

APPLICATION FORM

UTI-UNIT LINKED INSURANCE PLAN (UTI-ULIP)

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (Refer instruction 'h')							BDA / CA Code
ARN / RIA code*	Name of Financial Advisor	Sub ARN Code	Sub-Code / Bank Branch Code	M O Code	EUI No.®	UTI RM No.	
ARN-115979					EUIN-E 172792		

^ By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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 EUIN 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 and sign below when EUIN box is left blank). (refer instruction 'w')

Signature of Applicant / Guardian

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR

(Please tick any one of the below.) (Refer instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

☐ 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 If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s.

Name of Applicant (as appearing in ID proof given for KYC) / Minor (above 12 years of age)

Date of Birth of Minor / Applicant Mandatory

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*

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 (OR) GUARDIAN (IN CASE OF MINOR)\$\$ (as appearing in ID proof given for KYC) / HUSBAND OF THE APPLICANT ☐ Mr. ☐ Ms. ☐ Mrs.

\$\$ 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')

ADDRESS OF THE FATHER / MOTHER / GUARDIAN OF MINOR (if different from address mentioned above)

(Post box no. alone is not sufficient)

City*

State Country* Pin*

*PAN/PEKRN\$ OF APPLICANT / MINOR / FATHER / MOTHER / GUARDIAN (whose particulars are furnished in the form)

Please (✓)

Enclosed copy of ☐ PAN/PEKRN Card/ID Proof Copy ☐ KYC Compliance Proof* AADHAAR Card No.

PAN NO. OF HUF/SPOUSE Enclosed copy of ☐ PAN/PEKRN Card/ID Proof Copy ☐ KYC Compliance Proof

\$ Required for MICRO Investment upto Rs. 50,000/- (refer instruction 'q')

FRIEND IN NEED DETAILS 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. **(Refer instruction - 'k')**

Name	<input type="text"/>																													
Address:	<input type="text"/>																													
<input type="text"/>																														
Relationship with the applicant (optional)	<input type="text"/>										Email	<input type="text"/>										Mobile	<input type="text"/>							

BANK PARTICULARS OF APPLICANT / MINOR (Mandatory as per SEBI guidelines) (Please ensure that the cheque complies to the CTS 2010 Standard)

Bank Name	<input type="text"/>															Branch	<input type="text"/>																
Address	<input type="text"/>															MICR Code	<input type="text"/>									(this is a 9-digit number next to your cheque number)							
	<input type="text"/>																<input type="text"/>																
	<input type="text"/>																<input type="text"/>																
City	<input type="text"/>										*Pin	<input type="text"/>						<input type="text"/>															
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE																IFS Code	<input type="text"/>																
Account No.	<input type="text"/>															(this is a 11-digit number)																	

INVESTMENT AND PAYMENT DETAILS (For "DIRECT PLAN" Please tick here ☐ & tick Plan Period / Type of Insurance Cover given below) (Refer instruction - 'j' & 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

Target Amount (₹)	<input type="text"/>		Mode of contribution	<input type="checkbox"/> Yrly <input type="checkbox"/> Half Yrly <input type="checkbox"/> SIP / Micro SIP		Age in Yrs	<input type="text"/>		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
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Investor opting for Systematic Investment Plan (SIP) / Micro SIP should fill in the separate form for the same.

Number of contributions now paid (initial + renewal) = _____ (not applicable for SIP / Micro SIP)

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term	<input type="text"/>	<input type="text"/>	<input type="text"/>

† Cheque/DD/NEFT/RTGS* Ref.No. /	<input type="text"/>															<input type="checkbox"/> Cash	Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE
Unique Serial No. (For Cash)	<input type="text"/>															(please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad		
Account No.	<input type="text"/>																	

Bank & Branch _____

☐ Please tick if the above payment is made from your Spouse / HUF Bank Account. In case of Spouse, please tick ☐ Husband ☐ Wife ☐ HUF

† Please mention the Application No. on the reverse of the Cheque/DD, NEFT/RTGS advice. Cheque/DD must be drawn in favour of "UTI-ULIP" & crossed "A/c Payee Only".

‡ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

☐ UTI Smart Form (OTM) if already registered (Applicable for existing invest)

I have regular and independent income ☐ YES ☐ NO

I am a ☐ resident ☐ non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.

In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company (Please strike off if the same is not acceptable).

I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds ₹ 15,00,000/-. I realise that in the event of its exceeding ₹ 15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to ₹ 15,00,000/- (₹ 5,00,000/- for females without regular income).

I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.

Particulars of health. (Applicants who are unable to complete this form of declaration of good health to UTI AMC's satisfaction, will not be admitted to the plan.)

