COMMON APPLICATION FORM

Union Mutual Fund

Application No.

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**
ARN-302492			E575984	

Date & Time Stamp

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.

**By mentioning the RIA Code/ PMRN , I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

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

1. EXISTING UNIT HOLDER INFORMATION *(Please complete Section 1, 8 & 14 only) (The details in our records under the Folio No. mentioned below will only be considered for this application)* ***Mandatory**

Unitholder's Name **Folio No.**

2. MODE OF HOLDING ○ Single ○ Joint **(Default option)** ○ Anyone or Survivors

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

○ Mr. ○ Ms. ○ M/s. N A M E

PAN (Copy of PAN Advisable) ○ **KYC** **CKYC No. (KIN) ^**

LEI Code ^ ^ **Valid up to** D D M M Y Y Y Y

3a. Contact Details* (Refer Section 'I' of Instructions) *(Please ensure to mention Country and Area Code)*

Mobile No$. E-mail$

Tel. (Off.) Country/ Area code Tel. (Res.) Country/ Area code Fax Country/ Area code

$Mobile number specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

$Email address specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

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

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

City State Pin Code

Overseas address *(Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)*

City Country Area Code

3b. Date of Birth* **Minor's Relationship with Guardian (referred in point no. 4)** ○ Father ○ Mother ○ Legal Guardian

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

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

3d. Status* ○ Resident Individual ○ Minor ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Sole Proprietorship ○ HUF ○ Partnership Firm ○ Limited Partnership (LLP) ○ Listed Company ○ Unlisted Company ○ Body Corporate ○ Bank/FI ○ Insurance Company ○ Government Body ○ AOP/BOI ○ Trust ○ Society ○ Provident Fund ○ Superannuation/Pension Fund ○ Gratuity Fund ○ FII ○ Others *(Please Specify)*

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

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

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

Please tick (✓)*
○ Politically Exposed Person
○ Related to Politically Exposed Person
○ Not Applicable

For Non - Individual Investors* (Is the entity involved in / providing any of the following services)
Foreign Exchange / Money Changer Services ○ Yes ○ No
Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ○ Yes ○ No
Money Lending / Pawning ○ Yes ○ No
Any other information [Please specify]: _____

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

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* *[Please tick (✓)]*
(Refer Section 'B' and 'C' of instructions)

○ Mr. ○ Ms. N A M E O F S E C O N D A P P L I C A N T **Date of Birth***

PAN (Copy of PAN Advisable) ○ **KYC** **CKYC No. (KIN) ^**

4a. Status* ○ Resident Individual ○ Minor ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Others *(Please Specify)*

4b. Occupation* ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others *(Please Specify)*

4c. Gross Annual Income* ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore **Net-worth in ₹** _____

4d. Other Details* ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person ○ Not Applicable

4e. Contact Details* Mobile No$. E-mail$

$Mobile number specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

$Email address specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) ○ Lumpsum ○ SIP ○ STP ○ SWP **Application No.**

Union Mutual Fund

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

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

Enclosure _____

Collection centre's stamp with date and time of receipt

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

○ Mr. ○ Ms. | NAME OF THIRD APPLICANT | **Date of Birth*** |

PAN (Copy of PAN Advisable) | ○ **KYC** | **CKYC No. (KIN) ^**

5a. Status* ○ Resident Individual ○ Minor ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Others *(Please Specify)*

5b. Occupation* ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others *(Please Specify)*

5c. Gross Annual Income* ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore **Net-worth in ₹** _____

5d. Other Details* ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person ○ Not Applicable

5e. Contact Details* Mobile No$. | E-mail$

$Mobile number specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

$Email address specified above belongs to [Please (✓)]
○ Self ○ Spouse ○ Guardian (for Minor investment) ○ Dependent Children ○ Dependent Parents ○ Dependent Siblings ○ POA ○ PMS ○ Custodian (Only for Non-Individual)

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN. ^ ^ **Note:** Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

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

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

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	○ Residential / Business ○ Residential	○ Residential / Business ○ Residential	○ Residential / Business ○ Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

7. UNITHOLDING OPTION *[Please tick (✓)]* ○ Physical Mode ○ Demat Mode *(If demat account details are provided below, units will be allotted by default in electronic mode only)*

