



Sr. No. 2010/

ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.

CR / CA Code	For Chief Representative		
	DD Amount		
	DD Charges		
	Total		
DD No.:	Dated:	Drawn on:	

If yes, please provide: Scheme Name: Folio: (Optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Folio No.	Target Amount	Folio No.	Target Amount

L	A	S	T					Date of Birth		Mandatory for all Applicant's
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Village/Flat/Bldg./Plot*					
Street/Road/Area/Post					
City/Town*		State		Pin*	
Tel. No. (R)	S	(O)		Mobile	
e-mail			Alternate e-mail		

☐ Account Statement ☐ Annual Report ☐ Transaction Confirmation ☐ Communication of change of address, bank details etc.

State Country* City* Zip/Pin*

ADDRESS OF THE FATHER/MOTHER OR GUARDIAN OF MINOR (Post box no. alone is not sufficient)

(Post box no. alone is not sufficient)

State Country* City/Town* Pin*

<input type="checkbox"/> Applicant's address / (for NRIs) At my Overseas address as mentioned above	<input type="checkbox"/> (for NRIs) To be despatched to my resident relative's address in India as given above
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Enclosed ☐ PAN Card Copy Please (✓) **Know Your Customer (KYC)**
 KYC Mandatory for Investment of Rs.50,000 & above
 Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

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

Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> NRI		
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"/> Service	<input type="checkbox"/> Others (specify)	<input type="text"/>
Marital Status	<input checked="" type="checkbox"/> Unmarried	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Wedding Anniversary	<input type="text"/>	
Category	<input checked="" type="checkbox"/> In my/our individual capacity (Please fill in the nomination form)		<input checked="" type="checkbox"/> On behalf of minor as Father/Mother/Lawful guardian		

Annual Income of Applicant (Please ✓) ☐ < 5 Lacs ☐ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs

UTI Mutual Fund

Sr. No. 2010/

Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081
Tel.: 040-23421944 to 47; Fax: 040-23115503 Email: uti@karvy.com

Stamp of UTI AMC Office /
Authorized Collection Centre

INVESTMENT AND PAYMENT DETAILS (Please ✓ whichever is selected)

Target Amount (Rs.) Mode of contribution ☐ Yrly ☐ Half Yrly Age in Yrs Sex ☐ Male ☐ Female

Investor opting for Systematic Investment Plan (SIP) should fill in the separate form for the same and attach herewith ☐ Mthly SIP ☐ Qtly SIP

Number of contributions now paid (initial + renewal) = (not applicable for SIP)

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (Rs.)	DD Charge if any (Rs.)	Net Amount Paid (Rs.)	Cheque / DD** No. & Date	Bank / Branch
<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					

**Please mention the Application No. on the reverse of the Cheque/DD. Please use separate Cheque/DD for each Plan. Cheque/DD must be drawn in favour of "UTI-ULIP" & crossed "A/c Payee Only".

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.

\$ In case of non-receipt of contribution by the due date or in case of contributions paid in advance, the premium payable to Life Insurance Company for subsequent years may be paid by UTI AMC Ltd. by redeeming the units in my folio to the extent of premium payable for such year on the due date, without charging any exit load.

I hereby declare that in the event of the aggregate target amount of all my memberships in force including the one being now applied for exceeds Rs. 15,00,000/- for any reason what so ever, the insurance coverage on my life, will be restricted to Rs. 15,00,000/- (Rs. 5,00,000/- for female 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.

\$ 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: ☐ NO ☐ YES If yes, please tick from the following

☐ Tuberculosis ☐ Cancer ☐ Paralysis ☐ Insanity ☐ Any disease of the heart and lungs
☐ Kidney disease ☐ Any disease of brain ☐ Diabetes ☐ Hypertension ☐ Any other serious disease

(C) Do I have any physical deformity or handicap: ☐ NO ☐ YES If yes, (i) the date of occurrence

(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.

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/JIP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

NOMINATION DETAILS (Person applying on behalf of Minor cannot nominate)

I hereby nominate the undermentioned Nominee to receive the amounts to my credit in the event of my death. I also understand that all payment 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 SIGNATURE OF APPLICANT/S

I have read and understood the contents of the Scheme Information Documents and Key Information Memoranda, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

I 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.**

@I 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 NRE/NRO Account. I 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.

Signature of Applicant / Guardian

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

Plan	Option	Net Amount Paid (Rs.)	Payment Details	
			Cheque/DD No.	Bank & Branch