



APPLICATION FORM FOR UTI - RETIREMENT BENEFIT PENSION FUND AND UTI - EQUITY TAX SAVINGS PLAN

(PLEASE USE SEPARATE FORM FOR EACH SCHEME)
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr. No. 2006 /

DISTRIBUTOR / AGENT INFORMATION

Distributor / ARN

Sub-Broker Code/Bank Branch Code

MO Code

CR/CA Code

ARN-115979

EUIN-E 172792

1. INVESTMENT DETAILS (Please ✓)

I / We have read the contents of the offer document & instructions and I/We hereby apply for units of

☐ UTI - Retirement Benefit Pension Fund (UTI-RBP)

☐ UTI - Equity Tax Savings Plan (UTI-ETSP)

OPTION

☐ GROWTH

☐ DIVIDEND PAY-OUT

☐ DIVIDEND RE-INVESTMENT

If no option is indicated. It will be deemed to be under Growth Option.

SYSTEMATIC INVESTMENT PLAN

☐ I / We wish to opt for Systematic Investment Plan (Minimum Rs.500/-). Please fill up separate application for Systematic Investment Plan (SIP) and attach herewith.

SYSTEMATIC WITHDRAWAL PLAN (Applicable only to UTI - RBP)

I wish to receive an amount of Rs. (Minimum Rs.1,000/- and in multiples of Rs.100/- thereafter) on ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly basis as per provisions of "Systematic Withdrawal Plan" and shall abide by the terms and conditions of the Plan.

2. APPLICANT INFORMATION (Please fill in Block Letters)

Personal Details of First Applicant/The beneficiary under RBP
(for investment by Non-Individual)/Minor/Karta of HUF.

Title ☐ Mr ☐ Ms ☐ M/s ☐ Others

Name

Date of Birth (Mandatory for UTI-RBP)

PAN (Ref. instruction i)

Not applicable to NRI

d d m m y y y y

Full Name of Father/Husband of the Applicant or the beneficiary under RBP (for investment by Non-individual) /

Name of Parent/Guardian (in case of Minor) under UTI-ETSP

Mr / Ms

Name of Second Applicant/Alternate Parent of the Minor under UTI-ETSP.

Mr / Ms / M/s

PAN (Ref. instruction i)

Name of Third Applicant

Mr / Ms / M/s

PAN (Ref. instruction i)

Mode of Holding (Please ✓)

☐ Single

☐ Joint

☐ Anyone or Survivor

Mailing Address of Sole / First Applicant (P.O. Box Address is not sufficient)

City

Pin Code

State

(Furnishing of Pin Code details is mandatory)

Contact details of First / Sole Applicant

Phone / Mobile

e-mail

Overseas Address in case of NRIs / FIIs

Country

Postal Code

3. OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT IN CASE OF NRIs

☐ To be Despatched to my Foreign Address.

☐ To be Despatched at my Relative's Address in India.

(Application form continued on the reverse)



ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr.No. 2006/

Received from Mr / Ms / M/s

an application under

along with Cheque / DD No.*

dated

Drawn on (Bank)

for Rs. (in figures)

* Cheques and drafts are subject to realisation.

(Scheme Name)

Stamp of UTI AMC Office/Authorised
Collection Center

4. PAYMENT DETAILS

Cheque / DD* No.	<input type="text"/>	Amt. of Cheque/DD (i)	<input type="text"/>	Account Type (please ✓)	
Date	<input type="text"/>	DD Charges if any (ii)	<input type="text"/>	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
Bank	<input type="text"/>	Amt. of investment (i+ii)	<input type="text"/>	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO
Branch	<input type="text"/>	Amt. in Words	<input type="text"/>		
				<input type="checkbox"/> DD issued from abroad	

5. BANK ACCOUNT DETAILS (Mandatory as per SEBI guidelines)

Please provide the following details relating to the Sole / First Holder for Redemption / Dividend Warrants.

Name of the Bank	<input type="text"/>	Branch	<input type="text"/>
Branch Address	<input type="text"/>	City	<input type="text"/>
Pin Code	<input type="text"/>	Account Type (please ✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Account Number	<input type="text"/>		

6. ELECTRONIC CLEARING SERVICE (ECS) ☐ (Please ✓)

I/We authorise UTI Mutual Fund to credit Dividend amount through ECS.

The 9 digit MICR Code number of my/our Bank and Branch is : (The 9 digit code appears on your cheque next to the Cheque Number)

7. NOMINATION DETAILS (optional)

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name and Address of Nominee		To be furnished in case Nominee is a Minor	
Name	<input type="text"/>	Name of Guardian	<input type="text"/>
Address	<input type="text"/>	Address of Guardian	<input type="text"/>
	<input type="text"/>	Signature of Guardian (Optional)	<input type="text"/>
Date of Birth (in case Nominee is a minor)	<input type="text"/>		

8. E-MAIL COMMUNICATION (refer instruction j)

I/We wish to receive the following via e-mail (Please ✓)

<input type="checkbox"/> Account Statement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Transaction Confirmation	<input type="checkbox"/> Communication of change of address, bank details, etc.
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9. DECLARATION AND SIGNATURES OF APPLICANT/s

I/We have read and understood the contents of the offer document and key information memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

*I/We 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/our funds from my/our NRE/NRO Account. I/We undertake to provide further details of source of funds and any such other relevant document, if called for by UTI Mutual Fund.

* Applicable to NRIs

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Applicant	Second Applicant	Third Applicant

FOR OFFICE USE ONLY

UTI AMC INWARD NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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UFC CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Notes:

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the Statement of Account is not received within 30 days from the date of acceptance of the application, please write quoting serial number, date of acknowledgment and the name of the accepting authority to the Registrar.
- All communications relating to issue of Statement of Account, nomination, change in name, address or bank particulars, repurchase, death claims etc., may please be addressed to the Registrar :

(A) Computer Age Management Services Pvt. Ltd. (CAMS) : For UTI - RETIREMENT BENEFIT PENSION FUND
5th Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel : 28559903

(B) UTI Technology Services Ltd. : For UTI - EQUITY TAX SAVINGS PLAN
Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010