

(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 ARN-307640	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions) E584535	RIA Code / PMRN**	Date & Time Stamp
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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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 12 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) *Mandatory

Unitholder's Name	Folio No.
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2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

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

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	N A M E
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PAN (Copy of PAN Advisable)	<input type="radio"/> KYC	CKYC No. (KIN) ^
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LEI Code ^ ^	Valid up to	D D M M Y Y Y Y
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3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No. [§]	E-mail [§]
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Tel. (Off.)	Country/ Area code	Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
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[§]Mobile number specified above belongs to [Please (✓)] [§]Email address specified above belongs to [Please (✓)]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)

☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in ☐

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

City	State	Pin Code
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Overseas address (Mandatory for NRI/FII. 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
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3b. Date of Birth* D D M M Y Y Y Y Minor's Relationship with Guardian (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian (Mandatory for investment through Minors)

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

3d. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF

☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company

☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify)

3e. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)

3f. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Net-worth in ₹ as on D D M M Y Y Y Y (Not older than 1 year)

^ 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. ^ ^ Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

13. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders)

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.

Received from: Mr./ Ms. /M/s _____

an application for units of Union _____ (Scheme Name/Plan/Option)

Amount _____ Instrument No _____

Dated ____/____/____ Drawn on Bank & Branch _____

Please tick (✓)*

Politically Exposed Person

Related to Politically Exposed Person

Not Applicable

For Non - Individual Investors* (Is the entity involved in / providing any of the following services)

Foreign Exchange / Money Changer Services

Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates]

Money Lending / Pawning

Any other information [Please specify]:

Yes No

Yes No

Yes No

Non-Profit Organization [NPO] Please tick (✓)* Yes No If yes, please quote the NPO Registration Number provided by DARPAN portal:

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). (If not registered already, please register immediately and confirm with the above information)

SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)]

(Refer Section 'B' and 'C' of instructions)

Mr. Ms.

N A M E

O F

S E C O N D

A P P L I C A N T

Date of Birth*

D D M M Y Y Y Y

PAN (Copy of PAN Advisable)

KYC

CKYC No. (KIN) ^

4a. Status*

Resident Individual

Minor

NRI (Repatriable)

NRI (Non-Repatriable)

Others

(Please Specify)

4b. Occupation*

Pvt. Sector

Public Sector

Govt. Service

Business

Professional

Agriculturist

Retired

Housewife

Student

Others

(Please Specify)

4c. Gross Annual Income*

Below 1 Lac

1-5 Lacs

5-10 Lacs

10-25 Lacs

>25 Lacs - 1 Crore

>1 Crore

Net-worth in ₹

4d. Other Details*

I am Politically Exposed Person

I am Related to Politically Exposed Person

Not Applicable

4e. Contact Details*

Mobile No*

E-mail*

*Mobile number specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

*Email address specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

Mr. Ms.

N A M E

O F

T H I R D

A P P L I C A N T

Date of Birth*

D D M M Y Y Y Y

PAN (Copy of PAN Advisable)

KYC

CKYC No. (KIN) ^

5a. Status*

Resident Individual

Minor

NRI (Repatriable)

NRI (Non-Repatriable)

Others

(Please Specify)

5b. Occupation*

Pvt. Sector

Public Sector

Govt. Service

Business

Professional

Agriculturist

Retired

Housewife

Student

Others

(Please Specify)

5c. Gross Annual Income*

Below 1 Lac

1-5 Lacs

5-10 Lacs

10-25 Lacs

>25 Lacs - 1 Crore

>1 Crore

Net-worth in ₹

5d. Other Details*

I am Politically Exposed Person

I am Related to Politically Exposed Person

Not Applicable

5e. Contact Details*

Mobile No*

E-mail*

*Mobile number specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

*Email address specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO and NPO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

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

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	Yes No	Yes No	Yes No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	Residential / Business Residential	Residential / Business Residential	Residential / Business 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 A B C	Reason A B C	Reason A B 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 A B C	Reason A B C	Reason A B 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.

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)

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)

NSDL: Depository Participant (DP) Name

DP ID No: I N

Beneficiary Account Number

CDSL: Depository Participant (DP) Name

Beneficiary Account Number

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

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.

Union
Mutual Fund



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. 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.

PERIOD												
From	D	D	M	M	Y	Y	Y	Y	Signature Primary Account Holder			
To	3	1	0	3	2	0	6	4	Signature of Account Holder			
									1	Name as in bank records		
									2	Name as in bank records		
									3	Name as in bank records		

1. I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. 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 confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us 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 and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.
2. I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.
3. I/ We hereby consent to receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered mobile number/email address. I/ We also providing consent to MF/AMC/KRA to share this KYC Data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI Guidelines.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates 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.

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).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Name & Signature of Unitholder(s)	Name	Name	Name
	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓*
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	✓	✓		✓					
Trust Deed						✓					
Bye-laws			✓								
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NPO Declarations		✓	✓			✓				✓	

*For demat holder, submission of KYC is optional.

• **TERMS AND CONDITIONS FOR ONE TIME MANDATE (OTM) REGISTRATION:**

- i. Investment through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- ii. The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit/ECS.
- iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- vi. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- vii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- viii. Lumpsum Investment / SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- ix. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- x. Investments made through the One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- xi. Following fields need to be filled mandatorily:-
- Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box
 - Bank Account Number (Investor's bank account number)
 - Name of Destination Bank (Investor's bank)

- e. IFSC / MICR code
- f. Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
- g. Reference 1: Mention Folio Number
- h. Reference 2: Mention Application No.
- i. Phone No. (Optional)
- j. Email ID (Optional)
- k. Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**
- l. Signature as per bank account records
- m. Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot- Frequency, Minimum Amount and Minimum Period.

SIP Frequency	Minimum SIP Amount	Minimum Period	Default Date/Day
Daily ^	₹ 100 and in multiples of ₹ 1 thereafter	6 Days	Daily (i.e. Business Days)
Weekly	₹ 500 and in multiples of ₹ 1 thereafter	6 Weeks	Wednesday
Fortnightly	₹ 500 and in multiples of ₹ 1 thereafter	6 Fortnights	1st and 15th of the month
Monthly	₹ 500 and in multiples of ₹ 1 thereafter	6 Months	8th of the month

Note:

- a) ^ **Daily Frequency** is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
^ **For Union ELSS Tax Saver Fund:** Minimum SIP installment ₹ 500 and in multiples of ₹ 500 thereafter. (for all frequencies)
- b) 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.
- c) 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 installment size for monthly frequency is fulfilled.
- d) Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and Maximum period of validity of this mandate is 40 years only.
- e) The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.