



UMRN  F o r O f f i c e u s e Date DD MM YYYY

[tick (✓)] Sponsor Bank Code  Utility Code

CREATE  I/We, hereby authorize Union Mutual Fund To debit [tick (✓)] SB/CA/CC SB-NRE/SB-NRO/Other

MODIFY  Bank a/c number

CANCEL

with Bank  Name of Customer's Bank IFSC  or MICR

an amount of Rupees  in words ₹  in figures

FREQUENCY  Daily  Weekly  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Folio No. Phone No.

Reference 2  Application No. Email ID

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.

PERIOD From DD MM YYYY To 30 09 20 53

Signature Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

**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 INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

(For Existing Unit Holders only)



#### Registration Cum Mandate Form For NACH/ ECS/ Direct Debit

(Please complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN*	Ref. No.
ARN-64917				E434563	

For Office use only

\*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.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Signature Second Applicant/ POA/ Authorised Signatory Signature Third Applicant/ POA/ Authorised Signatory

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.**

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. **EXISTING UNIT HOLDER INFORMATION** [Please tick (✓)]  Mr.  Ms.  M/s. PAN   KYC

Folio No.  Unitholder's Name

2. **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)

Depository Participant (DP) Name  DP ID No:  Beneficiary Account Number

3. **SIP DETAILS** [Please tick (✓)] Please allow minimum 30 days for registration and start of Auto Debit instructions. \*Default

Sr. No.	Scheme/ Plan/ Option	SIP Instalment Amount (₹ in figures)	SIP Date <sup>1</sup>	Frequency <sup>2</sup>	Start Day/Month/Year	End Month/Year (Default Sep 2053)*
1.			DD	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	DD MM YYYY	MM YYYY

First SIP Instalment details Drawn on bank / branch name  \*\*Daily frequency available only for Union Flexi Cap Fund

Cheque Amount  Cheque no.  MICR No.  Dated DD MM YYYY

Payment Mode  Cheque  RTGS  NEFT  Fund Transfer  Debit Mandate (Union Bank of India A/C Holders only)  One Time Mandate (OTM)

Note: In case the chosen date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next Business Day.  
<sup>1</sup>Default SIP date is 8th for monthly and quarterly frequency. <sup>2</sup>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 instalment size for monthly frequency is fulfilled.

4. **DECLARATION & SIGNATURES**

I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I / we would not hold the user institution 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. 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(s) are being recommended to me/ us. I/ We hereby confirm that Union Mutual Fund (formerly Union KBC Mutual Fund), the AMC 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(s); and Union Mutual Fund/ AMC/ Trustee will not be responsible if such investment is ultra vires the relevant constitution.

**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).

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Signature Second Applicant/ POA/ Authorised Signatory Signature Third Applicant/ POA/ Authorised Signatory

5. **DEBIT MANDATE** (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

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)

SIP through Auto Debit Form - Folio No.

Received from: Mr./ Ms. /M/s \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_ Scheme 1 \_\_\_\_\_ Amount (₹) \_\_\_\_\_

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

For Office use only

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIIN* (Refer Section 'C' of instructions)	Ref. No.
ARN-64917				E434563	

\*I/We hereby confirm that the EUIIN 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.

Signature <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small>	Signature <small>Second Applicant / POA / Authorised Signatory</small>	Signature <small>Third Applicant / POA / Authorised Signatory</small>
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**New Registration**       **Cancellation**
Date: 

D	D	M	M	Y	Y	Y	Y
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**1. EXISTING UNITHOLDER(S) INFORMATION\***

Existing Folio No.	*Mandatory	Permanent Account Number (PAN)
Name of the Unit Holder [Please Tick (✓)]		
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		
Email Id		

**2. STP DETAILS (Refer Section 'A' of instructions) [Please Tick (✓)]**

	From Scheme	To Scheme																
Name of the Scheme																		
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan																
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW																
	Transfer of IDCW to: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">U</td><td style="width: 20px;">N</td><td style="width: 20px;">I</td><td style="width: 20px;">O</td><td style="width: 20px;">N</td></tr></table>		U	N	I	O	N											
	U	N	I	O	N													
Plan/ Option																		
Sub Option/ Frequency																		
Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.																		
Enrolment Period	From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	OR <input type="radio"/> Till Further Instruction* (Default)
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words)																	
Frequency	<input type="radio"/> Daily STP <input type="radio"/> Weekly STP (Monday to Friday) <input type="radio"/> Fortnightly STP	<input type="radio"/> Monthly STP (Default) <input type="radio"/> Quarterly STP <input type="radio"/> Half Yearly STP																
	<input type="radio"/> Daily (Only Business Day)      Day of Transfer: _____ <input type="radio"/> Every Alternate Wednesday	STP Date* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td></tr></table>	D	D														
D	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"

