

(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**	Date & Time Stamp

☐ *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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature 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. NAME

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^s. _____ E-mail^s _____

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

^sMobile number specified above belongs to [Please (✓)] ^sEmail address specified above belongs to [Please (✓)]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment)
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings
 ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

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* D D M M Y Y Y Y **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 (✓)*

<input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable	For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> 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. NAME OF SECOND APPLICANT

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^s. _____ E-mail^s _____

^sMobile number specified above belongs to [Please (✓)] ^sEmail address specified above belongs to [Please (✓)]
☐ Self ☐ Spouse ☐ Guardian (for Minor investment)
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings
 ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) ☐ Lumpsum ☐ SIP ☐ STP ☐ SWP

Application No.

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

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

Enclosure _____

5.	THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)																														
<input type="radio"/> Mr. <input type="radio"/> Ms.		N A M E O F T H I R D A P P L I C A N T															Date of Birth*				D D M M Y Y Y Y										
PAN (Copy of PAN Advisable)										<input type="radio"/> KYC					CKYC No. (KIN) ^																
5a. Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)																															
5b. Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)																															
5c. Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹																															
5d. Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable																															
5e. Contact Details* Mobile No. E-mail																															
*Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings															*Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings																
^ 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?*		<input type="radio"/> Yes <input type="radio"/> No							<input type="radio"/> Yes <input type="radio"/> No							<input type="radio"/> Yes <input type="radio"/> 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)		<input type="radio"/> Residential / Business <input type="radio"/> Residential							<input type="radio"/> Residential / Business <input type="radio"/> Residential							<input type="radio"/> Residential / Business <input type="radio"/> 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 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C							Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C							Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> 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 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C							Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C							Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> 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 (✓)] <input type="radio"/> Physical Mode <input type="radio"/> 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~															
<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Growth <input type="radio"/> IDCW							<input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW							<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly															
Transfer of IDCW to		U N I O N																													
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																															
LUMP SUM	Payment Mode:		<input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> Debit Mandate (Union Bank of India A/C Holders only) <input type="radio"/> 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 <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> 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)																															

10.	SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' 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														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		<input type="radio"/> Till Further Instruction* (Default)														
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																	
		Daily (Only Business Day)				Day of Transfer								Every Alternate Wednesday								STP Date*		D	D														

Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

[^] Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.

#Refer overleaf for more instructions.

[illegible]

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

- **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 15 Business Days in advance; however the associated mandate can be retained for future investments.
 - 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
 - **TERMS AND CONDITIONS FOR ONE TIME MANDATE (OTM) REGISTRATION:**
 - 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. (Optional)
 - j. Email ID (Optional)
 - 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