

## COMMON APPLICATION FORM

Application No.

		Sub-Brok	or Code	1		10/1			EUII	N*		DI -		. /								
	Broker Code/ ARN	ARN/ Brai					MO/ CRE Code		Refer Se of instru	ction 'L'		RIA PM	Code RN*	) +				Ref	f. No.			
listrik ly me	a hereby confirm that the EUI ager/sales person of the above butor has not charged any advi entioning the RIA Code/ PMRN Mutual Fund with the SEBI Reg Signature	sory fees on this trans , I/we hereby give m	saction. y/our cons	sent to s	share/pi	rovide	the transactio	ins data								nents u						
	e/ First Applicant/ Guardian/ PO	A/ Authorised Signate	ory			id App	licant/ POA/ Au			V			Th	ird Ap		nt/ POA						
ANS/ I con n cas	ofront commission shall be paic ACTION CHARGES FOR APP firm that I am a First time inve e the subscription amount is than first time mutual fund inv	PLICATIONS THROU stor across Mutual s₹ 10,000/- or more	JGH DIST Funds and your I	RIBUT	ORS O	NLY. (I s opte	Refer Section	'J' of in I confir /e Trans	struction m that I a action C	s) m an Exi harges,	sting ir ₹ 150/-	ivesto (for fi	or in N rst tir	lutual ne mi	l Fun utual	ds fund i	nvesto	or) or	₹100	0/- (fe		
	EXISTING UNIT HOLDER		Please comp	olete Sect	tion 1, 8 &	& 11 on	ly) (The details in	our recor	ds under th	e Folio No	. mentior	ed belo	w will	only be	e cons	idered fo	or this ap	oplicati	ion)	*M	anda	ato
	Unitholder's Name														Folio	No.						
_	MODE OF HOLDING		Joint (De																			
	FIRST APPLICANT'S INFO	<b>DRMATION</b> * [Plea	ase tick (🗸	/)] (Re	efer Se	ection	'B' and 'C' of		,	(Please	ensure	that th	ne de	tails n	nenti	oned n	natche	s with	h the l	KYC	detail	s)
	OMr. OMs. OM/s.								MAN	E												
	PAN				ଁ୍ନ	-				YC No.	(KIN)	^										
_	3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)																					
	Mobile No <sup>\$</sup> .			E-n	nail <sup>\$</sup>														,			
	Tel. (Off.) Country/ Area code			Tel.	(Res.)	Count	ry/ Area code					Fax	< (	Counti	ry/ Ar	ea cod	е					
	<sup>s</sup> Mobile number specified a	above belongs to [	Please (1	()]				<sup>s</sup> Ema	il addres	s speci	ied ab	ove b	elon	gs to	[Ple	ase (🗸	")]					
	⊖ Self ⊖ Spouse	⊖ Guardian (fo			,			Se		Spou					•	/linor i	nvestr		,			
-	Oppendent Children	O Dependent I					nt Siblings r an abridged	-	pendent			-		nden			door	-	epen			ing
	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 〇																					
	Mailing address* (P. O. Box	x address is not suff	iicient.)																			
	City						State				+		+		-	P	in Coo	de		-	$\vdash$	+
_	Overseas address (Manda	tory for NRI/FIL P O	Box addr	ress is r	not suff	icient		idina ov	erseas a	nd with P	2 O. Ro	x add	ress r	lease	pro				ddres	s)		
-													235 μ							-,		
	City	+ + + + +					Country							_		Δ.	a Code			-		_
_				d the			Country									Area		-	4 4 7			Y
	,	atory for investmen			ign mil	nors)			0.10				<u>- 1 -</u>		uerd	ion	D	DN	ЛM	Y	Y	Y
_	Minor's Relationship with Guardian (referred in point no. 4)     Father     Mother     Legal Guardian       3c. Proof for Date of Birth and     Father     Father     Father     Father																					
	3c. Proof for Date of Birth and relationship with Guardian       Birth Certificate       School Leaving Certificate       Marksheet issued by HSC/ State Board       Passport       Others       (Please Specify)																					
		Resident Individual		Ainor			Repatriable)	-	NRI (No			, 					•		HUF			
	O Partnership Firm       O Limited Partnership (LLP)       O Listed Company       O Unlisted Company       O Body Corporate       O Bank/FI       O Insurance Company																					
	O 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)																					
