COMMON APPLICATION FORM FOR INCOME SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr. No. 2010/ Registrar Sr. No.



DISTRIBUTOR INFOR	KWATION	(only empanelled		Broker Code		e permitted to	distrib	ute Units)	CR / CA	code	DD An		r Chief I	Represe	ntative	
ARN	Bro	ker Name	Bank Branch Code			M O Code	UTI RM No.				DD Ch	DD Charges				
									DD No.:		Total Dated	d:	Drav	vn on:		
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e you invested in UTI MF res,please provide:Scl		Yes	N	lo						_ Folio	No					(Optio
APPLICANT'S PER			EASE FI	ILL IN BLOCI	K LET	TERS) \square M	1r. [Ms. \square	Mrs. \square M/s		ate of Bi	rth	d d	l m l n		v I v I
me of First Applicar																7 7
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		ETICIOS	eu	FAIN Caru	Сору	riedse (V			tory for Investory for acknowled				Yes	No		
rst Applicant's Add	ress (Do n	ot repeat the r	name)	Name & A	ddres	ss of reside	nt re	lative in	India (for NR	ls) (P.	O. Box N	No. is ı	not suff	icient)		
illage/Flat/Bldg./Plot*	·				_											
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Account Statemer	nt 🗌	Annual Repor	t [Transacti	ion Co	onfirmation		Comr	nunication o	of chan	ge of a	ddress	s, bank	details	etc.	
verseas Addresss	(Overseas	address is ma	ndator	y for NRI / I	FII app	plicants in a	additi	on to ma	iling address	in Ind	ia)					
State						*Country	,		*City				ZIP/Pin	*		
DETAILS OF OTI	HFR APP	DICANTS				Country	у						ZIF/FII	11.		
ame of 2nd Applic			Mrs 🗀	1 M/s						Da	ate of Bi	rth	d d	l m l n	n I v I ·	v I v I
	S T				πТι	D D L	le l					l i	I A I S	T		
AN OF 2nd Applica						Enclosed	P/	N Card C	opy Know	Your C	ustome	er (KY	C)			
Resident Individua		ıl	Please (✔) Minor through guardian Sole Proprietorship				HUF Pai			acknowl artnershi	y for Investment of Rs.50,000 & above cknowledgement enclosed Yes N tnership Trust AOP					
	BOI			FII				RI		Others (specify)						
ode of Holding	Sin	gle		Anyone o	r Surv	vivor	Jo	oint		Fir	st holde	er or S	urvivor (for UTI	MUS)	
ccupation	Bus	siness		Student			Α	griculture		Self employed Professional						
	Но	usewife		Retired		Service		Oth		thers (specify)						
arital Status	Uni	married		Married			V	/edding A	Anniversary D D				M	1		
nnual Income of First	Individual	Applicant		< 5 Lacs			>	5 Lacs - <	: 15 Lacs	> 1	5 Lacs -	< 25 l	_acs	> 25	Lacs	
OPTION FOR DE						-		\ -								
Applicant's address /							or NRI	s) To be de	espatched to	my resid	dent rela	tive's a	iddress i	n India	as given	above
BANK PARTICUL	LARS (IV	landatory a	is per	SEBI gui	delir	nes)			Duna	-L						
Bank Name									Bran			1	1 1	1		1 1
Address City				*Pin			1			Code	git numl	oor nov	rt to voi	ır choqu	io numk	201
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Account type (please Account No.	 Sa/	vings Curr	ent	NRO	NRE				IFS Co	ode						
PAYMENT DETAILS	5								· ·							
neque / DD# No.				Amt.	of inv	estment (i)					Acco	ount ty	pe (ple	ase √)		
te		DD Charges if any (ii)						Savings Current NRE								
nk						it paid (i-ii)			□ NRO □ DD issued fi					ed from a	abroad	
anch Please mention the applic	cation No. o	n the reverse of t	he cheai		in wo Jue / DI		wn in	favour of "	The Name of	the Sche	eme" & c	rossed	"A/c Pav	ree Only	,"	
Denotes Mandatory Field		and reverse Of t	.ic cheqi	ac / DD. CITEY	iac / Di	o must be ulay	***** 111	iavoul UI	c Hallie OI	эспе				•	ued on t	the reve
CKNOWLEDGEM	ENT SLIP								* T	· · ·	No. 201					
o be filled in by		licant)							JTI Mutual Fund	5r. I	vo. 201	U/				
ceived from Mr./Ms	s./M/s.															
n application under ongwith Cheque / D)D No *					Scheme Na	_	ated								
rawn on (Bank)	۱۷∪.							u								
or Rs. (in figures)												ĺ.	Stamp	of UTI	AMC O	ffice /

