

APPLICATION FORM



Haq, ek behtar zindagi ka.

HAPPY RETIREMENT TO YOU.



**Contact your mutual fund distributor or
give a missed call on 8655019940.**

Look forward to life after retirement, by making a smart investment choice today. Start investing early to have sufficient corpus during the sunset years of your life, invest in UTI Retirement Fund.

- Build corpus via Systematic Investment Plan mode of payment
- Option of regular income through Systematic Withdrawal Plan
- Avail tax benefits under Section 80C[#]

INVESTMENT FOR



Travel



Medical Needs



Wealth Creation

UTI RETIREMENT FUND

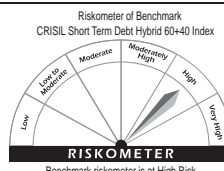
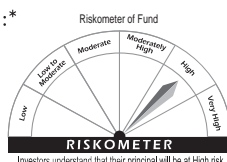
UTI Retirement Fund is an open ended retirement solution oriented scheme having a lock-in of 5 years or till retirement age (whichever is earlier).

[#]Tax benefit for investment upto ₹1,50,000 under section 80C of Income Tax Act, 1961 (As per prevailing tax laws).

This product is suitable for investors who are seeking:*

- Long term capital appreciation
- Investment in equity instruments (maximum-40%) and debt/money market instruments

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.



Risk-o-meter for the fund/benchmark are as on February 29, 2024. The Risk-o-meter of the fund/s is/are evaluated on monthly basis and any changes to Risk-o-meter are disclosed vide addendum on monthly basis, to view the latest addendum on Risk-o-meter, please visit addenda section on <https://utimf.com/forms-and-downloads/>

**MUTUAL FUND INVESTMENTS
ARE SUBJECT TO MARKET RISKS,
READ ALL SCHEME RELATED
DOCUMENTS CAREFULLY.**



Haq, ek behtar zindagi ka.

APPLICATION FORM UTI RETIREMENT FUND

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2024/

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 EUIN 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 in-appropriateness, 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 EUIN box is left blank). (Refer Instruction 'w')

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

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, mention your Folio No. :

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

Name of First Applicant / the Beneficiary under UTI Retirement Fund (for investment by Non-Individual) (Name as per the PAN card)

FIRST NAME: MIDDLE NAME: LAST NAME: Date of Birth*

First 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*

*PAN/PEKRN\$ OF 1ST APPLICANT (whose particulars are furnished in the form) Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

FULL NAME OF THE BENEFICIARY (FOR INVESTMENT BY NON-INDIVIDUAL) Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

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

CITY* STATE COUNTRY* ZIP/PIN*

DETAILS OF OTHER APPLICANTS

Mode of Holding: ☐ Joint ☐ Anyone or Survivor (Default - Joint holding)

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card)

FIRST NAME: MIDDLE NAME: LAST NAME: Date of Birth of 2nd Applicant*

*PAN/PEKRN\$ OF 2ND APPLICANT Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

DETAILS OF 3RD APPLICANT (Name as per the PAN card)

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

		F	I	R	S	T					M	I	D	D	L	E										L	A	S	T													
																											Date of Birth of 3rd Applicant*								d	d	m	m	y	y	y	y

*PAN/PEKRN\$ OF 3rd APPLICANT

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹50,000/- (Refer Instruction 'q')

BANK PARTICULARS OF FIRST APPLICANT (Mandatory as per SEBI guidelines)

Bank Name		Branch
Address		MICR Code <input type="text"/>
	City <input type="text"/> *Pin <input type="text"/>	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		IFS Code <input type="text"/>
Account No.	<input type="text"/>	(this is a 11-digit number)

INVESTMENT DETAILS (Please ✓) (Refer Instruction 'j')

(Refer Instruction 'j')

UTI RETIREMENT FUND

☐ REGULAR PLAN ☐ DIRECT PLAN

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standard) (Refer Instruction 'y')

(Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)		<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE
Account No.		<input type="checkbox"/> NRO		<input type="checkbox"/> DD		

Date		Amt. of investment (i)		<input type="checkbox"/>	UTI Smart Form if already registered (Applicable for existing investors)
Bank		DD Charges if any (ii)		#	Please mention the application No. on the reverse of the cheque / DD, NEFT / *RTGS advice. Cheque / DD must be drawn in favour of UTI Retirement Fund & crossed " A/c Payee Only "
Branch		Net amount paid (i-ii)		✦	Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words	
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FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'k')

[illegible]

GENERAL INFORMATION - Please (✓) wherever applicable

Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non-Resident Individual					
Occupation:	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional		
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service		
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____					
Marital Status	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Wedding Anniversary	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>

OTHER DETAILS (MANDATORY)