	3e. Occupation* OPvt. Se	ector ○ Public Sec	ctor O Go	ovt. Ser	vice C	Busi	ness O Prof	essiona	al () Agri	culturist	ORe	ired	⊖Ho	usew	rife (	Stud	ent O	Othe	ers_(	Plea	se Spe	ecify
	3f. Gross Annual Income*	⊖ Belo	w 1 Lac		01-5	5 Lacs	6 0	5-10 La	CS		)-25 La					Lacs -				-	>1 C	ror
	Net-worth in ₹as on         D         D         M         Y         Y         Y         Y         Y         Y         Output         Output </td																					
	Please tick (✓)*						nvestors* (l			lved in /	provid	ding a	ny of	the f	ollov	wing s	ervice	,	~ ``			
	<ul> <li>Politically Exposed Perso</li> <li>Related to Politically Exp</li> </ul>			0	0		oney Change ottery Servic			s, betting	g svnd	cates	1						○ Ye ○ Ye			
	O Not Applicable		Mon	ley Len	iding /	Pawr	ing	. 0					-						⊖ Ye			
	Any other information [Please specify]:																					
			1 1 1			1 1				T T		AILS	. [Plea									
		M E O F		EC	O N	ש	APF							Da		of Birtl		אן ט		Y	Y	Y
	PAN			күс				СК	/C No. (													
	4a. Status* O Resident Inc	dividual	Minor			RI (Re	patriable)		⊖ NRI (	Non-Re	patriat	ole)		0	Oth	ers		(Ple	ase Sj	pecif	y)	
_	4a. Status* · Resident individual       · Minor · (nepatiable)       · Min (Noi - Nepatiable)       · Others · (Please Specify)         4b. Occupation* · O Pvt. Sector · O Public Sector · Govt. Service · Business · Professional · Agriculturist · Retired · Housewife · Student · Others (Please Specify)													usew	vife	Stuc	lent C	Oth	ers	(Plea	se Sp	ecify
	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       Net-worth in ₹														orth	in ₹						
			4c. Gross Annual Income*       ○ Below 1 Lac       0.1-5 Lacs       0.5-10 Lacs       0.10-25 Lacs       0.25 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																			
				n	Ola	4d. Other Details*       Or all Politically Exposed Person       Or all Related to Politically Exposed Person         4e. Contact Details*       Mobile No.       E-mail         ^ 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.																
	4d. Other Details* O I an	m Politically Expos	ed Persor			F	-mail									NL						
	4d. Other Details* O I an	m Politically Expos	ed Persor			F	-mail					KYC				Numb	oer (K	IN) fr	rom t	the	СКҮС	
re	4d. Other Details*       O I ar         4e. Contact Details*       Mobi         Investors who have compequested to quote the 14 dig	n Politically Expositive for the second seco	ed Persor KYC with	h the (	Central	E I KYC	-mail Records Re	egistry	(CKYCR	), and I	nave a					Numb	oer (K	IN) fr 	rom t	the	CKYC	
re	4d. Other Details*       O I ar         4e. Contact Details*       Mobi         `Investors who have compequested to quote the 14 dig         /LEDGEMENT SLIP (To be	n Politically Expos ile No.	ed Persor KYC with estor) O I	h the ( Lumps	Central	E I KYC SIP	-mail Records Re O STP O S	egistry	(CKYCR	), and I pplicat	nave a i <b>on No</b>					Numt	oer (Kl	IN) fr	rom t	the <b>1</b>		
re	4d. Other Details*       O I ar         4e. Contact Details*       Mobi         `Investors who have compequested to quote the 14 dig         /LEDGEMENT SLIP (To be         I from:       Mr./ Ms. /M/s	n Politically Expos ile No.	ed Persor KYC with estor) ◯ I	h the ( Lumps	Central	E I KYC SIP	-mail Records Re O STP O S	egistry	(CKYCR	), and I pplicat	nave a i <b>on No</b>					Numt	oer (Kl	IN) fr	rom t	the <b>Di</b>		
re	4d. Other Details*       O I ar         4e. Contact Details*       Mobi         `Investors who have compequested to quote the 14 dig         /LEDGEMENT SLIP (To be	n Politically Expos ile No.	ed Persor KYC with estor) ◯ I	h the ( Lumps	Central	E I KYC SIP	-mail Records Re OSTP OS	egistry	(CKYCR	), and I pplicat	nave a i <b>on No</b>					Numt	per (Kl	IN) fr	rom t			