INVESTMENT D	ETAILS (Please ✓)								
UTI-G-Sec Fund		Term Plan th Option		(Default Plar	n / Option - Investment Plan & Growth Option)				
UTI-Bond Fund	UTI-MIS UTI-Mahila Unit	Scheme UTI-CRTS th Option			(Default Option - Growth Option)				
UTI-Liquid Fund	Cash Plan (Regular)	Dividend		○ Monthly*	Growth Option				
UTI-Short Term			itutional Option						
, ,	☐ Monthly Dividend Sub Option* ular), Default Option - Dividend Option (Dail ault is Cash Plan (Institutional)]		wth Sub Option nd Monthly Dividend Sub Optior	n (Reinvestment) under UTI	-Short Term Income Fund)				
UTI-GILT	Growth Plan Dividend Pla		wth Option Opividend	Option*					
Advantage Fund-LTP	Prescribed Date Auto Redemption Prescribed Appreciation Auto Re Payout Reinvestment	demption Option (PAAR) #	ole Amount		# both options available under PF Plan				
	In case of PDAR please specify a 'De	, · · · · · · · · · · · · · · · · · · ·	d m m y y y	у					
	In case of PAAR please specify a 'De	sired Appreciation Rate'	%		(Default Plan - Growth Plan)				
UTI-Treasury Advantage Fund	☐ Growth ☐ Daily Dividend ☐ Weekl ☐ Institutional Plan ☐ Growth Option	y Dividend*	Quarterly Dividend* An lend* Monthly Dividend	nual Dividend*	(Default - Daily Div. Plan / Option) nnual Dividend* Bonus Option				
UTI-MIS-Advan	tage Plan Growth Plan	Monthly Dividend Plan*	Flexi Dividend Plan*	onthly Payment Plan	(Default Option - Growth Option)				
UTI-Money Ma	rket Fund ☐ Regular Plan ☐ Daily Dividend Op	☐ Institutional Plan Institution ☐ Weekly Dividend Opt	ion*	Growth Option	(Default Option - Growth Option)				
UTI-Floating Rate Fund (STF	Regular Plan Daily Dividend Op	☐ Institutional Plan ation ☐ Weekly Dividend Opt	ion*	Growth Option	(Default Option - Growth Option)				
UTI-Fixed Matu	ırity Plan (Use separate app	lication form for each	series)	IFRAD (() (DENAD (many trans Disar No.)				
Yearly Series (YFM)	ould be drawn in favour of Regular Plan Institutio P) Half Yearly Series (HFMP) Growth Option Dividen	nal Plan Quarterly Series (QFMP)	n - YFMP (mm/yy) / F	HFMP (mm/yy) / ((Pefault Plan No.) (Default Plan - Regular Plan (Rs. 1 crore and above default is Institutiona) (Default Option - Growth Option				
UTI-VIS-ILP	Growth Option Dividend O	otion* (Default Option - Gro	wth Option)						
* Please tick your o	ption for Dividend Plan / Op	otion / Sub-option	☐ Dividend Payout	Dividend Reinvestme	nt				
Investor opting for SIP, S	STRIP, UTI - STRIP Advantage, SWP 8	& Trigger Facility may fill in	Separate Form/s prescribe	d for the same & atta	ch with this application form.				
NOMINATION D	ETAILS								
I / We hereby nomina all payments and sett / Mutual Fund / Truste	lements made to such Nomine	ee to receive the amoun e and signature of the N	ts to my / our credit in ominee/ acknowledgir	the event of my / c ng receipt thereof, s	our death. I / We also understand that shall be a valid discharge by the AMC				
Name and Addres	s of Nominee		To be furnished in	case nominee is	a minor				
Name	Name Date of Birth (in case of nominee is a minor			an					
		d m m y y y	Address of guardiar	1					
Address			Signature of Nominee / guardian						
			(for minor)						
	nominate two or three persons AND SIGNATURE OF APP		orm prescribed for the s	ame and attach her	ewith.				
I/ We have read and un UTI Mutual Fund as indi to confirm that this inve I/ We have not received The ARN holder has d Schemes of various N	derstood the contents of the Sche icated above. I / We agree to abid estment has been duly authorised I nor been induced by any rebate lisclosed to me/us all the comm lutual Funds from amongst wh	me Information Document e by the terms and conditio by appropriate authorities it or gifts, directly or indirectly issions (in the form of tr ich the Scheme is being i	/ In making investments. ail commission or any (recommended to me/u:	other mode), payak s.	issued till date and apply to the Trustee or the date of investment. I / We undertake ural requirements. I e to him for the different competing proved banking channels or from my / ou d for by UTI Mutual Fund.				
-	Applicant / Guardian	-	2nd Applicant		ignature of 3rd Applicant				
Name of 1st A	uthorised Signatory	Name of 2nd Au	uthorised Signatory	Nar	Name of 3rd Authorised Signatory				
Designation		Designation		Designat	Designation				

- 1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 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.
 All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the
- Registrar:

M/s. Karvy Computershare Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com