MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT

UMRN (For Office use) Date D D M M Y Y Y Y

[tick (✓)] Sponsor Bank Code _____ Utility Code _____

CREATE ✓ / MODIFY X / CANCEL X

I/We, hereby authorize **Union Mutual Fund** To debit [tick (✓)] ☐ /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.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

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.

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

(For Existing Unit Holders only)

Registration Cum Mandate Form For NACH/ ECS/ Direct Debit

(Please 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*
ARN-169080				E334451

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.

Signature — Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory | Signature — Second Applicant/ POA/ Authorised Signatory | Signature — 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.

○ **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 UNIT HOLDER INFORMATION *[Please tick (✓)]* ○ Mr. ○ Ms. ○ M/s. **PAN** _____ ○ **KYC**

Folio No. _____ **Unitholder's Name** _____

2. 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)*

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

3. SIP DETAILS *[Please tick (✓)]* *Please allow minimum 30 days for registration and start of Auto Debit instructions.* *Default

Sr. No.	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date#	Frequency$	Start Day/Month/Year	End Month/Year (Default Dec 2099)*
1.			D D	○ Daily** ○ Monthly* ○ Quarterly	D D M M Y Y Y Y	M M Y Y Y Y

First SIP Installment details Drawn on bank / branch name _____ **Daily frequency available only for Union Flexi Cap Fund

Cheque Amount _____ Cheque no. _____ MICR No. _____ Dated D D M M Y Y

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

Note: In case the chosen date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next Business Day.
#Default SIP date is 8th for monthly and 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.

4. DECLARATION & SIGNATURES

I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I / we would not hold the user institution 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. 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(s) are being recommended to me/ us. I/ We hereby confirm that Union Mutual Fund (formerly Union KBC Mutual Fund)/ the AMC and its empanelled broker(s) has not given 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(s); and Union Mutual Fund / AMC / Trustee will not be responsible if such investment is ultravires the relevant constitution.

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).

Signature — Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory | Signature — Second Applicant/ POA/ Authorised Signatory | Signature — Third Applicant/ POA/ Authorised Signatory

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5. DEBIT MANDATE
(Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

Application No. _____

To be detached by the Registrar (CAMS Ltd.) and presented to Union Bank of India.

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.** _____

SIP through Auto Debit Form - Folio No. _____

Received from: Mr./ Ms. /M/s _____ Dated___/___/_____Scheme 1 _____ Amount (₹) _____