

Application No.

(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	EUIN* (Refer Section 'M' of instructions)	RIA Code / PMRN**	Ref. No.
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*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
Parent / Guardian

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.

1. EXISTING MINOR UNIT HOLDER INFORMATION ***Mandatory**
(Please complete Section 1, 5 & 6 only) (The details in our records under the Folio No. mentioned below will only be considered for this application)

Minor Unitholder's Name Folio No.

2. MINOR APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

Mast. Miss NAME

Minor's Date of Birth (Mandatory) DDMMYY PAN KYC

Proof of Date of Birth Birth Certificate School Leaving Certificate Marksheet issued by HSC/ State Board Passport Others (Please Specify)

Minor's Relationship with Guardian Father Mother Legal Guardian

Status* Resident Individual NRI (Repatriable) NRI (Non-Repatriable) PIO

3. PARENT/LEGAL GUARDIAN DETAILS* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) ***Mandatory**

Mr. Ms. Name of Parent/ Guardian Date of Birth DDMMYY

PAN* KYC CKYC No. (KIN) ^

^ 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.

Status* Resident Individual NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

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

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

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

Contact Details* Mobile No.^s E-mail^s

^sMobile number specified above belongs to [Please (✓)] Self Spouse Guardian (for Minor investment) Dependent Children Dependent Parents Dependent Siblings

^sEmail address specified above belongs to [Please (✓)] Self Spouse Guardian (for Minor investment) Dependent Children Dependent Parents Dependent Siblings

Mailing address* (P. O. Box address is not sufficient.)

City State Pin Code

Overseas address (Mandatory for NRI 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

10. DEBIT MANDATE FOR UNION CHILDREN'S FUND
(Lumpsum Investment) (For Union Bank of India account holders)

Application No.

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 Children's Fund. ✓

Signature of Account Holder(s)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____



Received from: Mast./ Miss. _____
an application for units of **Union Children's Fund** _____ (Plan/ Option)
Amount _____ Instrument No _____
Dated ___/___/___ Drawn on Bank & Branch _____

Collection centre's stamp with date and time of receipt

4. FATCA INFORMATION/ FOREIGN TAX LAWS* [Please tick (✓)] (Refer Section 'E' of instructions)

The below information is required for all applicant(s)/ guardian

Category	Minor	Parent/ Guardian
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.		
Country of Birth		
Place/ City of Birth		
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1		
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 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
Country of Tax Residency 2		
Tax Payer Ref. ID No. 2		
Documentation Type 2 (TIN or Other Please specify)		
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

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

Name of the Scheme **UNION CHILDREN'S FUND** Plan Regular Direct Option Growth Payout of IDCW~

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

LUMP SUM	Payment Mode: <input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> Debit Mandate (Union Bank of India A/C Holders only) <input type="radio"/> One Time Mandate (OTM)
	Cheque / RTGS / NEFT No. <input type="text"/> Cheque / RTGS / NEFT Date <input type="text"/> D D M M Y Y Y Y
	Amount in ₹ (Figures) <input type="text"/> Amount in ₹ (words) <input type="text"/>
	Source Bank Name <input type="text"/> Source Branch <input type="text"/>
	Source Bank A/C No. <input type="text"/> Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
	Source Bank IFSC Code <input type="text"/> Cheque Issuer Name <input type="text"/> In case the cheque is issued by a person other than the investor
	If electronic transfer, please fill UTR No. <input type="text"/>
	If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN) <input type="text"/>

6. SIP DETAILS (TO BE FILLED ONLY IN CASE OF SIP APPLICANT) Registration via Existing OTM New OTM (Please fill in the NACH Form)

Please allow minimum 30 days for registration and start of Auto Debit instructions. Maximum duration of a SIP Tenure should be of 30 years only.

SIP Amount	Frequency [#]	SIP Date [#]	SIP Day [#]	Enrolment Period [#] (MM/YY)	SIP Top-Up Facility	
					Frequency**	Amount
	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/>		From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Half Yearly <input type="radio"/> Yearly**	
SIP Top-Up Cap Amount <input type="text"/>						

SIP amount will be registered and debited from pay-in-bank account as mentioned under point no. '5'

#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. **Weekly Frequency:** Any day between Monday to Friday to be specified for Weekly frequency. In case of any discrepancy "Wednesday" shall be considered as default day for Weekly SIP. **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, in case of any discrepancy default SIP date considered shall be 8th of the specified month/ quarter. \$ If Default Enrolment End Period is not mentioned it will be September 2053. **Only Yearly Top-up Frequency is available for Quarterly SIP

Document Checklist	Minor	Parent/ Legal Guardian
PAN / PEKRN #	✓	✓
KYC proof#	✓	✓
Date of Birth Proof	✓	
Proof of relationship of Guardian with Minor Child		✓
FATCA & CRS		✓
In case of court appointed legal guardian, notarized court order		✓

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Parent/Guardian should be provided
 Note: Payments shall be accepted from bank account of minor, parent or legal guardian of minor, or from joint account of minor with parent or legal guardian. Please note all redemption proceeds shall be credited only to verified bank account of minor, i.e. the account the minor may hold with parent/ legal guardian.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:
Computer Age Management Services Ltd.,
 Unit: Union Mutual Fund
 Rayala Tower 2, 5th Floor, # 158 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.