For Individuals Only

1 st Applicant:	(A) Gross Annual Income Details Please tick (✓)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs
		<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		[OR]		
Net-worth in ₹	(Net worth should not be older than 1 year)	as on (date) DD/MM/YYYY		
	(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)		
		<input type="checkbox"/> Related to a Politically Exposed Person.	(For definition of PEP, Please Refer Instruction 'x')	
	(C) Any other information:			
2 nd Applicant:	(A) Gross Annual Income Details Please tick (✓)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs
		<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		[OR]		
Net-worth in ₹	(Net worth should not be older than 1 year)	as on (date) DD/MM/YYYY		
	(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)		
		<input type="checkbox"/> Related to a Politically Exposed Person		
	(C) Any other information:			
3 rd Applicant:	(A) Gross Annual Income Details Please tick (✓)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs
		<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		[OR]		
Net-worth in ₹	(Net worth should not be older than 1 year)	as on (date) DD/MM/YYYY		
	(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)		
		<input type="checkbox"/> Related to a Politically Exposed Person		
	(C) Any other information:			

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

Refer Instruction 'z'

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

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

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

NOMINATION DETAILS (Please ✓) (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 of Nominee	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number*			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) #If the proof of identity is Aadhaar, provide last 4 digits only

☐ 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.

Sign. here

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant



Har, ek behtar zindagi ka.

ACKNOWLEDGEMENT (To be filled in by the Applicant)

UTI Retirement Fund

(Investment in UTI Retirement Fund is eligible for deduction under Section 80C of the Income-Tax Act, 1961)

Sr. No. 2024/

Received from Mr / Ms / M/s

along with Cheque / DD No. /
NEFT/RTGS Ref. No./Unique
Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

dated

Stamp of UTI AMC Office/
Authorised Collection Centre

* Cheques and drafts are subject to realisation.

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 scheme 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)[∞]**Applicable to NRIs**

- ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above
☐ AAR in Physical Form ☐ To be dispatched to my resident relative's address in India as mentioned above

[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

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

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member	<input type="text"/>	Name of the family member	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
PAN	<input type="text"/>	PAN	<input type="text"/>
Folio Number	<input type="text"/>	Folio Number	<input type="text"/>

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Sign. here

Signature of 1st Applicant / POA^^

Signature of 2nd Applicant / POA^^

Signature of 3rd Applicant / POA^^

^^ 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 Kfin Technologies Private Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com

	UMRN													Date	DDMMYY						
	Utility Code													<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel							
Sponsor Bank Code														I/We authorize UTI MUTUAL FUND							
To debit (tick ✓)		SB / CA / CC / SB-NRE / SB-NRO / OTHER												Bank a/c number							
with Bank														IFSC / MICR							
an amount of Rupees														₹							
Debit Type		<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented																			
Reference 1														Reference 2							
1. 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 the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																					
From		DDMMYY												Maximum period of validity of this mandate is 40 years only							
To		DDMMYY																			
Maximum period of validity of this mandate is 40 years only		Signature Primary Account holder												Signature of Account holder				Signature of Account holder			
Phone No.		1. Name as in Bank records												2. Name as in Bank records				3. Name as in Bank records			

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

<p>UTI SmaRT SIP Form™</p>						<input type="checkbox"/> Registration of New SIP <input type="checkbox"/> Renewal of Existing SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Existing Bank Details	
ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.		

☐ 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 EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO.											
Name of Sole / 1st Holder / Beneficiary Child													
Name of Guardian (in case of Minor)													
PAN DETAILS		(If not registered in the folio already)											
First Applicant/Guardian		Second Applicant				Third Applicant							
Mandatory Enclosure		Mandatory Enclosure				Mandatory Enclosure							
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied				<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied							
PAN Exempt KYC Ref no. (PEKRN for Micro investments)		PAN Exempt KYC Ref no. (PEKRN for Micro investments)				PAN Exempt KYC Ref no. (PEKRN for Micro investments)							

SIP DETAILS													
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period* (MM/YY)	SIP Step Up								
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY To <input type="checkbox"/> Until cancelled MMYY	Amount In Multiple of ₹ 500/- Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly								
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY To <input type="checkbox"/> Until cancelled MMYY	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly								
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY To <input type="checkbox"/> Until cancelled MMYY	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly								
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹	* Note : SIP mandate shall be registered for a maximum period of upto 40 years									

My Financial Goal for this SIP (choose anyone)

☐ Retirement Corpus
 ☐ Child Education
 ☐ Child Marriage
 ☐ Dream Car
 ☐ Dream House
 ☐ Marriage
 ☐ Holiday

(In case of saving for Child, mention name of Child) Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable. By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder

Unit Holding Option : ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS:- (Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below.
(Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
Proof enclosed (Any one) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) <input type="checkbox"/>			



Haq, ek behtar zindagi ka.

UTI SmaRT SIP FormTM

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- ☐ Registration of SIP
☐ Renewal of SIP
☐ Micro SIP
☐ Salary Saving SIP
☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

☐ 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 EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS	APPLICATION NO./FOLIO NO.
Name of Sole / 1st Holder / Beneficiary Child	
Name of Guardian (in case of Minor)	

PAN DETAILS	(If not registered in the folio already)	
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied
PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here ☐ & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)		Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From		To	
Account No.		Drawn on	
Branch		PIN Code	
Mandatory Enclosure (if 1 st instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		<input type="checkbox"/> Bank cancelled cheque	<input type="checkbox"/> Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder