

# TRANSACTION FORM (For Existing Unit Holders only)

Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.  
Please strike off unused section(s) to avoid unauthorised use.

## Scan the QR Code

Transact with us 24x7 in just a few clicks!



ARN/ RIA Code**	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'H' of instructions)	Ref No.	Time Stamping
ARN-64917				E434563		

\*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, 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.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.  
**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'G' of instructions)**

I confirm that I am a First time investor across Mutual Funds  I confirm that I am an Existing investor in Mutual Funds  
In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1.	<b>EXISTING UNITHOLDER(S) INFORMATION*</b> (Refer Section 'A and B' of instructions)	Folio No.	*Mandatory
	Name of the Unit Holder [Please shade (●)]	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	Permanent Account Number (PAN)

2.	<b>SCHEME DETAILS*</b>	*Mandatory
	Scheme/ Plan/ Option/ Facility/ Frequency UNION	
	Default Plan/ Option/ Facility/ Frequency will be applied in case of no information, ambiguity or discrepancy.	

3.	<b>ADDITIONAL PURCHASE REQUEST</b> (Refer Section 'C' of instructions) [Please shade (●)]
	Payment Mode: <input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> One Time Mandate (OTM)
	Amount in ₹ (Figures) _____ Amount in ₹ (Words) _____
	Cheque/ UTR (RTGS/ NEFT) No. _____ Cheque/ RTGS/ NEFT Date: D D / M M / Y Y Y Y
	Source Bank A/C Number _____ Source Bank Name _____ Source Branch _____
	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR Document attached in the case of third party payments (Mandatory) <input type="radio"/> Third Party Declarations
	If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN) _____

4.	<b>SWITCH REQUEST</b> (Refer Section 'D' of instructions) [Please shade (●)]
	Scheme/ Plan/ Option/ Facility/ Frequency UNION
	To Scheme/ Plan/ Option/ Facility/ Frequency UNION
	Default Plan/ Option/ Facility/ Frequency will be applied in case of no information, ambiguity or discrepancy.
	Amount in ₹ (Figures) _____ Amount in ₹ (Words) _____
	No. of Units _____ <input type="radio"/> OR all Units (Please mark any one)

5.	<b>REDEMPTION REQUEST</b> (Refer Section 'E' of instructions) [Please shade (●)]
	Amount in ₹ (Figures) _____ Amount in ₹ (Words) _____
	No. of Units _____ <input type="radio"/> OR all Units (Please mark any one)
	Credit the Redemption proceeds to <input type="radio"/> Default Bank Account <input type="radio"/> Registered Bank Account*
	*Registered Bank Name _____ Bank A/C Number _____
	(Proceeds of redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.)

6.	<b>DECLARATION &amp; SIGNATURES</b> (Refer Section 'F' of instructions) (To be signed by ALL UNIT HOLDERS if mode of holding is JOINT)
	I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund and the terms and conditions and policies on the website before investing. I/ We, hereby apply to the Trustee of Union Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We 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 enacted by the Government of India or any Statutory Authority. 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 agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union Mutual Fund/ Union Asset Management Company Private Limited and its empanelled broker(s) has not given 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 will not be responsible if such investment is ultravires the relevant constitution.
	<b>Applicable to Micro Investments only:</b> 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.
	<b>Applicable to NRIs only:</b> 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).
	<b>Important alert:</b> In case 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

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. \_\_\_\_\_

Folio No. \_\_\_\_\_ Date: D D / M M / Y Y Y Y

Received from: Mr./ Ms. /M/s \_\_\_\_\_

an application for units of \_\_\_\_\_ Scheme/ Plan/ Option/ Facility/ Frequency

Amount/ Units \_\_\_\_\_

Additional Purchase  Switch  Redemption

Collection centre's stamp with  
date and time of receipt

# NON-FINANCIAL TRANSACTION FORM

(For Existing Unit Holders only)

ARN-64917 E434563



Application No.

Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.  
Please strike off unused section(s) to avoid unauthorised use

1. FOLIO NO.

2. EXISTING UNITHOLDER(S) INFORMATION\*

FIRST APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
SECOND APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
THIRD APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	

3. REGISTRATION OF POWER OF ATTORNEY [Please tick (✓)] (Refer Section 'A' of instructions)

Name of the PoA holder

PAN of the PoA holder   KYC Letter (Mandatory)  Notarized copy of PoA

4. CHANGE IN MODE OF HOLDING [Please shade (✓)] (Refer Section 'B' of instructions)

Anyone or Survivor  Joint Holding

5. CHANGE OF TAX STATUS [Please tick (✓)] (Refer Section 'C' of instructions)

Resident Indian (Individual) to NRI - Non-Repatriable  NRI - Non-Repatriable to Resident Indian (Individual)

NRI - Repatriable to Resident Indian (Individual)  NRI - Repatriable to NRI - Non-Repatriable

Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient.)

City  Country  Area Code

NEW BANK DETAILS (Refer instructions for mandatory documents to be submitted) [Please tick (✓)]

Bank Name

Bank A/C No  Bank Branch

A/C Type  Savings  Current  NRE  NRO  FCNR  Others (Please Specify)

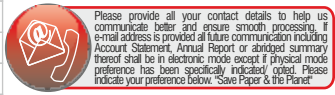
Bank City  State  Pin

IFSC Code  MICR Code

(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.)

6. CHANGE/UPDATION OF CONTACT DETAILS OF FIRST APPLICANT (Refer Section 'D' of instructions)

Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail 1			
E-mail 2			
E-mail 3			



7. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information, Scheme Information Document and Key Information Memorandum of the respective Scheme(s) and agree to abide by the same including any addendum(s) thereto and any terms, conditions, rules and regulations of the scheme(s) applicable from time to time. I/We will not hold Union Asset Management Company Private Limited, Union Trustee Company Private Limited, Union Mutual Fund, and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the form is rejected.

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant / POA / Authorised Signatory
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**In-Person Verification (IPV) (For Office Use only) applicable only if the old / existing bank mandate proof not submitted**

I have done the In-Person verification of the above referred investor along with ID document mentioned below; I have also matched the documents given with the information available in the referred Folio(s) and found them in order. I have verified the originals of new bank mandate documentary proof with the copies shared and found them in order by matching with the details indicated above.

Employee Name			
Employee No.			
Location Name	AMC/CAMS - <Location Name>		
Documents Verified	<input type="radio"/> Self attested copy of PAN	<input type="radio"/> For PAN exempt investors	<input type="radio"/> Passport <input type="radio"/> Voter ID <input type="radio"/> Ration Card <input type="radio"/> Please Specify
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature with Branch Seal

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)

Application No.

Folio No.

Mr./ Ms. /M/s \_\_\_\_\_

- Registration of Power of Attorney  Change in Mode of Holding
- Change of Tax Status  Change/ Updation of Contact Details of First Applicant



Collection centre's stamp with date and time of receipt