

KEY INFORMATION MEMORANDUM

**UTI – FIXED TERM INCOME FUND SERIES – XXII- I (1099 DAYS)
(A Close-Ended Income Scheme)**

The product is suitable for investors who are seeking*:

- ❖ Regular income for fixed term
- ❖ Investment in Debt/Money Market Instrument/Govt. Securities
- ❖ Low risk (Blue)

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

Note: Risk may be represented as:

	<i>(BLUE) investors understand that their principal will be at low risk</i>		<i>(YELLOW) investors understand that their principal will be at medium risk</i>		<i>(BROWN) investors understand that their principal will be at high risk</i>
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New Fund Offer Opens on : Friday, April 10, 2015

New Fund Offer Closes on : Monday, April 20, 2015

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, Investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the UTI Financial Centres or distributors or from the website www.utimf.com.**

The scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

SPONSORS

State Bank of India, Punjab National Bank, Bank of Baroda and Life Insurance Corporation of India (Liability of sponsors limited to ₹ 10,000/-)

TRUSTEE

UTI Trustee Co. (P) Ltd. (Incorporated under the Companies Act, 1956)

INVESTMENT MANAGER

UTI Asset Management Co. Ltd. (Incorporated under the Companies Act, 1956)

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APPLICATION FORM

Offer of Units of ₹10/- per unit for cash during the New Fund Offer Period
(OCBs and 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)



PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

[Fields marked with (*) must be mandatorily filled in]
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr.No. 2015/
Registrar Sr. No.

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.	
ARN-48012					E-053085		

Upfront 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 EUI 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 only when EUI box is left blank) (Refer Instruction 'w').

Signature of 1st Applicant / 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')	
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR <input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	₹ 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 (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 minors

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*

*PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form) AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement copy Please (✓)

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

City*

State Country* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER OF FIRST APPLICANT / GUARDIAN (IN CASE OF MINOR) \$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS Mr. Ms. Mrs.

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

\$ 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).

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

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 2nd Applicant d d m m y y y y

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

PAN of 2nd Applicant AADHAR CARD NO. Enclosed PAN Card Copy Know Your Customer (KYC) Acknowledgement copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant d d m m y y y y

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

PAN of 3rd Applicant AADHAR CARD NO. Enclosed PAN Card Copy Know Your Customer (KYC) Acknowledgement copy Please (✓)

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

PAYMENT DETAILS (Refer Instruction No. 'y')				
#Cheque/DD/NEFT/RTGS Ref No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account Type Please (✓)	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
Account No.			<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad
Date	Amt. of investment (i)	#Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI-Fixed Income Fund-Series XXII- (____ days)" & crossed "A/c Payee Only"		
Bank	DD Charges if any (ii)	*Investment amount shall be ₹ 2 Lacs and above in case of payments through RTGS.		
Branch	Net amount paid (i-ii)			
Amt in words				

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
Account No.				IFS Code
				(this is a 11 digit number)
*Denotes Mandatory Fields				

Unitholding Option	<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Physical Mode	
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 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.
Enclosures :	<input type="checkbox"/> Client Master List (CM)	<input type="checkbox"/> Transaction cum Holding Statement	<input type="checkbox"/> Delivery Instruction Slip (DIS)

INVESTMENT DETAILS (Please ✓) (Please check the opening and closing date of the Scheme before selecting your choice)	
Scheme Name	UTI-FIXED TERM INCOME FUND-SERIES XXII- (____ DAYS)
PLAN : (Please ✓)	<input checked="" type="checkbox"/> Regular Plan
OPTIONS : ✓	<input type="checkbox"/> Growth Option
For above Plan	<input type="checkbox"/> Quarterly Dividend Payout
	<input type="checkbox"/> Flexi Dividend Payout
	<input type="checkbox"/> Annual Dividend Payout
	<input type="checkbox"/> Maturity Dividend Option with payout facility (Default Growth option)

SWITCH ON MATURITY OF THE SCHEME	
SWITCH: I/We would like to Switch All units <input type="checkbox"/> or Partial units <input type="checkbox"/>	no. of units _____ units or ₹ (Amount in figure) _____
Amount (In words) _____	to _____ Scheme Name _____ Plan _____
Option <input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout
<input type="checkbox"/> Dividend Reinvestment	On maturity of the UTI-Fixed Term Income Fund-Series XXII - (____ Days)
I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event.	
I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme.	

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
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	<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	<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"/> Unlisted 'Not for Profit'^^ Company
	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> Others (Please specify) _____			
##OCBs and 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. ^^ Unlisted '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	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Joint		
Marital Status	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Wedding Anniversary <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st 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) / /

(B) Please tick if applicable: Politically Exposed Person (PEP) 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 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) / /

(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

(C) Any other information: _____

3rd 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) / /

(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 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) / /

(B) Is the entity involved in / providing any of 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: _____

UTI Fixed Term
Income Fund - Series XXII

ACKNOWLEDGEMENT
(To be filled in by the Applicant)



UTI-FIXED TERM INCOME FUND-SERIES XXII- _____ (_____ DAYS) Sr. No. 2015/

Received from Mr / Ms / M/s _____

along with Cheque / DD*/ NEFT / RTGS _____ dated _____

Ref. No./ Unique Serial No. (For Cash) _____

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office
/Authorised Collection Centre

* Cheques and drafts are subject to realisation.

