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

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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) | | |
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| 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 | | |
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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