

# APPLICATION FORM

## UTI-UNIT LINKED INSURANCE PLAN (UTI-ULIP)

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (\*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (Refer instruction 'h')							BDA / CA Code
ARN / RIA code*	Name of Financial Advisor	Sub ARN Code	Sub-Code / Bank Branch Code	M O Code	EUI No.®	UTI RM No.	

^ By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

Upfront Commission shall be paid directly by the investor to the AMFI/NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor.

@ I/We confirm that the EUI No. box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of inappropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.  Please tick and sign below when EUI No. box is left blank. (refer instruction 'w')

Signature of Applicant / Guardian

### TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR

(Please tick any one of the below.) (Refer instruction 'i')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

**Existing Unit Holder information** If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

### APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s.

**Name of Applicant** (as appearing in ID proof given for KYC) / Minor (above 12 years of age)

F I R S T M I D D L E

L A S T Date of Birth of Minor / Applicant dd/mm/yyyy **Mandatory**

**Applicant's Address** (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot\*

Street/Road/Area/Post

City/Town\* State Pin\*

### OVERSEAS ADDRESS (overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

City\*

State Country\* Zip/Pin\*

**NAME IN FULL OF THE FATHER (OR) MOTHER (OR) GUARDIAN (IN CASE OF MINOR)\$\$** (as appearing in ID proof given for KYC) / **HUSBAND OF THE APPLICANT**  Mr.  Ms.  Mrs.

F I R S T M I D D L E L A S T

\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse. (Refer instruction 'f')

**ADDRESS OF THE FATHER / MOTHER / GUARDIAN OF MINOR** (if different from address mentioned above)

(Post box no. alone is not sufficient)

City\*

State Country\* Pin\*

**\*PAN/PEKRN\$ OF APPLICANT / MINOR / FATHER / MOTHER / GUARDIAN (whose particulars are furnished in the form)**

Please (✓)

Enclosed copy of  PAN/PEKRN Card/ID Proof Copy  KYC Compliance Proof\*  AADHAAR Card No.

\*PAN NO. OF HUF/SPOUSE Enclosed copy of  PAN/PEKRN Card/ID Proof Copy  KYC Compliance Proof\*

\$ Required for MICRO Investment upto Rs. 50,000/- (refer instruction 'q')



**HEALTH DECLARATION (To be completed by the Financial Advisor of UTI AMC or by the authorised person<sup>^</sup>)**

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from \_\_\_\_\_ (Please state nature of proof).  
 The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. \_\_\_\_\_ whose signature is appended.

\_\_\_\_\_  
 (Signature of witness identifying the applicant)  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Name of witness  
 (in block letters) \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_  
 (Signature of the authorised person) [MANDATORY] €  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Name of authorised person  
 (in block letters) \_\_\_\_\_  
 Status: (UTI AMC Financial Advisor, Magistrate, Bank Manager etc.) \_\_\_\_\_  
 Code No. (If UTI AMC Financial Advisor): \_\_\_\_\_  
 Office Seal (if others): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**€ In absence of above the application is liable to be rejected**<sup>^</sup>UTI AMC BDA/Financial Advisor/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**  Resident Individual  Minor through guardian  NRI

**OCCUPATION:**  Business  Student  Agriculture  Self-employed  Professional  Housewife  
 Retired  Private Sector Service  Public Sector Service  
 Government Service  Forex Dealer  Others (Please specify) \_\_\_\_\_

**MARITAL STATUS**  Unmarried  Married  Wedding Anniversary   /

**CATEGORY UNDER UTI-ULIP**  In my/our individual capacity (Please fill in the nomination form)  On behalf of minor as Father/Mother/Lawful guardian

**OTHER DETAILS (MANDATORY)****FOR INDIVIDUALS ONLY**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore

[OR]

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)   /   /

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (For definition of PEP refer instruction 'x')

(C) **Any other information:** \_\_\_\_\_

**DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD) (Refer instruction 'z')****Information to be provided by the Applicant**

Are you a tax resident of any country other than India ?

If **No**, please tick here:  First Applicant/GuardianIf **Yes**, please tick here:  First Applicant /Guardian please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

**ACKNOWLEDGEMENT (To be filled in by the Applicant)**  
**UTI-Unit Linked Insurance Plan (UTI-ULIP)**  
 (UTI-ULIP is eligible for deduction under Section 80C of the Income-Tax Act, 1961)

Sr. No. 2016/

Received from Mr / Ms \_\_\_\_\_  
 along with Cheque / DD No.<sup>§</sup> /  
 NEFT/RTGS Ref. No./Unique  
 Serial No. (For Cash) \_\_\_\_\_ dated \_\_\_\_\_  
 Drawn on (Bank) \_\_\_\_\_  
 for ₹ (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/  
 Authorised Collection Centre

<sup>§</sup> Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (Person applying on behalf of Minor cannot nominate) (please sign if you do not wish to nominate)**

I/We hereby nominate the undermentioned Nominee 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 and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth <input type="text" value="d d m m y y y y"/> (in case of nominee is a minor)	Address of guardian
Mobile No. <input type="text"/>	
Address	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

Sign. here ↴

I/We do not wish to nominate

Signature of Applicant / Guardian

**DECLARATION AND SIGNATURE OF APPLICANT/S**

● I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, addenda issued till date and apply to the trustee of UTI Mutual fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. ● I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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 authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved 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 hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (strike out if this declaration is not applicable).

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)**

Through email<sup>∞</sup>  SoA in Physical Form  At my Overseas address as mentioned above<sup>®</sup>  To be dispatched to my resident relative's address in India as mentioned above<sup>®</sup>

<sup>∞</sup> Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

<sup>®</sup> Applicable to NRIs

First Applicant Details	Mobile No. <input type="text"/>	Tel. (R) STD CODE <input type="text"/>	Tel. (O) STD CODE <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

Sign. here ↴

Signature of Applicant / Guardian / POA<sup>^^</sup>

<sup>^^</sup> Power of Attorney (POA) Registration No. \_\_\_\_\_ (if already registered) (refer instruction 'aa')

**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

**M/s. Karvy Computershare Private Limited**, Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad – 500 032.  
Board No: 040 - 6716 2222, Fax no : 040- 6716 1888, Email:uti@karvy.com