FC	N. Status* O Resident Individual	○ Minor	○ NRI (Repatriable)	ONRI (Non-Rep	patriable)	Others									
	. Occupation* O Pvt. Sector O Pu				,		(Please Specify)								
	. Gross Annual Income* O Below						Others (Please Specify								
	. Other Details* OI am Politically			olitically Exposed Person											
	. Contact Details* Mobile No.		E-mail		0.1007.000										
	vestors who have completed the	Central KYC with the		Registry (CKYCR), and h	ave a KYC Ident	ification Number (KI	N) from the CKYCR a								
requ	uested to quote the 14 digit KIN.														
	FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO an NPO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)														
	e below information is required for			, , , , , , , , , , , , , , , , , , , ,			-)								
Ca	ategory	First Applicant	(including Minor)	Second Applicant	/ Guardian	Third	Applicant								
ls	the Country of Birth / Citizenship /														
Na	ationality / Tax Residency other	⊖ Yes	$\bigcirc$ No	⊖ Yes	⊖ No	⊖ Yes	$\bigcirc$ No								
tha	an India?*														
	* If Yes, please inc	dicate all countries in v	which you are resident	for tax purposes and the a	ssociated Tax Ref	ference Numbers bel	OW.								
Pla	ace/ City of Birth														
Co	ountry of Birth														
	Idress Type				0 B 11 11										
	f address in KYC records)	Busi	iness O Residential	Residential / Business	○ Residential	⊖ Residential / Bu	siness O Residentia								
Co	ountry of Tax Residency 1														
Ta	x Payer Ref. ID No. 1														
	ocumentation Type 1														
	N or Other Please specify)														
tic	IN is not applicable, [Please k (✓)] the reason A, B or C s defined below]	Reason 🔾 A	○ B ○ C	Reason 🔾 A	B C	Reason 🔾 A	○ B ○ C								
-	-														
	ountry of Tax Residency 2														
	x Payer Ref. ID No. 2														
	ocumentation Type 2 IN or Other Please specify)														
If T tic	FIN is not applicable, [Please k (✓)] the reason A, B or C s defined below]	Reason $\bigcirc$ A	○ B ○ C	Reason $\bigcirc$ A $\bigcirc$	B C	Reason 🔿 A	○ B ○ C								
· ·															
•	<ul> <li>Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.</li> <li>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)</li> </ul>														
	Reason C - others; please state the														
1U	UNITHOLDING OPTION [Please tick ()] OPhysical Mode ODemat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)														
DE	MAT ACCOUNT DETAILS (Refer S	Section 'G' of instructi	ons)												
NS	NSDL: Depository Participant (DP) Name DP ID No: I N Beneficiary Account Number														
СГ	CDSL: Depository Participant (DP) Name Beneficiary Account Number														
	, , , ,				ch exactly with the	account held with th	e Depository participar								
Inv	nay be noted that the combination/ s restor willing to invest in demat optic	on, may provide a copy	of the DP statement to	enable us to match the den	nat details as state	ed in the Application F	orm.								
	VESTMENT AND PAYMENT DETA		(Reter Section 'E' of i	nstructions) [Third Party p	ayment(s) will not	be accepted]									
Na	me of the Scheme U N I C			Sub Ontion											
	Plan Regular/ Other than Direct Plan ⊖ Dire			Sub Option			equency~								
	-			Reinvestment of IDCW OT											
	ansfer of IDCW to UNION			Facility											
Tra	an option	nnlied in case of no ir	formation ambiguity o	,	DCW - Income F	)istribution cum Car	nital Withdrawal Optic								
Tra Pla	fault Plan/ Ontion/ Facility will be a	Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option													
Tra Pla			Payment Mode: O Cheque O RTGS O NEFT O Fund Transfer O One Time Mandate (OTM)												
Tra Pla	Payment Mode: O Cheque	O RTGS O NEF	T O Fund Transfer		Cheque / RTGS / NEFT No.         D         D         M         Y         Y         Y										
Tra Pla De	Payment Mode: O Cheque Cheque / RTGS / NEFT No.	○ RTGS ○ NEF			reque / RTGS / N										
Tra Pla De	Payment Mode:     ○ Cheque       Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)	ORTGS ONEF	T ○ Fund Transfer Amount in ₹ (v	words)											
Tra Pla De	Payment Mode:       ○ Cheque         Cheque / RTGS / NEFT No.         Amount in ₹ (Figures)         Source Bank Name	RTGS O NEF		words) Sou	rce Branch										
Tra Pla	Payment Mode:       ○ Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank A/C No.	RTGS O NEF	Amount in ₹ (v	words) Sou Account Type	rce Branch Savings O Ci	urrent ONRE	ONRO OFCNR								
Tra Pla De	Payment Mode:       Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank A/C No.         Source Bank IFSC Code       Source Bank IFSC Code			words) Sou Account Type	rce Branch Savings O Ci		ONRO OFCNR								
Tra Pla De	Payment Mode:       Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank Name         Source Bank A/C No.       Source Bank IFSC Code         If electronic transfer, please fill U	TR No.	Amount in ₹ (v	words) Sou Account Type Un case t	rce Branch Savings O Ci	urrent ONRE	O NRO O FCNR								
Tra Pla De	Payment Mode:       Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank A/C No.         Source Bank IFSC Code       Source Bank IFSC Code	TR No.	Amount in ₹ (v	words) Sou Account Type Un case t	rce Branch Savings O Ci	urrent ONRE	ONRO OFCNR								
Tra Pla De	Payment Mode:       Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank Name         Source Bank A/C No.       Source Bank IFSC Code         If electronic transfer, please fill U	TR No.	Amount in ₹ (v	words) Sou Account Type Un case t	rce Branch Savings O Ci	urrent ONRE	ONRO OFCNR								
Tra Pla De	Payment Mode:       Cheque         Cheque / RTGS / NEFT No.       Amount in ₹ (Figures)         Source Bank Name       Source Bank Name         Source Bank A/C No.       Source Bank IFSC Code         If electronic transfer, please fill U	TR No.	Amount in ₹ (v	words) Sou Account Type Un case t	rce Branch Savings O Ci	urrent ONRE	O NRO O FCNR								

Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002. Email: enq\_uk@camsonline.com | Website: www.camsonline.com 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. PAYOUT BANK ACCOUNT DETAILS \* [Please tick ()] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)

									ount ⊖ Yes   ⊖ No In the face of the cheque.)
Bank Name		: Delow u	etalls along with	canceneu c	neque leal wi	1111 30	coue and	name printed o	in the face of the cheque.)
Bank A/C No						Bank	Branch		
A/C Type	🔿 Sa	ivings	<ul> <li>Current</li> </ul>	$\odot$ NRE		$\bigcirc$	FCNR	O Others	(Please Specify)
Bank City							State		PIN
IFSC CODE				N	IICR CODE				In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.
Document Attac	hed		nal Cancelled C Pass Book hav						account detail please submit necessary documents as proof.

(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

## SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick ()] 10.

- 3<-

		From Scheme			To Scheme			
Name of the Scheme								
Plan	O Direct Plan	O Regular Plan/ Other t	han Direct Plan	O Direct Plan	$\bigcirc$ Regular Plan/ Other than Direct Plan			
	<ul> <li>Growth</li> </ul>	<ul> <li>Payout o</li> </ul>	f IDCW	<ul> <li>Growth</li> </ul>	<ul> <li>Payout of IDCW</li> </ul>			
Option	○ Transfer of IDCW	<ul> <li>Reinvest</li> </ul>	ment of IDCW	<ul> <li>Transfer of IDCW</li> </ul>	<ul> <li>Reinvestment of IDCW</li> </ul>			
				Transfer of IDCW to				
				Plan/ Option				
				Sub Option/ Frequency				
					/ Sub Option/ Frequency will be applied ation, ambiguity or discrepancy.			
Enrolment Period	From D D N	ИМҮҮҮҮҮ <b>то</b>	D D M M	Y Y Y Y O	R O Till Further Instruction <sup>#</sup> (Default)			
Transfer Amount in (₹ Figures)		Transfer An	nount in (₹ words)					
Frequency	<ul> <li>Daily STP</li> </ul>	<ul> <li>Weekly STP (Monday to Friday)</li> </ul>	○ Fortnightly STP	O Monthly STP (De	efault) $\bigcirc$ Quarterly STP $\bigcirc$ Half Yearly STP			
riequency	Daily (Only Business Day)	Day of Transfer	Every Alternate Wednesday	STP Date* D				

\* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC. Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11.	SIP DETAILS [Please tick (✓)] (Refer S	Section 'F' of instru	ictions)	O Regi	stration via N	lew OTM	Registration via	a Existing OTM
	Scheme/ Plan/ Option	SIP Amount	Frequency*	SIP Date <sup>#</sup>	SIP Day <sup>#</sup>	Enrolment Period <sup>s</sup>		Top-Up Facility
				Date"		(MM/YY)	Frequency	Amount
			<ul> <li>○ Daily</li> <li>○ Weekly</li> </ul>			From M M Y Y	<ul> <li>◯ Half Yearly</li> <li>◯ Yearly</li> </ul>	
	Union		O Monthly Quarterly	DD		To M M Y Y	SIP Top-Up Cap Amount	
	Union		<ul><li>○ Daily</li><li>○ Weekly</li></ul>			From M M Y Y	<ul> <li>○ Half Yearly</li> <li>○ Yearly</li> </ul>	
	onion		<ul> <li>Monthly</li> <li>Quarterly</li> </ul>			<b>To</b> M M Y Y	SIP Top-Up Cap Amount	
	Union		<ul><li>○ Daily</li><li>○ Weekly</li></ul>	D D		From M M Y Y	<ul> <li>○ Half Yearly</li> <li>○ Yearly</li> </ul>	
	onion		<ul> <li>Monthly</li> <li>Quarterly</li> </ul>			<b>To</b> M M Y Y	SIP Top-Up Cap Amount	

#Note: 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. Daily Frequency is available only for Union Flexi Cap Fund. Weekly Frequency is available under all existing schemes except Union Liquid Fund and Union Overnight Fund. Any day between Monday to Friday to be specified for Daily/Weekly frequency. Incase of any discrepancy "Wednesday" shall be considered as default day for Weekly SIP. Monthly/ Quarterly Frequency: SIP Date to be specified for monthly/quarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency. SIP monthly frequency, in case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency. Incase of any discrepancy default SIP date considered shall be 8th of the specified month/ quarterly. \$ If Default Enrolment End Period is not mentioned it will be September 2053.

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Union	1	Ν	IANDATE INSTRUCTION I	FOR NACH/ ECS/ D	IRECT DEB	IT	
Mutual Fund	UMRN	F	or Office	u s e		D	Pate D D M M Y Y Y Y
[tick (✓)]	Sponsor B	ank Code		Utility C	ode		
CREATE 🖌	I/We, hereby author	ize Union I	Mutual Fund		To deb	oit [tick (🗸)]	SB/CA/CC SB-NRE/SB-NRO/Other
CANCEL X	Bank a/c number						
with Bank		Name of Cust	tomer's Bank	IFSC		or MIC	R
an amount of R	lupees		in words				₹ in figures
FREQUENCY	X Daily X Weekly X	Monthly 🗙 🤇	Quarterly 🕅 Half Yearly 🕅 Yearly 🦨	As & when presented	DEBIT TYPE	X Fixed Amou	unt 🗸 Maximum Amount
Reference 1		Folio No.		Phone No.			
Reference 2		Application N	lo.	Email ID			
PERIOD	agree for the debit of n	nandate proce	essing charges by the bank whom I	am authorizing to debit m	y account as per	latest schedule	e of charges of bank.
From D D	MMYYY	(	Signature Primary Account Holder	Signature o	of Account Holder		Signature of Account Holder
To 3 0	0 9 2 0 5 3	3	Name as in bank records	Name as i	in bank records		Name as in bank records
Or 🕺 Unt	il cancelled	1.		2	III DAIN IECOIUS		3

