

(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 ARN/ Branch Code	Internal Sub-Broker Code	EUIIN* (Refer Section 'M' of instructions)	RIA Code / PMRN**	Ref No.
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*I/We hereby confirm that the EUIIN 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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7 & 12 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.**

2. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

3. 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. NAME

PAN (Copy of PAN Advisable) KYC **CKYC No. (KIN) ^**

LEI Code ^ ^ Valid up to

D	D	M	M	Y	Y	Y	Y
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3a. Contact Details* (Refer Section 'J' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No[§] E-mail[§]

Tel. (Off.) Tel. (Res.) Fax

[§]Mobile number specified above belongs to [Please (✓)] [§]Email address specified above belongs to [Please (✓)]

Self Spouse Guardian (for Minor investment) Self Spouse Guardian (for Minor investment)

Dependent Children Dependent Parents Dependent Siblings 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*

D	D	M	M	Y	Y	Y	Y
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Minor's Relationship with Guardian (referred in point no. 4) Father Mother Legal Guardian

3c. Proof of Date of Birth and relationship with Guardian (Mandatory for investment through Minors) 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
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 (Not older than 1 year)

Please tick (✓)* **For Non - Individual Investors*** (Is the entity involved in / providing any of the following services)

Politically Exposed Person Foreign Exchange / Money Changer Services Yes No

Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No

Not Applicable Money Lending / Pawning Yes No

Any other information [Please specify]: _____

Non-Profit Organization [NPO] Please tick (✓)* Yes No If yes, please quote the NPO Registration Number provided by **DARPAN portal**:

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). (If not registered already, please register immediately and confirm with the above information)

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)]

(Refer Section 'B' and 'C' of instructions)

Mr. Ms. NAME OF SECOND APPLICANT Date of Birth*

D	D	M	M	Y	Y	Y	Y
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PAN (Copy of PAN Advisable) KYC **CKYC No. (KIN) ^**

4a. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

4b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

4c. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore **Net-worth in ₹** _____

4d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

4e. Contact Details* Mobile No[§] E-mail[§]

[§]Mobile number specified above belongs to [Please (✓)] [§]Email address specified above belongs to [Please (✓)]

Self Spouse Guardian (for Minor investment) Self Spouse Guardian (for Minor investment)

Dependent Children Dependent Parents Dependent Siblings Dependent Children Dependent Parents Dependent Siblings

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____



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

an application for units of **Union Active Momentum Fund** _____ (Plan/ Option)

Amount _____ Instrument No _____

Dated ____/____/____ Drawn on Bank & Branch _____

Collection centre's stamp with date and time of receipt

NFO OPENS ON : NOVEMBER 28, 2024 CLOSURE ON : DECEMBER 12, 2024

7. INVESTMENT TYPE [Please tick (✓)] (Refer Section 'Q' of instructions)

LUMP SUM LUMP SUM WITH UNION SMART-STAGGER PLAN (USP) FACILITY (Refer Section 'Q' of instructions) SIP

a. **Union Smart-Stagger Plan (USP) Facility**, investors/unitholders can opt to spread their investments in a staggered manner in NFO scheme as per tenure selected.

b. At the time of making the application, 20% of the investment amount will be invested in the Union Active Momentum Fund and the remaining 80% will be invested in the Union Money Market Fund. The USP triggers will be activated to switch the investments from Union Money Market Fund to the Union Active Momentum Fund over the selected tenure as stated in below table:

Tenure trigger option	Percentage of the initial investment amount will be switched over the next remaining months, on every 3% fall in the Target Scheme's NAV	
<input type="radio"/> 3 months	40%	Next 2 months each
<input type="radio"/> 6 months (Default Option)	16%	Next 5 months each
<input type="radio"/> 9 months	10%	Next 8 months each
<input type="radio"/> 12 months	7.25%	Next 11 months each

c. Minimum investment amount under USP facility is ₹ 1,00,000 and in multiples of ₹ 1 and only one switch will be triggered in a month.

d. In case of Switch of units in DEMAT, Consolidation, Transmission the Facility will be discontinued.

e. To opt for Union Smart-Stagger Plan (USP) the cheque should be drawn in the name of - "**Union Smart-Stagger Plan**".

f. Investor cannot opt for **UNION SMART-STAGGER PLAN (USP) FACILITY** and SIP in same form.

g. Under USP facility, investment would be allowed only under the Growth Option of Union Money Market Fund.

