Fixed Term Income Fund - Series XXII



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:

(BLUE) investors understand that their principal will be at low risk (YELLOW) investors understand that their principal will be at low medium risk (BROWN) investors understand that their principal will be at high

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)

🔇 TOLL-FREE: 1800 22 1230 🕼 "UTIMF" to 5676756 🖾 invest@uti.co.in 😑 www.utimf.com 📔 🐓 in

THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK



Relationship with the applicant (optional)

APPLICATION FORM

Offer of Units of '10/- per unit for cash during the New Fund Offer Period (0CBs 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



Mobile

[Fields marked with (*) must be mandatorily (PLEASE READ INSTRUCTIONS CAREFULLY		OU BETTER)			Sr.No. 2015/ Registrar Sr. N	0.	
DISTRIBUTOR INFORMATION (only empanelled I ARN Name	Distributors/ Brokers will b of Financial Advisor	e permitted to distri			EUI NO.*	UTI RM No.	BDA / CA Code
ARN-48012					E-053085		
Upfront Commission shall be paid directly b	by the investor to the A	MFI / NISM certifie	ed UTI MF registered	I Distributors based on the		ent of various fact	ors including the service
rendered by the distributor. *I/We confirm that the EUIN box is intentionally I in-appropriateness, if any, provided by such distr	eft blank by me/us as this ibutor personnel and the d	s is an "execution-or listributor has not ch	nly" transaction withou narged any advisory fee	at any interaction or advice by es for this transaction. (□Plea	y the distributor perso se tick only when EUN	nnel concerned or no I box is left blank) (Re	twithstanding the advice of fer Instruction 'w').
Signature of 1st Applicant / G		J	of 2nd Applicant		Signature of 3r	d Applicant	
TRANSACTION CHARGES TO BE PAID TO T		ase tick any one of		,			
₹ 150 will be deducted as transaction charges		000 and above	1	AN EXISTING INVESTOR IN be deducted as transaction cl		of ₹ 10.000 and abo)ve
Existing Unit Holder Information	Scheme Name:				o Number:	,	
APPLICANT'S PERSONAL DETAILS	Mr. Ms.	Mrs. M/s	S.	FUI		*Denotes	Mandatory Fields
Name of First Applicant (as appearing in Image: Stress of the s	ID Proof given for KYC)		Date of Birth	M I d d m m y NRIs) (P.O. Box No. is not	D D L E y y y sufficient)	Mandatory for mine	
Village/Flat/Bldg./Plot*							
Street/Road/Area/Post							
City/Town*		Sta	ite			Pin*	
*PAN OF 1ST APPLICANT/FATHER/MC	OTHER/GUARDIAN (v	vhose particular	s are furnished in	the form) AADHAR CA	RD NO.		
	Enclosed	PAN Card Co	py Kno	w Your Customer (KYC)* Ac	knowledgement copy	Please (√)	
OVERSEAS ADDRESS (Overseas add	ress is mandatory for	NRI / FPI applica	nts in addition to m	ailing address in India)			
State			Country*	City*		Zip/Pin*	
NAME IN FULL OF THE FATHER (OR) MOT	HER OF FIRST APPLICA	NT/GUARDIAN (I	N CASE OF MINOR)	/ CONTACT PERSON FOR	RINSTITUTIONAL A		Mr. Ms. Mrs.
Proof of date of birth and proof of relation	nship with minor to be a	M I D D	L E A	the reverse (Refer instruc	tion f).	LAS	; T
OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT FOR NRIS							
Applicant's address as mentioned at	pove At my C	Overseas address as	s mentioned above /	To be despatched to r	ny resident relative's a	ddress in India as gi	ven above
DETAILS OF OTHER APPLICANTS							
Name of 2nd Applicant Mr.	Ms. Mrs. M	/s. M I D D	L E	Date o	f Birth of 2nd Applicar	nt d d m	m y y y y S T
*PAN of 2nd Applicant	Enclosed	PAN Card C	ору К	AADHAR CARD		/ Please (√)	
Name of 3rd Applicant Mr	Ms. Mrs.	M I D D	L E	Date o	of Birth of 3rd Applicar	nt dd m	m y y y y S T
PAN of 3rd Applicant	Enclosed	PAN Card C	ору К	AADHAR CARD now Your Customer (KYC) A		y 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 FIRST Address FIRST		M I D D					<u>S T </u>