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 Scheme		NAL PLAN ("SWP") DETAIL	S* (Refer Section 'Q' c	f instructio	ons) [Ple	ease Tick (✔)]				
Plan O	Direct Plan		Plan/ Other than Direc	t Plan						
	Growth	-	Transfer of IDCW			nt of IDCW	(IDCW -	Income Distribution curr	n Capital Wi	drawal)
Withdrawal A Withdrawal F		<b>U</b>	nthly (Default)		uarterly	n ₹ (words)	<ul> <li>Half year</li> </ul>	ly O Yearly	/	
Withdrawal P		From D D M M Y			MY	YYY	OR	<ul> <li>Till Further Instruction</li> </ul>		
SWP Date <sup>s</sup>	0	D <sup>s</sup> If day or date chose	en for SWP falls on a N	lon-Busine	ess Day,	the SWP will	be processe	ed on the immediate nex		
		selected by the investor, the					eived from the	e investor or till all units a	re liquidated	d or withdrawn
		d or upon the notification of de	eath of the Unit holder is	s received l	by the A	MC.				
PAYMENT O		Dugh SWP will be credited to	the default bank accor	int register	red in th	e Folio. If voi	uwish to rece	eive the redemption proc	eeds into a	ny other bank
		olio, please mention the Banl						and the reacting term proc		
Account No.										
Bank Name &		al dataila da nat matab with th	a registered bank age		Talia n	rooodo will b	o araditad to		registered in	the Felie )
(II LITE ADOVE I	nentioned bai	nk details do not match with th		unit în your	τοπο, ρ				registered ii	
		[Please tick (✓)] (Refer Sec /Opt-out Form for any chang							need to fill s	tandalone
○ I/We wish	to nominate	I/We hereby nominate the und payments and settlements made	er mentioned Nominee( de to such Nominee(s) st	s) to receive	e the am d discha	ounts to my / o trae by the AM	our credit in the C / Mutual Fun	e event of my / our death. l/ d / Trustee/ Sponsor	We also und	erstand that all
Name and A		PAN of Nominee	Relationship	% of	1	te of Birth		d Address of Guardian		e of Nominee/
Nominee				Allocation	(to	be furnished	l in case the	Nominee is a minor)		n of Nominee ptional)
								,		,
Norr										
New										
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<ol> <li>I/ We here informati compliar promptly intermed AMC, Tr. judicial o account( Applicable to not effected for get the manda Applicable to normal bankin</li> </ol>	eby confirm tha on submitted. I, informed in wir istee, their emp r tax/ revenue a s), without any c SIP Investmen reasons of incc the herein verifier Micro Investm NRIs only: I/W g channels or fir t: Incase there	bood and hereby agree to comply v ned Scheme(s). I/ We have neithe is through legitimate sources or N holder has disclosed to me/us a ngst which the Scheme is being r lelled broker(s) have not given me west in units of the Scheme and th the information provided hereina We am/are not prohibited from at ble Indian and foreign laws. I/ we ting about any changes/ modific satic or overseas regulators/ tax at loyees, RTAs, authorized agents, uthorities/ agencies and other inv bilgation of advising me/ us of the <b>ts only:</b> I/We hereby express my, omplete/ incorrect information, I/W d. Mandate verification charges, if ents only: I/We do not have any ex- e confirm that I am / we are Non-R- om fund in my/our Non Resident E is any change to your KYC inform	bove is true, correct and c creessing capital markets u also confirm that I have re- ations to the above inforr thorities. I/ We hereby aut third party service provide estigation agencies in or c same, as may be required / our willingness to make p e would not hold the user any, may be charged to my isisting Micro investments w esident(s) of Indian Nation- xternal/Ordinary account	Implete to the nder any orra ad and under nation in futti horize the Fi rs, my/ our d utside India by regulator ayments tow nstitution an our accoun hich togethe ality / Origin a FCNR acco	the best or der/ruling erstood t ure and i und/ the listributo , and/ or s/ tax aut vards SIF id its affili t. er with the and I/we unt(s).	