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

NSDL: Depository Participant (DP) Name _____ DP ID No: I N | Beneficiary Account Number

CDSL: Depository Participant (DP) Name _____ Beneficiary Account Number

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

8. INVESTMENT AND PAYMENT DETAILS* [Please tick (✓)] (Refer Section 'E' of instructions) **[Third Party payment(s) will not be accepted]**

Name of the Scheme **UNION**

Plan	Option	Sub Option	IDCW Frequency~
○ Regular ○ Direct	○ Growth ○ IDCW	○ Payout of IDCW ○ Reinvestment of IDCW ○ Transfer of IDCW	○ Daily ○ Weekly ○ Fortnightly ○ Monthly

Transfer of IDCW to

Plan/ Option | Facility

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~**Note:** IDCW - Income Distribution cum Capital Withdrawal Option

LUMPSUM

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

Cheque / RTGS / NEFT No. | Cheque / RTGS / NEFT Date D D M M Y Y Y Y

Amount in ₹ (Figures) | Amount in ₹ (words)

Source Bank Name | Source Branch

Source Bank A/C No. | Account Type ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR

Source Bank IFSC Code | Cheque Issuer Name | In case the cheque is issued by a person other than the investor

If electronic transfer, please fill UTR No.

If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:
Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002.
Email: enq_uk@camsonline.com | **Website:** www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059
Toll Free : 1800 200 2268/1800 572 2268 | **Tel No. :** 022 67483333
Website: www.unionmf.com | **Email :** investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.

Union Mutual Fund

9. 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)*

Please update my/our pay-in-bank account mentioned under point no. '8' above as default payout bank account ○ Yes ○ No
(If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)
Core Banking Solutions (CBS) accounts is mandatary. *Please note that transactions received with non-CBS bank account details are liable to be rejected.*

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	*In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.*
Document Attached	○ Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed ○ Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months		

(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.

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

	From Scheme	To Scheme
Name of the Scheme		
Plan	○ Direct Plan ○ Regular Plan/ Other than Direct Plan	○ Direct Plan ○ Regular Plan/ Other than Direct Plan
Option	○ Growth ○ Payout of IDCW ○ Transfer of IDCW ○ Reinvestment of IDCW	○ Growth ○ Payout of IDCW ○ Transfer of IDCW ○ Reinvestment of IDCW Transfer of IDCW to 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** D D M M Y Y Y Y **To** D D M M Y Y Y Y	**OR** ○ Till Further Instruction# (Default)
Transfer Amount in (₹ Figures)	**Transfer Amount in (₹ words)**	
Frequency	○ **Daily STP** (Daily (Only Business Day)) ○ **Weekly STP (Monday to Friday)** (Day of Transfer) ○ **Fortnightly STP** (Every Alternate Wednesday)	○ **Monthly STP (Default)** ○ **Quarterly STP** ○ **Half Yearly STP** **STP Date*** 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"

11. SIP DETAILS *[Please tick (✓)]* (Refer Section 'F' of instructions) ○ **Registration via New OTM** ○ **Registration via Existing OTM**

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency#	SIP Date# (For Monthly Frequency)	SIP Date# (For Fortnightly Frequency)	SIP Day# (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility: Frequency#	Top-up Facility: Amount
		○ Daily ^ ○ Weekly ○ Fortnightly ○ Monthly	D D	1st and 15th of the month		From To	○ Half Yearly ○ Yearly SIP Top-Up Cap Amount	
Union		○ Daily ^ ○ Weekly ○ Fortnightly ○ Monthly	D D	1st and 15th of the month		From M M Y Y To M M Y Y	○ Half Yearly ○ Yearly SIP Top-Up Cap Amount	
Union		○ Daily ^ ○ Weekly ○ Fortnightly ○ Monthly	D D	1st and 15th of the month		From M M Y Y To M M Y Y	○ Half Yearly ○ Yearly SIP Top-Up Cap Amount	

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
#Refer overleaf for more instructions.

Union Mutual Fund

MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN (For Office Use) Date

[tick (✓)]
CREATE ✓
MODIFY X
CANCEL X

Sponsor Bank Code (For Office Use Only) Utility Code (For Office Use Only)

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

Bank a/c number

with Bank (Name of Customer's Bank) IFSC or MICR

an amount of Rupees (in words) ₹ (in figures)

FREQUENCY ~~X Daily X Weekly X Monthly X Quarterly X Half Yearly X Yearly~~ ✓ As & when presented DEBIT TYPE ~~X 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. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund.