Email

	PAYMENT DETAILS (Refer Instruction No. 'y')								
#Cheque/DD/*NEFT/*RTGS Ref No. Cash Account Type Please (
Date	Amt. of investment (i) #Please mention the application No. on the reverse of the cheque								
Bank			DD Charges if any (ii)			Cheque / DD must be drawn in favour d-Series XXII (days)" &			
Branch			Net amount paid (i-ii)		crossed "A/c Payee Only"	ζ Ξ,			
Amt in words						*Investment amount shall payments through RTGS.	be ₹ 2 Lacs and above in case of		
BANK PAR	ANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)								
Bank Name		Branch							
Address		MICR Code							
	City	City Pin* (this is a 9-digit number next to your cheque number)							
Account type Account No.	(this is a 11 dinit number)								
Unitholding	Ontion	Demat	Mada	Physical	Mada				
	•					ccount held with any one of the	the Depository Participant. Demat		
		emat mode is opted above)					and Dopository Farticipant. Domat		
National	Depository Nam	le		Central Depository	Depository Name				
Securities Depository	DP ID No.			Services (India)					
Limited	Beneficiary Account No.			Limited	Target ID No.				
Enclosures	: Client	Master List (CM)	Transaction cum Hole	ding Statement	Delive	ery Instruction Slip (DIS)			
INVESTMEN	NT DETAILS (Pleas	se \checkmark) (Please check the ope	ening and closing date	of the Scheme before	e selecting your c	hoice)			
	Scheme Name		ERM INCOME FUN	ND-SERIES XXII	(DAYS)			
PLAN : (Plea	, 1	Regular Plan	Juntarly Dividend Payout		Elovi Dividond	Povout			
For above Pla			Quarterly Dividend Payout		Flexi Dividend	Payou			
			Annual Dividend Payout		Maturity Divide	end Option with payout facility (Def	ault Growth option)		
	N MATURITY OF TH			unite or Ŧ (Amount in figu	we)				
		WITCH: I/We would like to Switch All units or Partial units units units or ₹ (Amount in figure)							
Amount (In words) to Scheme Name Plan Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI–Fixed Term Income Fund-Series XXII (
		,		,	ixed Term Income Fu	Ind-Series XXII (Plan Days)		
I/We have rea I/We have rea	id and understood the	terms and conditions applicable to Scheme Information Document	the switch facility and am/a (SID)/Statement of Addition	are fully aware of the risk a	ixed Term Income Fu ssociated with such e	Ind-Series XXII (
I/We have rea I/We have rea investment ob	id and understood the ad and understood the jjectives, investment pa DF BENEFICIAL C	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable)	b the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category)	are fully aware of the risk a nal Information (SAI) and	ixed Term Income Fu ssociated with such e Key Information Men	Ind-Series XXII (event. norandum (KIM) of the Target	Days)		
I/We have rea I/We have rea investment ob DETAILS C Ownership each such t	d and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi beneficiary.	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable)	b the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category)	are fully aware of the risk a nal Information (SAI) and	ixed Term Income Fu ssociated with such e Key Information Men	Ind-Series XXII (event. norandum (KIM) of the Target eshold limit provided belo	Days) Scheme and have understood the w. Details to be provided for (Refer instruction q)		
IWe have rea IWe have rea investment ob DETAILS C Ownership each such t	d and understood the ad and understood the jectives, investment pr DF BENEFICIAL details to be provi beneficiary. ategory	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable)	b the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category)	are fully aware of the risk a nal Information (SAI) and	ixed Term Income Fu ssociated with such (Key Information Men is as per the three Association /	Ind-Series XXII (event. norandum (KIM) of the Target	Days) Scheme and have understood the w. Details to be provided for		
IWe have rea IWe have rea INVE	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi beneficiary. ategory per cent @ @ @	terms and conditions applicable to e Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick ap ded if the Ownership perce Unlisted company >25%	o the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15%	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15%	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/	event. norandum (KIM) of the Target eshold limit provided belo Trust >=15%	Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$		
IWe have rea IWe have rea IWe have rea investment ob DETAILS C Ownership each such h Ca Ownership @ @ @ Own \$\$\$ In the In case of a	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to e Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick ap ded if the Ownership perce Unlisted company >25% e of shares/capital/profits/pr vestors, the beneficial ownership, the invest	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus ed as per SEBI guideli o intimate UTI AMC / it	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum.		
IWe have rea IWe have rea IWe have rea investment ob DETAILS C Ownership each such h Ca Ownership @ @ @ Own \$\$\$ In the In case of a	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to e Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick ap ded if the Ownership perce Unlisted company >25% e of shares/capital/profits/pr vestors, the beneficial owner	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus ed as per SEBI guideli o intimate UTI AMC / it	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
I We have rea I We have rea Ownership each such I Ca Ownership @ @ @ Own \$\$\$ In the In case of a Details of	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to solve the solve to the solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to solve to the solve to the solve to the solve to the solve to solve to the solve to the	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
I We have rea I	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to set to applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to appli	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
I We have rea IWe have rea IVE	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to set to applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to appli	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
I We have rea IWe have rea IVE	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to set to applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to appli	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
I We have real IWe have real INCOMPTION OWNERSHIP each such I Ca Ownership @ @ @ Own \$\$\$ In the In case of a Details of Sr. No. 1 2 3	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to set to applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to appli	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		
IWe have real IWe have real We have real We have real IWe have real IWe have real Image: Image of the second s	di and understood the ad and understood the jectives, investment pr DF BENEFICIAL C details to be provi- beneficiary. ategory per cent @@@ nership percentag case of Foreign in any change in the b	terms and conditions applicable to Scheme Information Document attern and risk factors applicable to DWNERSHIP (Please tick applicable to set to applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to DWNERSHIP (Please tick applicable to applicable to appli	the switch facility and am/a (SID)/Statement of Addition o the Target Scheme. oplicable category) ntage/interest in the tru Partnership Firm >15% operty of juridical perso ership will be determine stor will be responsible to	are fully aware of the risk a hal Information (SAI) and I ust of any Beneficiary Unincorporated Body of Individuals >15% on/interest in the Trus d as per SEBI guideli o intimate UTI AMC / it format if the space p	ixed Term Income Fu ssociated with such of Key Information Men is as per the three Association/ t as on the date of nes. For details ro s Registrar / KRA	Ind-Series XXII (Days) Scheme and have understood the w. Details to be provided for (Refer instruction q) Foreign Investor \$\$\$ furnished by the investor. ndum. ediately about such change. such		

