## TRANSACTION FORM (For Existing Unit Holders only)

Amount/Units

○ Additional Purchase ○ Switch

 $\bigcirc$  Redemption  $\bigcirc$  Updation of Contact Details



Please strike off unused section(s) to avoid unauthorised use.								
Broker Code/ ARN Sub-Broker ARN/ Branch Code		Internal Sub-Broker Code EUIN* (Refer Section 'H' of instructions)		RIA Code / PMRN**		Ref. No.		
m di ** Ui	anager/sales person of the stributor has not charged a By mentioning the RIA coo nionMutual Fund with the S Sig	he EUIN box has been intentice a above distributor or notwithsta ny advisory fees on this transacti de, I/we hereby give my/our con EBI Registered Investment Advis	nding the advice of in-approp on. sent to share/provide the trans ser.	riateness, if any, provided by sactions data feed / unit holdi	the employee/relationshi	p manager/sales person investments under Direct Signature	of the distributor and the Plan in the Scheme(s) of	
						hird Applicant/ POA/ Authorised Signatory		
1.		_DER(S) INFORMATION* (Folder [Please shade (●)]	lefer Section 'A and B' of ins	structions)  O Mr. O Ms.	Folio No.	Permanent A	*Mandatory	
2.								
3.	Scheme/ Plan/ Option/ Facility/ Frequency UNION  Default Plan/ Option/ Facility/ Frequency will be applied in case of no information, ambiguity or discrepancy.  ADDITIONAL PURCHASE REQUEST (Refer Section 'C' of instructions) [Please shade (•)]							
3.	Payment Mode: ○ Cheque ○ RTGS ○ NEFT ○ Fund Transfer ○ Debit Mandate (For Union Bank of India account holders only) ○ One Time Mandate (OTM) Amount in ₹ (Figures) Amount in ₹ (Words) Cheque/ UTR (RTGS/ NEFT) No Cheque/ RTGS/ NEFT Date: D/ M / Y Y Y Cheque Issuer Name In case the cheque is issued by a person other than the investor  Source Bank A/C Number Source Bank Name Source Branch Account Type ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR Document attached in the case of third party payments (Mandatory) ○ Third Party Declarations							
4.	If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)  SWITCH REQUEST (Refer Section 'D' of instructions) [Please shade (●)]  Scheme/ Plan/ Option/ Facility/ Frequency UNION  To Scheme/ Plan/ Option/ Facility/ Frequency UNION							
5.	Default Plan/ Option/ Facility/ Frequency will be applied in case of no information, ambiguity or discrepancy.  Amount in ₹ (Figures) Amount in ₹ (Words) OR all Units (Please mark any one)  REDEMPTION REQUEST (Refer Section 'E' of instructions) [Please shade (●)]							
	Amount in ₹ (Figures)  No. of Units  Credit the Redemption proceeds to Default 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.	DECLARATION & SIGNATURES (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 .1 / 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 throin Mutual Fund will not be responsible if such investment 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.  Applicable to Micro Investments 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							
	Sole/ First Applicant/ C	Guardian/ POA/ Authorised Signat	ory Second Appl	icant/ POA/ Authorised Signate		'hird Applicant/ POA/ Autho		
	(For Union Bank of I	ror union mutual fund ndia account holders only) ar (CAMS Ltd.) and presented to		Applicat	iion No.	Γ	Date / /	
/ W								
	figures)		₹ (in words)				chase of units of Union	
	Scheme Name Signature of Account Holder(s) / Authorised Signatory(ies) ( As per Bank records)							
olic	NOWLEDGEMENT S No.	LIP (To be filled in by the in Date: DDD		Applicat	tion No.		<b>Union</b> Mutual Fund	
an ap Amc	oplication for units of	Scheme/				Collection centre	· ·	