**3. DECLARATION & SIGNATURES\*** (Refer Section 'B' of instructions)

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. 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 hereby agree that any transaction processed under the Systematic Transfer Plan will be binding upon me/us. I / We will not hold the AMC/the Trustee Company/ the Mutual Fund / the Sponsors liable for any transaction processed under the STP. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making the investment in the relevant Scheme. I / We declare that the amount invested in the relevant 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 relevant Scheme is being recommended to me/us. 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/ Sponsors will not be responsible if such investment is ultravires the relevant constitution.

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

Folio No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>									Ref. No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td><td style="width: 40px;"> </td></tr></table>								
Received from: Mr./ Ms./ M/s _____	Date: / / _____																

**Application for Systematic Transfer Plan**

From Scheme/ Plan/ Option - \_\_\_\_\_

To Scheme - \_\_\_\_\_

STP Period	From	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	To	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	OR <input type="radio"/> Till Further Instruction (Default)
D	D	M	M	Y	Y	Y	Y														
D	D	M	M	Y	Y	Y	Y														
Amount in ₹																					

Collection centre's stamp with date and time of receipt

## INSTRUCTIONS

### General

1. This form should be used by existing investors only by mentioning their folio number, name and scheme details. Please read the Statement of Additional Information (SAI), respective Scheme Information Document (SID) including Addendum(s) thereto, if any, Key Information Memorandum (KIM) and instructions there-in and below mentioned instructions carefully before filling up this form.
2. This Form should be completed in English and in Block Letters only using black or blue coloured ink.
3. Please tick (✓) in the appropriate circle (O).
4. The Form should be complete in all respects & should be submitted at any of the Customer Service Centres (CSCs) / Official Points of Acceptance (OPAs) of Computer Age Management Services Ltd. (CAMS) or Union Mutual Fund.
5. Signature(s) should be as provided under the existing folio and in the same order. In case the mode of holding is joint, all unit holders are required to sign.
6. If any chosen day falls on a non-business day, the next business day of the scheme will be considered as the transaction date.
7. Incorrect / Incomplete applications are liable to be rejected.
8. Default Option may be applied in case of no information, ambiguity or discrepancy.
9. The AMC reserves the right to change/modify the terms and conditions of STP.
10. The Load Structure prevailing at the time of submission of the STP application will apply for all the installments indicated in such application.

### A. Systematic Transfer Plan (STP)

1. A minimum period of 8 days shall be required for registration under STP. In case the required time of 8 calendar days are not met, then the STP will be processed from the next STP cycle.
2. The STP Frequencies available are as follows:

Frequency	Cycle Day / Date*	Default Day / Date	Minimum Instalment Amount (in ₹) ^	Minimum Instalments
Daily	Daily (Only Business Day)	Not Applicable	₹ 100 & in multiples of ₹ 1/- thereafter	6
Weekly	Monday to Friday	Wednesday	₹ 100 & in multiples of ₹ 1/- thereafter	6
Fortnightly	Every Alternate Wednesday	Every Alternate Wednesday	₹ 100 & in multiples of ₹ 1/- thereafter	6
Monthly/ Quarterly/ Half Yearly	Any date of the month.	8 <sup>th</sup> of the month.	₹ 100 & in multiples of ₹ 1/- thereafter	6

\*In case any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme

^ For Union Tax Saver (ELSS) Fund, the minimum instalment amount will be ₹ 500 & in multiples of ₹ 1/- thereafter.

3. Units marked under Lien, Pledge or Lock-in Period in the Transferor scheme will not be eligible for STP.
4. An investor has to clearly specify the name & the option of the Transferor & Transferee scheme in the enrolment form. If name of the Transferor or Transferee Scheme is not stated or in case of any ambiguity, STP enrolment request shall be liable to get rejected. In the absence of information, the default option for transferee scheme shall be growth option. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective scheme SID.