GENERAL INFORMATION - Please (✓) wherever applicable								
	Resident Individ	ual	Minor through guardian		HUF	Par	tnership	Trust
	Sole Proprietors	hip	Society		Body Corporate	AOF	þ	BOI
Status	FPI		NRI		Foreign Nationals##	List	ed Company	Unlisted 'Not for Profit' ^{AA} Company
	Other Unlisted C	Company	Others (Please specify)		Ū.			
##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.								
		Profit' Company as	defined under Companies A					
	Business		Student		Agriculture		-employed	Professional
Occupation	Housewife		Retired		Private Sector Service	Pub	lic Sector Service	Government Service
	Forex Dealer		Others (Please specify)					
Mode of Holding	Single		Anyone or survivor		Joint			
Marital Status	Unmarried		Married		Wedding Anniversary D D	MM		
OTHER DETAIL	.s (mandatory)					<u> </u>		
	· /		FOI	r indivi	DUALS ONLY			
1st Applicant	: (A) Gross Annual In	come Details Pl	ease tick (✓)					
	Below 1 Lac	1-5	lacs 5-10 La	CS	10-25 Lacs		25 Lacs-1 Crore	>1 Crore
			the older then 1 year)	-	DR]			V V V
			t be older than 1 year)				IVI / Y	Y Y Y
(B) Please tick if app	licable: Po	litically Exposed Person (P	'EP)			Exposed Person (please refer instru	
	C) Any other inform	ation:			Υ.			
2nd Applicant	t: (A) Gross Annual I	ncome Details P		cs	10-25 Lacs		25 Lacs-1 Crore	>1 Crore
					DR]		20 2000 1 01010	
Net-worth in ₹	(Net	worth should no	t be older than 1 year)			D / M	M / Y	Y Y Y
(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)								
	,			'		, ,		,
	: (A) Gross Annual Ir							
	Below 1 Lac	1-5		CS	10-25 Lacs		25 Lacs-1 Crore	>1 Crore
	(61-4			-	DR]			
Net-worth in ₹					as on (date)	D / M	M / Y	Y Y Y
((B) Please tick if applicable: Politically Exposed Person (PEP)							PEP)
(C) Any other inform	ation:						
				ION- IND	IVIDUALS ONLY			
	(A) Gross Annual Ind	come Details Ple	ase tick (✓)					
	Below 1 Lac	1-	5 lacs 5-10 La		10-25 Lacs		25 Lacs-1 Cro	ore >1 Crore
Net-worth in ₹			t be older than 1 year)	[0	DR] as on (date)	D / M	M / Y	Y Y Y
		lved in / providi	ng any of the following se	rvices:				
			nger Services YES		Gaming / Gambling / Lot	tery Service	es (e.g. casinos, be	etting syndicates) YES NO
	 Money Lending 	/ Pawning	YES] NO				
	(C) Any other inform	ation:						
1.1-1-1	Fixed Term		ACKNO		EMENT			
UII	come Fund - Series	s XXII	(To be filled i					UTI Mutual Fund
		UTI–FI)	ED TERM INCOME FUND	-SERIES	5 XXII (_ DAYS)	Sr. No. 2018	5/
Received from Mr	/ Ms / M/s							
	e / DD*/ NEFT / RTGS erial No. (For Cash)			dated				
Drawn on (Bank)	erial No. (For Cash)				L			
for ₹ (in figures)								Stamp of UTI AMC Office
							_	/Authorised Collection Centre

 * Cheques and drafts are subject to realisation.

