

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

| Broker Code/ ARN | Sub-Broker Code/ ARN/ Branch Code | Branch Manager Code | LG/ MO/ CRE Code | EUIN* (Refer Section 'M' of instructions) | RIA Code / PMRN** | Ref. No. |
|------------------|-----------------------------------|---------------------|------------------|---|-------------------|----------|
|                  |                                   |                     |                  |   |                   |          |

For Office use only

\*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

\*\*By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

|   |  |   |
|---|--|---|
| Signature<br>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory | Signature<br>Second Applicant/ POA/ Authorised Signatory | Signature<br>Third Applicant/ POA/ Authorised Signatory |
|---|--|---|

Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'K' of instructions)**

☐ I confirm that I am a First time investor across Mutual Funds ☐ I confirm that I am an Existing investor in Mutual Funds  
In case the subscription amount is ` 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ` 150/- (for first time mutual fund investor) or ` 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

- EXISTING UNIT HOLDER INFORMATION** (Please complete Section 1, 9 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) **\*Mandatory**  

|                   |           |
|-------------------|-----------|
| Unitholder's Name | Folio No. |
|-------------------|-----------|
- MODE OF HOLDING** ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors
- FIRST APPLICANT'S INFORMATION\*** [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)  
☐ Mr. ☐ Ms. ☐ M/s. **N A M E**  
**PAN** ☐ KYC **CKYC No. (KIN)^**  
**3a. Contact Details\*** (Refer Section 'J' of Instructions) (Please ensure to mention Country and Area Code)  
Mobile No<sup>5</sup> **E-mail<sup>6</sup>**  
Tel. (Off.) Country/ Area code Tel. (Res.) Country/ Area code Fax Country/ Area code  
<sup>5</sup>Mobile number specified above belongs to [Please (✓)]  
☐ Self ☐ Spouse ☐ Guardian (for Minor investment)  
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings  
<sup>6</sup>Email address specified above belongs to [Please (✓)]  
☐ Self ☐ Spouse ☐ Guardian (for Minor investment)  
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings  
On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in  
**Mailing address\*** (P. O. Box address is not sufficient.)  
City State Pin Code  
**Overseas address** (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)  
City Country Area Code  
**3b. Date of Birth** (Mandatory for investment received through minors) D D M M Y Y Y Y  
**Minor's Relationship with Guardian** (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian  
**3c. Proof for Date of Birth and relationship with Guardian** ☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/ State Board ☐ Passport ☐ Others (Please Specify)  
**3d. Status\*** ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF  
☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company  
☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify)  
**3e. Occupation\*** ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)  
**3f. Gross Annual Income\*** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore  
**Net-worth in** ` as on D D M M Y Y Y Y (Not older than 1 year)

<sup>5</sup>Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

- DEBIT MANDATE** (Lumpsum Investment) (For Union Bank of India account holders)  

|                            |
|----------------------------|
| Application No. WEB-709938 |
|----------------------------|

To Branch Manager - Union Bank of India Date / /

I/ We

authorise you to debit my / our Account No. Type of Account

` (in figures) (in words) to

pay for the purchase of units of Union (Scheme Name).

Signature of Account Holder(s) / Authorised Signatory(ies)  
(As per Bank records)

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. WEB-709938

Received from: Mr./ Ms. /M/s

an application for units of (Scheme/Plan/Option)

Amount Instrument No

Dated / / Drawn on Bank &amp; Branch

\_\_\_\_\_

✂ ————— ✂



**Union**  
Mutual Funds

7. PAYOUT BANK ACCOUNT DETAILS \* [Please tick (✓)] (Refer Section 'D' and 'F' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '9' below as default payout bank account ☐ Yes ☐ No  
(If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)

Bank Name

Bank A/C No

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (Please Specify)

Bank City

State

PIN

IFSC CODE

MICR CODE

In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.

Document Attached

☐ Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed  
☐ Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months

(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

8. UNITHOLDING OPTION [Please tick (✓)] ☐ Physical Mode ☐ Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

DEMAT ACCOUNT DETAILS (Refer Section 'H' of instructions)

NSDL: Depository Participant (DP) Name DP ID No: I N Beneficiary Account Number

CDSL: Depository Participant (DP) Name Beneficiary Account Number

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

9. INVESTMENT AND PAYMENT DETAILS\* [Please tick (✓)] (Refer Section 'F' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme U N I O N

Plan

Option

Sub Option

IDCW Frequency~

☐ Regular/ Other than Direct Plan ☐ Direct ☐ Growth ☐ IDCW ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

Transfer of IDCW to U N X O N

Plan/ Option

Facility

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

LUMP SUM

Payment Mode: ☐ Cheque ☐ RTGS ☐ NEFT ☐ Fund Transfer ☐ Debit Mandate (Union Bank of India A/C Holders only) ☐ One Time Mandate (OTM)

Cheque / RTGS / NEFT No.

Cheque / RTGS / NEFT Date D D M M Y Y Y Y

Amount in ` (Figures)

Amount in ` (words)

Source Bank Name

Source Branch

Source Bank A/C No.

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Source Bank IFSC Code

Cheque Issuer Name

In case the cheque is issued by a person other than the investor

If electronic transfer, please fill UTR No.

If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)

~Note: IDCW - Income Distribution cum Capital Withdrawal Option

TO BE FILLED ONLY IN CASE OF SIP APPLICANT

Name

PAN

Scheme/ Plan/ Option

SIP Amount

Frequency\*  
☐ Daily ☐ Weekly  
☐ Monthly ☐ Quarterly

SIP Date\*  
D D

SIP Day\*  
D D

Start Day/Month/Year  
D D M M Y Y Y Y

End Month/Year  
(Default Dec 2099)  
M M Y Y Y Y Y Y

#Note: In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day. **Daily Frequency** is available only for Union Flexi Cap Fund. **Weekly Frequency** is available under all existing schemes except Union Liquid Fund and Union Overnight Fund. Any day between Monday to Friday to be specified for Weekly frequency, incase of any discrepancy "Wednesday" shall be considered as default day. **Monthly/ Quarterly Frequency:** SIP Date to be specified for monthly/quarterly frequency, In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered shall be 8th of the specified month/ quarter.

## MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN

Date D D M M Y Y Y Y

[tick (✓)]

CREATE ☒

MODIFY ☒

CANCEL ☒

Sponsor Bank Code

For Office Use Only

Utility Code

For Office Use Only

I/We, hereby authorize Union Mutual Fund

To debit [tick (✓)] ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank

Name of Customer's Bank

IFSC

or MICR

an amount of Rupees

in words

in figures

FREQUENCY ☒ Daily ☒ Weekly ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Folio No.

Phone No.

Reference 2

Application No.

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD

From D D M M Y Y Y Y

To 3 1 1 2 2 0 9 9

Or ☒ Until cancelled

Signature Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

**Declaration:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.