PERIOD
From
To
Maximum period of validity of this mandate is 40 years only.

Signature Primary Account Holder — 1. Name as in bank records

Signature of Account Holder — 2. Name as in bank records

Signature of Account Holder — 3. Name as in bank records

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

Scheme	U N I O N		
Plan	○ Direct Plan ○ Regular Plan	Option	○ Growth ○ Payout of IDCW ○ Transfer of IDCW ○ Reinvestment of IDCW (IDCW - Income Distribution cum Capital Widrawal)
Withdrawal Amount in ₹ (Figures)		Withdrawal Amount in ₹ (words)	
Withdrawal Frequency	○ Daily ○ Monthly (Default) ○ Quarterly ○ Half yearly ○ Yearly		
Withdrawal Period	From D D M M Y Y Y Y **To** D D M M Y Y Y Y	**OR**	○ Till Further Instruction# (Default)
SWP Date$	D D	$If day or date chosen for SWP falls on a Non-Business Day, the SWP will be processed on the immediate next Business Day.	

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.

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.)

13. NOMINATION DETAILS* (All fields are mandatory) *[Please tick (✓)]* (Refer Section 'H' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation /Opt-out Form for any changes or modification in the existing details registered in your Folio.

○ I/We wish to nominate - I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC as follows;

○ **Name of nominee(s) with %** ○ **Nomination: Yes / No (Default)**

	Nominee-1	**Nominee-2**	**Nominee-3**
Name of the Nominee (s)			
Share of nominee (%)			
Nominee's Relationship with Applicant			
Date of Birth of Nominee (Incase of Minor nominee)			
Guardian Name (In case of Minor nominee)			
Address of Nominee(s) / Guardian incase of Nominee is Minor			
Mobile/Telephone No. of Nominee(s) / Guardian in case of Minor Nominee			
Email ID of Nominee(s) / Guardian in case of Minor Nominee			
Nominee / Guardian (incase of Minor) identity details (Please provide details of any one	○ PAN _____ ○ Driving Licence _____ ○ Aadhaar (last 4 Digit) _____ ○ Passport No (in case of NRI/OCI/PIO) _____	○ PAN _____ ○ Driving Licence _____ ○ Aadhaar (last 4 Digit) _____ ○ Passport No (in case of NRI/OCI/PIO) _____	○ PAN _____ ○ Driving Licence _____ ○ Aadhaar (last 4 Digit) _____ ○ Passport No (in case of NRI/OCI/PIO) _____

○ I/ We do not wish to nominate — 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.

14. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

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

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

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

Sign Here	Signature Sole/First Applicant/Guardian/POA/Authorized Signatory	Signature Second Applicant/Guardian/POA/Authorized Signatory	Signature Third Applicant/Guardian/POA/Authorized Signatory

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

I. Investment through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.

ii. The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.

iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit /ECS.

iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.

v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.

vi. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.

vii. SIP Cancellation can be done separately by submitting the request atleast 2 business days in advance. However, the associated mandate can be retained for future investments.
Note: SIP cancellation request will be processed within 2 working days from the submission of such request by the investor. However, it may be noted that any installment for which debit instructions have already been sent to the investor's bank will continue to get processed. Investors should accordingly maintain sufficient balance in their bank account.

viii. Lumpsum Investment / SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.

ix. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.

x. Investments made through the One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.

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

SIP Snapshot- Frequency, Minimum Amount and Minimum Period.

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

Note:

a) **^ Daily Frequency** is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
^ For Union ELSS Tax Saver Fund: Minimum SIP installment ₹ 500 and in multiples of ₹ 500 thereafter. (for all frequencies)

b) In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day.

c) In case none of the frequencies have been selected then Monthly Frequency shall be treated as the default frequency, provided the requirement relating to minimum installment size for monthly frequency is fulfilled.

d) Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and Maximum period of validity of this mandate is 40 years only.

e) The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.

f) If the investor does not specify the Top up frequency under Daily SIP, Weekly or Monthly SIP, the default frequency for Top-up will be Yearly