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

Name of the Scheme **UNION ACTIVE MOMENTUM FUND**

Plan	Option	Sub Option
<input type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW	<input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW

Transfer of IDCW to U N I O N

Plan/ Option _____ Facility _____

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option

LUMP SUM

Payment Mode: Cheque RTGS NEFT Fund Transfer 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) _____

For Lumpsum, cheque should be in favor of **Union Active Momentum Fund** and for USP facility in favor of '**Union Smart-Stagger Plan**'

8. 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. '7' above 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.)
Core Banking Solutions (CBS) accounts is mandatory. Please note that transactions received with non-CBS bank account details are liable to be rejected.

Bank Name _____

Bank A/C No _____ Bank Branch _____

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.

9. SIP (TO BE FILLED ONLY IN CASE OF SIP APPLICANT)

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Start & End (Day/Month/Year)
Union Active Momentum Fund		<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	D D	1 st and 15 th of the month		Start: D D M M Y Y Y Y End*: D D M M Y Y Y Y

^ 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.
* if end date of SIP is not mentioned, default end date will be 40 Years / Until cancelled #Refer overleaf for more instructions.



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

UMRN _____ Date D D M M Y Y Y Y

[tick (✓)] Sponsor Bank Code _____ For Office Use Only Utility Code _____ For Office Use Only

CREATE MODIFY CANCEL

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 ~~X~~ Daily ~~X~~ Weekly ~~X~~ Monthly ~~X~~ Quarterly ~~X~~ Half Yearly ~~X~~ Yearly As & when presented DEBIT TYPE ~~X~~ 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. 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.

PERIOD

From D D M M Y Y Y Y _____ Signature Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

To 3 1 1 2 2 0 6 3 _____ Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

Maximum period of validity of this mandate is 40 years only.

10. **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.

11. **NOMINATION DETAILS*** [Please tick (✓)] (Refer Section 'I' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)
Nominee						
Nominee						
Nominee						

I/ We do not wish to nominate I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non- appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

12. **DECLARATION & SIGNATURES*** (Refer Section 'L' of instructions)

- 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 & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to 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 judicial 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.
- I/ We hereby consent to receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered mobile number/email address. I/ We also providing consent to MF/AMC/KRA to share this KYC Data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI Guidelines.

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 exceeding ₹ 50,000 in a year.

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: In case 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.

Name & Signature of Unitholder(s)	Name	Name	Name
	<input checked="" type="checkbox"/>	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory

TERMS AND CONDITIONS FOR ONE TIME MANDATE (OTM) REGISTRATION:

- Investment 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 registrars 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 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.
- 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.
- Lumpsum Investment / 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 One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- 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)
- 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.
- Email ID
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**
- Signature as per bank account records
- Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot- Frequency, Minimum Amount and Minimum Period.

SIP Frequency	Minimum SIP Amount	Minimum Period	Default Date/Day
Daily	₹ 100 and in multiples of ₹ 1 thereafter	6 Days	Daily (i.e. Business Days)
Weekly	₹ 500 and in multiples of ₹ 1 thereafter	6 Weeks	Wednesday
Fortnightly	₹ 500 and in multiples of ₹ 1 thereafter	6 Fortnights	1st and 15th of the month
Monthly	₹ 500 and in multiples of ₹ 1 thereafter	6 Months	8th of the month

- 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 day/day.
 - 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 installment size for monthly frequency is fulfilled.
 - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and **Maximum period of validity of this mandate is 40 years only.**
 - The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.