

INVESTMENT DETAILS (Please ✓)

☐ **UTI-G-Sec Fund** ☐ Investment Plan ☐ Short Term Plan (Default Plan / Option - Investment Plan & Growth Option)
☐ Dividend Option* ☐ Growth Option

☐ **UTI-Bond Fund** ☐ **UTI-MIS** ☐ **UTI-Mahila Unit Scheme** ☐ **UTI-CRTS** (Default Option - Growth Option)
☐ Dividend Option* ☐ Growth Option \$

\$ I/We wish to opt for **Systematic Withdrawal Plan under Growth Option of** ☐ **UTI-Bond Fund** ☐ **UTI-Monthly Income Scheme (MIS)** ☐ **UTI-CRTS** as under :

☐ Fixed Withdrawal Plan ☐ Monthly Payment : Rs. _____ ☐ Quarterly Payment : Rs. _____
☐ Variable Withdrawal Plan (available under UTI-Bond Fund only)

☐ **UTI-Liquid Fund** ☐ Cash Plan (Regular) ☐ Dividend ☐ Monthly ☐ Growth
☐ Cash Plan (Institutional) ☐ Dividend Option ☐ Daily ☐ Weekly ☐ Monthly* ☐ Growth Option

☐ **UTI-Short Term Income Fund** ☐ Regular Option ☐ Institutional Option
☐ Dividend Monthly Dividend Sub Option* ☐ Growth Sub Option

(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)
 [For Rs. 1 crore and above default is Cash Plan (Institutional)]

☐ **UTI-GILT Advantage Fund-LTP** ☐ Growth Plan ☐ Dividend Plan* ☐ PF Plan ☐ Growth Option ☐ Dividend Option*
☐ Prescribed Date Auto Redemption Option (PDAR) # ☐ Prescribed Appreciation Auto Redemption Option (PAAR) # # both options available under PF Plan
☐ Payout ☐ Reinvestment ☐ Principal Amount ☐ Whole Amount
 In case of PDAR please specify a 'Desired Maturity Date' | d | d | m | m | y | y | y | y |
 In case of PAAR please specify a 'Desired Appreciation Rate' _____ % (Default Plan - Growth Plan)

☐ **UTI-Treasury Advantage Fund** ☐ Growth ☐ Daily Dividend ☐ Weekly Dividend* ☐ Monthly Dividend* ☐ Quarterly Dividend* ☐ Annual Dividend* ☐ Bonus (Default - Daily Div. Plan / Option)
☐ Institutional Plan ☐ Growth Option ☐ Daily Dividend ☐ Weekly Dividend* ☐ Monthly Dividend ☐ Quarterly Dividend* ☐ Annual Dividend* ☐ Bonus Option

☐ **UTI-MIS-Advantage Plan** ☐ Growth Plan ☐ Monthly Dividend Plan* ☐ Flexi Dividend Plan* ☐ Monthly Payment Plan (Default Option - Growth Option)

☐ **UTI-Money Market Fund** ☐ Regular Plan ☐ Institutional Plan (Default Option - Growth Option)
☐ Daily Dividend Option ☐ Weekly Dividend Option* ☐ Growth Option

☐ **UTI-Floating Rate Fund (STP)** ☐ Regular Plan ☐ Institutional Plan (Default Option - Growth Option)
☐ Daily Dividend Option ☐ Weekly Dividend Option* ☐ Growth Option

☐ **UTI-Fixed Maturity Plan (Use separate application form for each series)**
Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)
☐ Regular Plan ☐ Institutional Plan (Default Plan - Regular Plan)
☐ Yearly Series (YFMP) ☐ Half Yearly Series (HFMP) ☐ Quarterly Series (QFMP) (Rs. 1 crore and above default is Institutional)
☐ Growth Option ☐ Dividend Option (Default Option - Growth Option)

☐ **UTI-VIS-ILP** ☐ Growth Option ☐ Dividend Option* (Default Option - Growth Option)

*** Please tick your option for Dividend Plan / Option / Sub-option** ☐ Dividend Payout ☐ Dividend Reinvestment

Investor opting for SIP, STRIP UTI - STRIP Advantage, SWP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.

NOMINATION DETAILS

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	Date of Birth (in case of nominee is a minor)	Name of the guardian	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Address of guardian	
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 herewith.

DECLARATION AND SIGNATURE OF APPLICANT/s

I / We have read and understood the contents of the Scheme Information 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.

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 confirm that we are Non-Residents or 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

Signature of 1st Applicant / Guardian
Name of 1st Authorised Signatory

Signature of 2nd Applicant
Name of 2nd Authorised Signatory

Signature of 3rd Applicant
Name of 3rd Authorised Signatory

Designation _____

Designation _____

Designation _____

Notes :

- 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