		,,
Account type (ple	ase 🖌) 🔲 Savi	ngs 🔲 Current	NRO NRE					
Account No.								
GENERAL INFO	RMATION - (	Please √ which	ever is applicable)					
Status		esident Individua		h guardian	NRI			
Occupation	B	usiness	Student	[	Agriculture	Se	lf employed	Professional
	H	ousewife	Retired	[	Service	O	thers (specify)	
Marital Status	🗖 U	nmarried	Married	]	Wedding Ar	nniversary		
Category		my/our individua		]	🗌 On behalf o	f minor as Father/N	1other/Lawful g	uardian
		Please fill in the n						
Annual Income o		ease (🖌) 🔲 <	5 Lacs 🔲 > 5 Lacs -	< 15 Lacs 🔲	> 15 Lacs - <	25 Lacs 🔲 > 25	Lacs	
* Mandatory	Tiela							
			Applicant) the Income-Tax Act, 1961	 \		sr. N	lo. 2010/	
Received from M		ider Section OUC OI	the income-tax Act, 1901	,	ודט	Mutual Fund		
Notes :	r./IVIS.							
1. If the application	is incomplete and	any other requirem	ent is not fulfilled, the appl	lication is liable to	be rejected.			
<ol><li>In case the Staten acknowledgment</li></ol>	and the name of	the accepting author	30 days from the date of a prity to the Registrar.	acceptance of the	application, please	e write quoting serial n	umber, date of	
<ol><li>Please ensure the</li></ol>	nat all PAN detai	ls are given, failin	g which your application				a tha Di-t	
M/s. Karvy Com	putershare Priva	ate Limited,	ccount, Change in Name, A		articulars, etc. may	piease be addressed to	o the Kegistrar.	
Narayani Mansior	і, Н. No. 1-90-2/1	0/E, Vittalrao Nagar )-23115503 Email: u	, Madhapur, Hyderabad -50	00 081				Stamp of UTI AMC Office / Authorised Collection Centre
ICI 040-2042 19	10 +1, 1 dx. 040	, EIIIdíl. l נטכניונים	ane kai vy.cum					Concentration contrate

Target Amount (Rs.	) Mode c	of contribution		Age in Yrs		Sex
				Age in ris		
	,	lalf Yrly				Male Female
, ,	atic Investment Plan (SIP)		oarate form f			hy SIP 🔲 Qtly SIP
Imber of contributions n Scheme / Plan Period	ow paid (initial + renewal Insurance Cover	) = Amount of	DD Charge	(not applicable for Net Amount	SIP) Cheque / DD**	Bank / Branch
	(#Default, if not ticked)	Investment (Rs.)	if any (Rs.)	Paid (Rs.)	No. & Date	burner brenten
UTI-ULIP 10 Year Plan	Declining Term #					r
	Fixed Term					
UTI-ULIP 15 Year Plan	Declining Term #					
Please mention the Application	Fixed Term	UP/DD Please use senara	ate Cheque/DD	for each Plan Cheque/DD	must he drawn in favou	r of "UTI-ULIP" & crossed "A/c Payee Only".
ave regular and independent in			ute energes.	for coort tan energies	must be aratimeters.	101 011 0Ell 4 00000 7.1.1.j.t.1. ;
In case of non-receipt of contri deeming the units in my folio to nereby declare that in the event werage on my life, will be restric m aware that (i) I will be covere	<ul> <li>the extent of premium payable of the aggregate target amour ted to Rs.15,00,000/- (Rs.5,00, d under the Personal Accident Ir</li> </ul>	se of contributions paid e for such year on the du at of all my memberships 000/- for female without nsurance to such extent a	I in advance, the ue date, without s in force includ t regular income and so long as L	e premium payable to Life t charging any exit load. ling the one being now ap e) JTI MF extends the facility in	Insurance Company for plied for exceeds Rs.15, rrespective of the aggree	UTI AMC. subsequent years may be paid by UTI AMC L 20,000/- for any reason what so ever, the insu pate target amount under the Scheme. (ii) The a iilar accident insurance policy to cover the sam
	der my own policy and will not				tuken or taking ap a .	nul decident insurance poney to constant a set
Please strike off if the same i	s not acceptable.					
articulars of health:	YES NO					
<ul> <li>Am I in sound health:</li> <li>Have I ever suffered from</li> </ul>		NO 🔲 YES If yes, ple	ease tick from th	ne following		
Tuberculosis	Cancer	Paralysis Insa		Any disease of the heart a	ind lungs	
	· ·		ertension	Any other serious disease		
<ul> <li>Do I have any physical de (ii) the extent of deforming</li> </ul>		NO 🔲 YES If yes, ( (iii) the present condition		ccurrence.		
(iv) whether gainfully em						
			disease, that I	did not have any serious ill	ness or major operation	for the last five years and no proposal of insu
on my life to Life Insurar	nce Corporation of India / any o	ther life insurance comp	any has ever be	en adversely treated. I furt	her declare that to the b	est of my knowledge the foregoing statement
answers are true and con	rrect in every particular and the					t Linked Insurance Plan.
he applicant has complete	ed and signed the applica	ation in my presence	e. From his/h	ner appearance and t		ment, I find that he/she is in good he
nd has a sound constituti	on. His/Her date of birth	mentioned above i	is verified by	me from		
Please state nature of proc		n to me personally/h ignature is appende		oduced to me by snin	/Smt./Kum	
		ignatare is e <sub>1</sub> , .				
(Signatur						
(Signatur	of witness identifying the	ne applicant)			(Signature of the au	ithorised person)
	e of witness identifying th Place:	ne applicant)		Date:	(Signature of the au Place:	uthorised person)
Date:		ne applicant)			Place:	uthorised person)
Date: Name of witness (in block letters)		ne applicant)	N	Date: Jame of authorised pe in block letters)	Place:	
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