DETAILS UND	ER FATCA / FOREIGN TAX L	AWS (Refer In	struction 'z')					
				nce of names as giver	n in the Application	n Form. For <u>Non-Individuals</u> , please u		
	cribed form along with An esident of any country other	than India ?	fied therein)					
If no, please ti	ck here (First Applica indicate all the countries in w	nt) 🗌 (Sec	ond Applicant) [] (T	hird Applicant)				
If yes, please i				1				
Country of Bir	Category	First Appli	cant (including Minor)	Second Applic	ant/Guardian	Third Applicant		
Country of Cit								
	Tax Residency 1							
Tax Referenc								
# Country of	Tax Residency 2							
Tax Referenc								
	Tax Residency 3							
Tax Referenc	e No.3 SA, where investor is a citize	n / groopoord h	oldor of LISA					
NOMINATION	N DETAILS (Please \checkmark) (pleas	e sign if you do	not wish to nominate)					
I/We hereby	nominate the undermentioned No	ominee to receive	the amounts to my / our cre	dit in the event of mv / our de	ath. I/We also understa	nd that all payments and settlements made to su		
	nature of the Nominee acknowled		,					
Name and Addre	ss of Nominee		<u> </u>	To be furnished in case non	ninee is a minor			
Name				Name of the guardian				
Date of Birth		Y						
(in case of nomine	ee is a minor)	'		Address of guardian				
Address with Pin 0	Code			Signature of Nominee / guardian (for minor)				
Investors who wis	h to nominate two or three persons	s may fill in the sep	arate form prescribed for the	same and attach it with this app	lication form.			
	rish to nominate	,						
ign								
ere								
•	Signature of 1st Applicar	nt / Guardian	Sig	nature of 2nd Applicant		Signature of 3rd Applicant		
DECLARATI	ION AND SIGNATURES OF	APPLICANT/s	;					
Mutual Fund as in authorised by app • The ARN holder which the Scheme of servicing, issue the funds are remi if called for by UTI	dicated above. I/We agree to abide ropriate authorities in terms of all ro r has disclosed to me / us all the c e is being recommended to me / us of account statement/consolidatec itted from abroad through approvec	e by the terms and elevant documents commissions (in the . • I/We hereby au d statement of acco d banking channels declare that I am t	conditions, rules and regulatii and procedural requirements form of trail commission or a horize UTI MF/UTI AMC to sh unt etc and cross selling of pr or from my / our NRE / NRO he father/mother/guardian of	ons of the scheme as on the da • I/We have not received nor to my other mode), payable to hin hare my data furnished in the Ford oducts/schemes of the UTI MF. Account. I/We undertake to pro- he minor child in whose name	te of investment. I/We u been induced by any reb in for the different compe- orm to my distributor and I/We confirm that we a vide further details of so the application is made.	Addenda issued till date and apply to the Trustee of U ndertake to confirm that this investment has been d ate or gifts, directly or indirectly in making investmer ting Schemes of various Mutual Funds from amon other service providers of the UTI MF for the purpo tre Non-Residents of Indian Nationality/Origin and ti urce of funds and any such other relevant documer The date of birth stated by me is true and correct. I		
	e Account Statement, Abridged A receive in physical form please		unsaction Confirmation, Corr	munication of change of addr	ess, change of bank de	tails etc. through email only at the below email II		
First Applicant	Mobile No.		Tel. (F	STD CODE	Te	I. (O) STD CODE		
Details	*E mail		1	Alternate E-mail	I			
gn ere ➡								
•	ature of 1st Applicant / Guardian e of the 1st Authorised Signatory			of 2nd Applicant and Authorised Signatory		Signature of 3rd Applicant Name of the 3rd Authorised Signatory		
Designatio	n		Designation		Desi	gnation		
					o .#	4		
	*-							
	*-				}<			

Notes:

If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected. 1.

In case the applicant does not receive the Statement of Account within 10 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. 2.

Please ensure that all PAN details/ copy of KYC Acknowledgement provided by service provider are given, failing which your application will be rejected. 3. 4.

All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, Nomination, Death Claims, etc., may please be addressed to the Registrar :

M/s. Karvy Computershare Pvt. Ltd.

Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad - 500 081. Tel.: 040 - 23312454, Fax: 040 - 23115503,

Email:uti@karvy.com