SYSTEMATIC WITHDRAWAL PLAN (SWP)

Enrolment Form

Please use separate form for each Scheme/Plan/Option

(Please read the Terms and Conditions overleaf)

To, ARN-169080 E334451

UTI MF

Date _____

I/We have read and understood the contents of the Scheme Information Document (SID), Statement of Aditional Information (SAI) and Key Information Memorandum (KIM), addenda issued till date of the scheme and the terms/conditions overleaf. I/We hereby apply for enrolment under SWP and agree to abide by the terms and conditions of SWP. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

Folio No. (Existing Unit holder)	
Application No. (New Investor)	

Name of the First / Sole Applicant

Name of second Applicant/Guardian (in the case of first/sole applicant is minor)

SCHEME DETAILS – Name of the scheme _____ **Plan – Growth**

(This facility is available in the Growth Option only. Please refer the instructions)

WITHDRAWAL DETAILS – 1st Business day of every month

Frequency		**Amount**	**No. of installment**	**Please Tick**
Monthly	in figures			
	In words		Minimum 12	
	(minimum ₹. 1000 & in multiples of ₹. 100 there after)			
Quarterly	in figures			
	In words		Minimum 4	
	(minimum ₹. 3000 & in multiples of ₹. 100 there after)			
Half yearly	in figures			
	In words		Minimum 2	
	(minimum ₹. 5000 & in multiples of ₹. 100 there after)			
Yearly	in figures			
	In words		Minimum 1	
	(minimum ₹. 5000 & in multiples of ₹. 100 there after)			

Commencement date for SWP (after cooling period of 30 days) 1st Business day of every month | M | M | Y | Y |

If you wish to receive the following via e-mail Please (✓)

☐ Account Statement ☐ Annual Report ☐ Transaction Confirmation ☐ Communication of change of address, bank details etc.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments

*I/We confirm that we are Non-residents of Indian Nationality/Origin and that the funds are remitted from abroad through banking channels or from my/our NRE/NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund.

* Applicable to NRIs

I request you to include all subsequent investment also under SWP as per option indicated above.

Holders	Signature	PAN Number#	Email Id / Mobile
1st holder/Guardian			
2nd Holder			
3rd Holder			

Mandatory as per SEBI guidelines

ARN-169080 E334451

Acknowledgement of SWP Application Form (To be filled in by the Unit holder)

Received from _____ SWP Form the folio

_____ for scheme _____ amount_____ frequency_____