- (A) Am I in sound health: ☐ YES ☐ NO (If No, investment under UTI-ULIP is not permissible)
- (B) Have I ever suffered from any of the following: ☐ NO ☐ YES (If yes, please tick from the following) (If suffering from any of the following ailments, application will be liable for rejection)
- | | | | | |
|---|---|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Insanity | <input type="checkbox"/> Any disease of the heart and lungs |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Any disease of brain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Any other serious disease |
- (C) Do I have any physical deformity or handicap: ☐ NO ☐ YES If yes, (i) the date of occurrence _____ (Enclose the Certificate of deformity)
- (ii) the extent of deformity _____ (iii) the present condition _____ (iv) whether gainfully employed ☐ YES ☐ NO
- (D) **Declaration of health:** I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

HEALTH DECLARATION (To be completed by the Financial Advisor of UTI AMC or by the authorised person[^])

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from _____ (Please state nature of proof).
The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. _____ whose signature is appended.

(Signature of witness identifying the applicant)

Date: _____ Place: _____

Name of witness
(in block letters) _____

Occupation: _____

Address: _____

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(Signature of the authorised person) [MANDATORY] €

Date: _____ Place: _____

Name of authorised person
(in block letters) _____

Status: (UTI AMC Financial Advisor, Magistrate, Bank Manager etc.) _____

Code No. (If UTI AMC Financial Advisor): _____

Office Seal (if others): _____

Address: _____

€ In absence of above the application is liable to be rejected

[^]UTI AMC BDA/Financial Advisor/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: ☐ Resident Individual ☐ Minor through guardian ☐ NRI

OCCUPATION: ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional ☐ Housewife
☐ Retired ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Forex Dealer ☐ Others (Please specify) _____

MARITAL STATUS ☐ Unmarried ☐ Married ☐ Wedding Anniversary

CATEGORY UNDER UTI-ULIP ☐ In my/our individual capacity (Please fill in the nomination form) ☐ On behalf of minor as Father/Mother/Lawful guardian

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 ₹ _____ as on (date) / /

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
(For definition of PEP refer instruction 'x')

(C) **Any other information:** _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD) (Refer instruction 'z')**Information to be provided by the Applicant**

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant/Guardian

If **Yes**, please tick here: ☐ First Applicant /Guardian please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.



ACKNOWLEDGEMENT (To be filled in by the Applicant)
UTI-Unit Linked Insurance Plan (UTI-ULIP)
(UTI-ULIP is eligible for deduction under Section 80C of the Income-Tax Act, 1961)

Sr. No. 2016/

Received from Mr / Ms

along with Cheque / DD No.[§] /
NEFT/RTGS Ref. No./Unique
Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

[§] Cheques and drafts are subject to realisation.Stamp of UTI AMC Office/
Authorised Collection Centre

NOMINATION DETAILS (Please ✓) (Person applying on behalf of Minor cannot nominate) (please sign if you do not wish to nominate)

☐ 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 / Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor										
Name	Name of the guardian										
Date of Birth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> (in case of nominee is a minor)											Address of guardian
Mobile No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Address	Signature of Nominee / guardian (for minor)										

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

Signature of Applicant / Guardian

DECLARATION AND SIGNATURE OF APPLICANT/S

● I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, 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 schemes 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. ● The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual funds from amongst which the scheme is being recommended to me/us. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 NRE/NRO account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual fund. (Applicable to NRIs.) ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)

☐ Through email[∞] ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above[®] ☐ To be dispatched to my resident relative's address in India as mentioned above[®]

[∞] Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

[®] Applicable to NRIs

First Applicant Details	Mobile No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Tel. (R) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Tel. (O) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
*E-mail _____ Alternate E-mail _____																					

Signature of Applicant / Guardian / POA^{^^}

^{^^} Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'aa')

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. 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, Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad – 500 032.

Board No: 040 - 6716 2222, Fax no : 040- 6716 1888, Email:uti@karvy.com

Haq, ek behtar zindagi ka.

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instruction as agreed and signed by me.
I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.

Haq, ek behtar zindagi ka.

☐ I/ We have read and understood the Scheme Information Document, Key Information Memorandum and addenda and agree to abide by the same. I/We hereby authorise UTI MUTUAL FUND and their authorized service providers and my banker, to debit my/our following bank account using the Mandate form. I/We hereby request you to register me/us for availing this facility and carrying out transactions of Purchase/ SIP/Redemption/Switch in my /our above mentioned folio wherever applicable. I/we have read and understood the Terms & Conditions of the facility in which I/we wish to subscribe as available on UTI MF website ([http:// www.utimf.com /customerservice /Pages/default.aspx](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

*Folio held in Single and anyone or survivor is only allowed to register- #only renewal contribution can be made using smart form)

Haq, ek behtar zindagi ka.

The mobile number and email ID provided above will be registered/replaced with the mobile number and email ID in the folio.

Note : All purchases are subject to realisation of Cheques/ receipt of funds.