

FORM FOR NOMINATION/DECLARATION FOR OPTING OUT OF NOMINATION

(To be filled in by individual(s) applying singly or jointly) Please read the instructions carefully before filling up the Form)

| | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|

FOLIO DETAILS

| | |
|------------------------|--|
| Folios Number/s | |
| Sole/First Holder Name | |
| Second Holder Name | |
| Third Holder Name | |

NOMINATIONS

I/We understand that in the event of death of sole or all the joint holders, all rights to the units shall vest to the sole nominee who survives me/us, & if investment in percentage is allocated to two/three nominees as may be specified by me/ us, then the rights shall vest to the two/three nominees listed below in percentage as allocated (and stated below) & who survive me/us. In case the percentage of investment is not specified by me/us then UTI AMC shall settle the claim equally amongst all the nominees. If the registration of nomination is delayed or cannot be effected at all due to the reasons of incomplete or incorrect information or signature mismatch of the unitholders with the signatures recorded with UTI AMC or otherwise, I/We shall not hold UTI AMC responsible and liable. Any payment to the nominee (s) of the redemption amount or any dividend distribution amount etc., shall fully discharge UTI AMC from all liability towards my/ our estate & my/our successor(s)/legal heir (s)

NOMINEE DETAILS

| Details | First Nominee | Second Nominee | Third Nominee |
|---|----------------|----------------|----------------|
| Name (Mr/Mrs/Ms) | ----- | ----- | ----- |
| Relation | | | |
| Date of Birth (in case of Minor) | DD / MM / YYYY | DD / MM / YYYY | DD / MM / YYYY |
| Guardian's Name (in case of Minor) | | | |
| Guardian's Relationship with Nominee | | | |
| Address of the nominee (including City, Pin and State) | ----- | ----- | ----- |
| PAN / AADHAAR Nominee/Minor/Guardian (Last 4 Digits of Aadhaar) | | | |
| Address of the guardian (including City, Pin and State) | ----- | ----- | ----- |
| Signature of Guardian/Nominee | | | |
| % of Investment Allocation (Should aggregate to 100%) | | | |

Proof of relationship : Birth Certificate, School Leaving Certificate, Passport & Other (Documents required in case of Minor.)

DECLARATION FOR OPTING OUT OF NOMINATION

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 other such competent authority, based on the value of assets held in the mutual fund folio/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

FORM FOR DECLARATION OF FAMILY FOR THE PURPOSE OF COMMON CONTACT DETAILS

I/We have read the terms and instructions as mentioned in the nomination form & agree to abide by them for registration of the nominee(s) by UTIAMC. The nomination shall remain in full force and effect until cancelled or varied by me/us in writing.

SIGNATURE OF UNITHOLDER (2)

| | | |
|--|--|--|
| | | |
|--|--|--|

Signature of Sole / 1st holder

Signature of 2nd holder

Signature of 3rd holder