5. If the required minimum balance is not available in the transfer scheme for 3 consecutive attempts, the STP registered will be terminated.
6. STP will be automatically terminated if all units are liquidated or withdrawn from the Transferor Scheme or pledged or upon receipt of intimation of death of the unit holder.
7. A request for STP will be treated as a request for redemption from the Transferor scheme and subscription into the selected Transferee scheme(s), option(s) / plan(s), at the applicable NAV, subject to load and statutory levy, if any.
8. Unit holders will have the right to discontinue the STP facility at any time by sending a written request to the Customer Service Centres (CSC) of the AMC or its Registrar. Notice of such discontinuance should be received at least 8 days prior to the due date of the next transfer date. On receipt of such request, the STP facility will be terminated.

### B. Declaration and Signature(s)

1. Signature(s) should be in English or in any of the Indian languages specified in the eighth schedule of the Constitution of India.
2. Thumb impressions (left hand for males and right hand for female) and signatures in languages not specified in the Eighth Schedule of the Constitution of India should be attested by a Magistrate or a Notary public or a Special Executive Magistrate under his/ her official seal.
3. Applications by minors should be signed by their guardians.
4. In case of an HUF, the Karta should sign on behalf of the HUF.
5. If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarised photocopy of the PoA. Alternatively, the original PoA may be submitted with the application, which will be returned after verification. If the PoA is not submitted with the application, the application form will be rejected.
6. In case of non-individual investors, a list of authorised signatories should be submitted along with application form in case of any change in the authorised signatories list.

### C. EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN):

As per SEBI Circular No. CIR/IMD/DF/21/2012 dated September 13, 2012 and AMFI Guidelines on implementation of EUIN, it is mandatory to state the Employee Unique Identification Number (EUIN) of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor in the space indicated in the application form. **In case the EUIN box is intentionally left blank in the absence of any client facing interaction, then it is required to mandatorily tick against the confirmation/ declaration stating that the transaction is an "execution-only" transaction, mentioned below the box/ space provided for the ARN Number/ EUIN in the application form and also provide signature(s) in the signature pane appearing just below the confirmation/declaration.** The mentioning of the EUIN shall assist the AMC to tackle the problem of mis-selling by the distributors/its employees/ relationship manager/ sales person.

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

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

New Registration       Cancellation

Date 

D	D	M	M	Y	Y	Y	Y
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**1. EXISTING UNITHOLDER(S) INFORMATION\***

Existing Folio No.		*Mandatory	Permanent Account Number (PAN)	
Name of the Unit Holder [Please Tick (✓)]				
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.				
Email Id				

**2. SYSTEMATIC WITHDRAWAL PLAN ("SWP") DETAILS\* (Refer Section 'A' of instructions) [Please Tick (✓)]**

Scheme	U N I O N																					
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan																					
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW      (IDCW - Income Distribution cum Capital Withdrawal)																					
Withdrawal Amount in ₹ (Figures)		Withdrawal Amount in ₹ (words)																				
Withdrawal Frequency	<input type="radio"/> Daily <input type="radio"/> Monthly (Default) <input type="radio"/> Quarterly <input type="radio"/> Half yearly <input type="radio"/> Yearly																					
Withdrawal Period	From	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	To	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	OR	<input type="radio"/> Till Further Instruction* (Default)
D	D	M	M	Y	Y	Y	Y															
D	D	M	M	Y	Y	Y	Y															
SWP Date <sup>5</sup>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td></tr></table>	D	D	<sup>5</sup> If day or date chosen for SWP falls on a Non-Business Day, the SWP will be processed on the immediate next Business Day.																		
D	D																					

\* If the SWP end date is not selected by the investor, then the SWP 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.

**3. PAYMENT OF SWP PROCEEDS**

Redemption proceeds through SWP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:

Account No.			
Bank Name & Branch			

(If the above mentioned bank details do not match with the registered bank account in your Folio, proceeds will be credited to the default bank account registered in the Folio.)

**4. DECLARATION & SIGNATURES\* (Refer Section 'B' of instructions)**

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, I/ We, hereby apply to the Trustee of Union Mutual Fund for Systematic Withdrawal Plan ("SWP") under the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We hereby agree that any transaction processed under the Systematic Withdrawal Plan will be binding upon me/us. I /We will not hold the AMC/the Trustee Company/ the Mutual Fund / the Sponsor liable for any transaction processed under the SWP. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in opting for this facility. 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. 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 have the express authority to transact in units of the Scheme and the AMC/ Trustee / Mutual Fund/ Sponsor will not be responsible if such transaction is ultravires the relevant constitution.