Imy/ our knowle photo and the photo and the photo also undertake AMC/ the RTA the ATA AMC/ the RTA the RTA the AMC/ the AMC/ the RTA the AMC/ the	edge and belier , of any regulal RS T & C and h to provide any ered Intermedi I pay out any si mentioned un e. Further, I/we ation will result i that the funds f	i and that I / we shall be solely ion, including SEBI. I/We co ereby accept the same. I / W or other additional information ormation provided by me/ us aries or any Indian or foreign ums from my/ our account(s) der the SIP Auto debit form. I authorize the representative n aggregate investments exc for subscriptions have been r	liable and res infirm that my e also underta n as may be r s to the Fund, governmenta ) or close or s f the transacti (the bearer o eeding ₹ 50,0 emitted from	ponsible for the application is in ake to keep you equired by any its Sponsor, the al or statutory or uspend my/our on is delayed or of this request) to 00 in a year. abroad through
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Signature of Unitholder(s		Applicant/Guardian/POA/Authorize	d Signatory Second A	pplicant/Gu	ardian/P	OA/Authorized	Signatory	Third Applicant/Guardian/F	OA/Authorize	ed Signatory
	L		I				I			
<ul> <li>SIP through investors h- located cur</li> <li>The list of s. Union Mutua</li> <li>The investor ban Corporation and takes fu and other s investor ban cycles of NA</li> <li>Union Mutua the bank for</li> <li>By submittin information including or</li> </ul>	n NACH (Nation aving bank acc rently. Ich banks may b al Fund without a agrees to abide of India (NPCI). Ill responsibility is device provider k account is det CH Debit/Auto D al Fund reserves any reason wha g the Auto Deb provided herein eation of a folio.	the right to reverse allotments in c tsoever. it mandate the investor authorizes n for the purpose of investor's in	here they have an accou future entirely at the discreti a. CH facility of National Payr k of using the Auto Debit Fs Union Mutual Fund, its regis delayed or not effected o SIP date due to various cle ase the Auto debit is rejecte Union Mutual Fund to utiliz vestments in the Mutual F	nt or on of tents ccility trans r the aring d by e the und, <u>SIP Sr</u>	<u>.</u>	Name of Destii IFSC / MICR cc Mention Maxim than or equal to Reference 1: M Phone No. (Op Email ID (Optio Period: Start do Signature as p Name: Mention Frequency, Minir	nation Bank (Inv ode num Amount st. o the Maximum Aention Folio Nu Aention Applicat otional) onal) late and End D d'. ere bank account n Bank Account mum Amount ar	ich that the total of all SIP insta Amount. imber ion No. ate of NACH registration (in fo	ormat DD/MM,	
of investmer	nt transaction. U	sure that there are adequate funds i nion Mutual Fund will endeavor to ansaction, however if there is any d	debit the investor bank acc	date ount ill be	uency	Minimum SIP (Applicable to other than Uni (ELSS) Fund)	Amount Schemes ion Tax Saver	Minimum SIP Amount For Union Tax Saver (ELSS) Fund	Minimum Period	Default Date/Day
advance; ho	wever the assoc	e separately by submitting the requirated mandate can be retained for f	uture investments.		*	₹ 300 and in m ₹ 1 thereafter	nultiples of	Not applicable	1 Month	-
mentioned i	n the Mandate In					₹ 500 and in m ₹ 1 thereafter		₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday
equal to the	enrolment perio	rt and End Month/ Year specified fo d mentioned in the Mandate Instruc	tion.			₹ 1000 and in r ₹ 1 thereafter		₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month
k. Investments	made through	the Auto Debit Mode are subje the NAV guidelines will be applicab	ct to realization of funds	from Quar	terly	₹ 5000 and in r ₹ 1 thereafter	multiples of	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month

Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions. Quarterly ₹ 5000 and in multiples of ₹ 1 thereafter x. Following fields need to be filled mandatorily:xi.

a. Date in format DD/MM/YYYY

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- b. Bank A/c Type: Tick the relevant box

\* Available only under Union Flexi Cap Fund

<sup>®</sup>Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹2000 and in multiples of ₹ 1 thereafter. \*Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.