

Amount

___/___ Drawn on Bank & Branch_

Dated

COMMON APPLICATION FORM

Application No

Collection centre's stamp with

date and time of receipt

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

	ARN/ Branch Co	de Manager Code	Code	(Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
ARN-96458				E108296		
anager/sales person of the above tributor has not charged any advis mentioning the RIA Code/ PMRN, ion Mutual Fund with the SEBI Reg Signature sole/ First Applicant/ Guardian/ PO/ upfront commission shall be paid ISACTION CHARGES FOR APP onfirm that I am a First time inve- tase the subscription amount is	distributor or notwiths sory fees on this transa, I/we hereby give my/c jistered Investment Ad A/ Authorised Signatory I directly by the investo LICATIONS THROUG stor across Mutual Fu ₹ 10,000/- or more an	standing the advice of inction. Dur consent to share/proviviser/ SEBI registered Posecond. Second. To the AMFI registered of the DISTRIBUTORS ONLININGS. Indoor Distributor has a dispose of the share of the sha	-appropriateness, if an vide the transactions do rtfolio Managers. Signature Applicant/ POA/ Authori listributors based on the Y. (Refer Section 'J' of Coopted-in to receive Tra	y, provided by the emplate feed / unit holdings in seed Signatory e investors assessment of instructions) firm that I am an Existing ansaction Charges, ₹ 1	respect of my/our inv Third App of various factors inclu ig investor in Mutual 50/- (for first time mu	utual fund investor) or ₹ 100/- (for inve
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Unitholder's Name		add complete decision 1, 1, 5 c	(The detaile in our			Folio No.
	O Single O J	Joint (Default option)	Anyone or Su	rvivors		
FIRST APPLICANT'S INFO	DRMATION* [Please	e tick (🗸)] (Refer Sect	ion 'B', 'C' and 'G' of	instructions) (Please	ensure that the detail	ils mentioned matches with the KYC de
○ Mr. ○ Ms. ○ M/s.				N A M E		
PAN		ОКУС	;	CKYC No. (K	IN) ^	
3a. Contact Details* (Refer	r Section 'I' of Instru	ctions) (Please ensure	to mention Country an	d Area Code)		
Mobile No.		E-mail ^{\$}				
Tel. (Off.) Country/ Area code		Tel. (Res.)	ountry/ Area code		Fax Countr	y/ Area code
^s The primary email address a On providing email-id, investo However, if the investors wish Mailing address* (P. O. Box	ors shall receive the so to receive the schem	cheme wise annual report or	ort or an abridged sum	mary thereof/ account thereof in physical form	statements/ statutory n [Please (✓)] Opt-in	and other documents by email.
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FATCA INFORMATION/ FOREIGN Declaration Form available at <u>www</u>	v.unionmf.com o	r at our (Custome								ate FA	TCA aı	nd
The below information is required for													
Category	First App	licant (in	cluding N	linor)	Secon	d Appli	cant/ G	uardian		Third A	pplica	nt	_
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	O Y	'es	○ No		0	Yes	C	No	0	Yes	() No	
* If Yes, please in	dicate all countri	ies in whi	ch you ar	e resident for	tax purpos	es and t	he asso	ciated Tax R	eference Numb	ers belo	W.		_
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Tax Payer Ref. ID No. 1													_
Documentation Type 1													_
(TIN or Other Please specify)													
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason	O A	ОВ	O C	Reason	○ A	O E	3 O C	Reason	O A	0	В	0
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Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	1	1	1	✓	1	1		1	1	1
KYC Acknowledgement	1	1	1	1	✓	1	1	✓	/	1	√ *
Resolution/ Authorisation to invest		/	1	/		1		/		1	
List of authorised signatories with specimen signatures		✓	1	/	/	/		/		1	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	1	✓		✓					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	1	1	/	/	✓	/	1		/	✓	
Demat Statement (Latest available)											1
Client Master Statement (Latest available)											1
HUF Deed									/		
Overseas Auditor's Certificate & SEBI Regn. Certificate								√			
FATCA Form & UBO Declarations	1	1	/	1	√	/	/	/	/	/	1

 $\ensuremath{^{\star}}\xspace For demat holder, submission of KYC is optional.$

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Pvt. Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059

Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333

Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



7.	ΡΔΥ	YOUT BANK ACCOUNT DE	TAILS * [Please tick (✔)] (Refe	r Section 'D' and 'G' of instruction	ns) (Will be un	dated only if the	nroof of bank accou	nt is available)
			bank account mentioned under		, , ,	•	•	
	(Wil	ll be updated only if payment	t is through cheque/debit manda	ate or proof of pay-in with IFSC	code is enclose	ed)	<u> </u>	
	Ban	nk Name						
	Ban	nk A/C No		Bank Branch				
	A/C	Type Savings	○ Current ○ NRE	O NRO O FCNR	Others		(Please Specify)	
	Ban	nk City		State			PII	N
	IFS	C CODE	MIC	CR CODE				different from Pay-in bank
	Doc	cument Attached O Bar	nk Statement O Cancelled ch	eque with name pre-printed	Pass Book	account detail ple	ease submit necessary o	ocuments as proof.
	<u> </u>		earing on your cheque leaf, manda					
	For	unit holders opting to inve	est in demat mode, please ens	ure that the bank account lin	ked with the d	emat account i	s mentioned here.	
8.		ITHOLDING OPTION [Pleas	1 73	de O Demat Mode (If demat acc	count details are p	provided below, un	nits will be allotted by defa	ault in electronic mode only)
	DEN	MAT ACCOUNT DETAILS (F	Refer Section 'G' of instructions)			7 5 6		
	NSE	DL: Depository Participant (D	P) Name	DP ID No: I N		Beneficiary A	Account Number	
	CDS	SL: Depository Participant (D	DP) Name	Beneficiary Accou	unt Number			
			tion/ sequence of names and mo					
	Inve	estor willing to invest in demat	t option, may provide a copy of the	he DP statement to enable us to	match the dem	at details as stat	ted in the Application I	Form.
9.	INV		DETAILS* [Please tick (✓)] (R	efer Section 'E' , 'F', 'G' and 'N'	of instructions)	[Third Party pay	yment(s) will not be a	ccepted]
	Nam	ne of the Scheme U N	ION					
		Plan	Option	Sub Optio	n		Dividend Freq	uency~
	○ Re	egular/ Other than Direct Plan	O Direct O Growth O Dividence	d Olividend Payout OReinv	estment OSw	veep Oaily	○ Weekly ○ Fo	rtnightly
	Divi	dend Sweep to U N I	0 N					
	Plar	n/ Option			Facility			
	Defa	ault Plan/ Option/ Facility will	I be applied in case of no inform	nation, ambiguity or discrepanc	y.			
		Payment Mode: O Che	eque O RTGS O NEFT	Fund Transfer O Debit Ma	andate (Union B	Bank of India A/C	Holders only) Or	e Time Mandate (OTM)
		Cheque / RTGS / NEFT No.			Ch	eque / RTGS / N		D M M Y Y Y
		Amount in ₹ (Figures)		Amount in ₹ (words)				
	Σ	Source Bank Name			Sour	ce Branch		
	LUMPSUM	Source Bank A/C No.		Accour	nt Type	Savings O	Current O NRE	NRO FCNR
	3	Source Bank IFSC Code		Cheque Issuer Name	In case th	e cheque is issi	ued by a person other	than the investor
	_	If electronic transfer, please	fill UTR No.					
		If One Time Mandate, pleas	se fill, Unique Mandate Referenc	e Number (UMRN)				
		Document attached in the c	case of third party payments (Ma	andatory) O Third Party De	clarations			
			TO BE I	FILLED ONLY IN CASE OF	SIP APPLIC	CANT		
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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.

NOMINATION DETAILS* [Please	tick (✓)] (Refer Section 'H' of in	structions)				
O Please register nomination as re	equested below OI/We do r	not wish to nominate	<u> </u>	([®] Plea	ase strike out the form below)	
I/We hereby nominate the under me settlements made to such Nominee(nt of my / our death. I/We also understa	and that all payments and	
Name and Address of Nominee	PAN of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee	
			(to be furnished	d in case the Nominee is a minor)	(Optional)	
Nominee						
Nominee						
Nominee						
		1	1	1		
DECLARATION & SIGNATURES*	(Refer Section 'K' of instruction	ns)				

11.

- I/We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. 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 confirm that Union Mutual Fund (the Fund)/Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/us any indicative portfolio and indicative yield, in any manner whatsoever. I/We hereby confirm that at the time of investment, I/we have the express authority to invest in units of the Scheme and the AMC/Trustee/Mutual Fund/Sponsor will not be responsible if such investment is ultravires the relevant constitution.
- I/We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/modificationsto the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judical or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/tax authorities.

Applicable to SIP Investments only: I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information. I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/FCNR account(s).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.





Education Investment Planning

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MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit/ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors can choose any preferred date of the month as SIP debit date. In case the chosen SIP date falls on a non - business date or a date which is not available in a particular month. The SIP will be processed on the immediate next business day.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.

- viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable
- Following fields need to be filled mandatorily:-
 - Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box
 - Bank Account Number (Investor's bank account number)
 - Name of Destination Bank (Investor's bank) d.
 - IFSC/MICR code
 - Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - Reference 1: Mention Folio Number
 - Reference 2: Mention Application No.
 - Phone No. (Optional)
 - Email ID (Optional)
 - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - Signature as per bank account records
 - Name: Mention Bank Account Holder Name as per bank records