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)**

Folio No. 

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Ref. No.	
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Received from: Mr./ Ms./ M/s \_\_\_\_\_ Date: / /

**Application for Systematic Withdrawal Plan**

Scheme/ Plan/ Option - \_\_\_\_\_

SWP Period	From	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	To	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	OR	<input type="radio"/> Till Further Instruction (Default)
D	D	M	M	Y	Y	Y	Y															
D	D	M	M	Y	Y	Y	Y															
Amount in ₹																						

Collection centre's stamp with date and time of receipt
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## INSTRUCTIONS

### General

1. This form should be used by existing investors only by mentioning their folio number, name and scheme details. Please read the Statement of Additional Information (SAI), respective Scheme Information Document (SID) including Addendum(s) thereto, if any, Key Information Memorandum (KIM) and instructions there-in and below mentioned instructions carefully before filling up this form.
2. This Form should be completed in English and in Block Letters only using black or blue coloured ink.
3. Please tick (✓) in the appropriate circle (O).
4. The Form should be complete in all respects & should be submitted at any of the Customer Service Centres (CSCs) / Official Points of Acceptance (OPAs) of Computer Age Management Services Ltd. (CAMS) or Union Mutual Fund. List of OPAs is available on the website of the Mutual Fund www.unionmf.com.
5. Signature(s) should be as provided under the existing folio and in the same order. In case the mode of holding is joint, all unit holders are required to sign.
6. If any chosen day falls on a non-business day, the next business day of the scheme will be considered as the transaction date.
7. Incorrect / Incomplete applications are liable to be rejected.
8. Default Option may be applied in case of no information, ambiguity or discrepancy.
9. The AMC reserves the right to change/modify the terms and conditions of SWP.
10. The Load Structure prevailing at the time of submission of the SWP application will apply for all the installments indicated in such application.

### A. Systematic Withdrawal Plan (SWP)

1. A minimum period of 8 days shall be required for registration under SWP. In case the required time of 8 calendar days are not met, then the SWP will be processed from the next SWP cycle.
2. The SWP frequencies available under the Scheme are as follows:

Frequency	Cycle Day / Date*	Default Day / Date	Minimum Instalment Amount (in ₹)	Minimum Instalments
Daily	Daily (Only Business Day)	Not Applicable	₹ 1000 & in multiples of ₹ 1/- thereafter	6
Monthly/ Quarterly/ Half Yearly/ Yearly	Any date of the month.	8 <sup>th</sup> of the month.	₹ 1000 & in multiples of ₹ 1/- thereafter	6

\*In case any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme

3. Units marked under Lien, Pledge or Lock-in Period in the Transferor scheme will not be eligible for SWP.
4. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective scheme SID.
5. If the required minimum balance is not available in the scheme for 3 consecutive attempts, the SWP registered will be terminated. Also the SWP will be automatically terminated if all units are liquidated or withdrawn from the Scheme or pledged or upon receipt of intimation of death of the unitholder.
6. Unit holders will have the right to discontinue the SWP facility at any time by sending a written request to the Customer Service Centres (CSC) of the AMC or its Registrar. Notice of such discontinuance should be received at least 8 days prior to the due date of the next transfer date. On receipt of such request, the SWP facility will be terminated.

### B. Declaration and Signature(s)

1. Signature(s) should be in English or in any of the Indian languages specified in the eighth schedule of the Constitution of India.
2. Thumb impressions (left hand for males and right hand for female) and signatures in languages not specified in the Eighth Schedule of the Constitution of India should be attested by a Magistrate or a Notary public or a Special Executive Magistrate under his/ her official seal.
3. Applications by minors should be signed by their guardians.
4. In case of an HUF, the Karta should sign on behalf of the HUF.
5. If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarised photocopy of the PoA. Alternatively, the original PoA may be submitted with the application, which will be returned after verification. If the PoA is not submitted with the application, the application form will be rejected.
6. In case of non-individual investors, a list of authorised signatories should be submitted along with application form in case of any change in the authorised signatories list.



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