

COMMON APPLICATION FORM FOR UTI-CHILDREN'S CAREER PLAN (UTI-CCP), UTI-EQUITY TAX SAVINGS PLAN (UTI-ETSP), UTI-UNIT LINKED INSURANCE PLAN (UTI-ULIP) AND UTI-RETIREMENT BENEFIT PENSION FUND (UTI-RBP)



(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr. No. 2009/

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units)					CR / CA Code	For Chief Representative	
ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.		DD Amount	
11295	Rajesh Kumar Sethi					DD Charges	
						Total	
					DD No.:	Dated:	Drawn on:

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.

Have you invested in UTI MF earlier, Yes No

If yes, please provide: Scheme Name: _____ Folio _____ (Optional)

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters) Mr. Ms. Mrs.

Name of First Applicant Minor (above 12 years of age under UTI-ULIP) / Karta of HUF / the Beneficiary under UTI-RBP (For investment by Non-Individual)

F I R S T M I D D L E

L A S T Date of Birth d d m m y y y y Mandatory for UTI-ULIP, UTI-RBP & for minors

First Applicant's Address (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*

Street/Road/Area

City* State Pin*

Tel. No. (R) STD CODE - (O) STD CODE - Mobile

e-mail Alternate e-mail

If you wish to receive the following via e-mail Please (✓)

Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details etc.

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

City*

State Country* Zip/Pin*

NAME IN FULL OF THE BENEFICIARY CHILD UNDER UTI-CCP Master/Kum: (Not exceeding 15 years of age) Date of Birth of Beneficiary Child

F I R S T M I D D L E L A S T

NAME IN FULL OF THE FATHER/MOTHER OR GUARDIAN (IN CASE OF MINOR UNDER UTI-ULIP & BENEFICIARY CHILD UNDER UTI-CCP)/

CONTACT PERSON FOR INSTITUTIONAL APPLICANTS/HUSBAND OF THE APPLICANT (under UTI-ULIP) Mr. Ms. Mrs.

F I R S T M I D D L E L A S T

ADDRESS OF THE FATHER/MOTHER/GUARDIAN OF THE BENEFICIARY CHILD WHERE SCHOLARSHIP / REDEMPTION UNDER GROWTH OPTION TO BE SENT UNDER UTI-CCP / PARENT OR GUARDIAN OF MINOR UNDER UTI-ULIP (Post box no. alone is not sufficient)

City*

State Country* Pin*

Signature of father/mother/guardian

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

Applicant's address / (for NRIs) At my Overseas address as mentioned above (for NRIs) To be despatched to my resident relative's address in India as given above Beneficiary's father/mother/guardian address under UTI-CCP (If no option is given, it will be sent to the address of beneficiary's father/mother/guardian)

***PAN OF 1st APPLICANT / BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed PAN Card Copy Please (✓) **Know Your Customer (KYC)**

KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed Yes No

DETAILS OF OTHER APPLICANTS (Not Applicable under UTI-ULIP)

Name of 2nd Applicant Mr. Ms. Mrs. (Alternate Parent of Minor under UTI-ETSP) / Alternate Child under UTI-CCP: Master/Kum: (Not exceeding 15 years of age)

F I R S T M I D D L E L A S T

Date of Birth of 2nd Applicant d d m m y y y y Date of Birth of Alternate Child d d m m y y y y

NAME IN FULL OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD: Mr. Ms. Mrs. (Only for UTI CCP)

F I R S T M I D D L E L A S T

ADDRESS OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD (Do not repeat the name) (Post box no. alone is not sufficient)

City* State

Pin* Country

***PAN OF 2ND APPLICANT/ALTERNATE CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed PAN Card Copy Please (✓) **Know Your Customer (KYC)**

KYC Mandatory for Investment of Rs.50,000 & above
Copy of KYC acknowledgement enclosed Yes No

NAME OF 3RD APPLICANT Mr. Ms. Mrs. (Applicable only under UTI-ETSP)

F I R S T M I D D L E L A S T

Date of Birth of 3rd Applicant d d m m y y y y

*PAN OF 3RD APPLICANT

Enclosed PAN Card Copy Please Know Your Customer (KYC)
 KYC Mandatory for Investment of Rs.50,000 & above
 Copy of KYC acknowledgement enclosed Yes No

BANK PARTICULARS OF 1ST APPLICANT/BENEFICIARY CHILD (UNDER UTI-CCP) (Mandatory as per SEBI Guidelines)

Bank Name	Branch
Address	MICR Code _____ (this is a 9-digit number next to your cheque number)
City	Pin*
Account type (please <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	IFS Code _____
Account No. _____	

INVESTMENT AND PAYMENT DETAILS (Please whichever is selected) for UTI-ULIP fill next page

If no scheme/plan name is selected, the application will be rejected.

Scheme / Plan	Option (#Default, if not ticked)	Amount of Investment (Rs.)	DD Charge if any (Rs.)	Net Amount Paid (Rs.)	Cheque / DD** No. & Date	Bank / Branch
<input type="checkbox"/> UTI-RBP						
<input type="checkbox"/> UTI-ETSP	<input type="checkbox"/> Growth #					
	<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Dividend Reinvestment					
<input type="checkbox"/> UTI-Children's Career Balanced Plan #	<input type="checkbox"/> Growth					
	<input type="checkbox"/> Scholarship #					
<input type="checkbox"/> UTI-CCP Advantage Fund	<input type="checkbox"/> Growth#					
	<input type="checkbox"/> Dividend					
	<input type="checkbox"/> Scholarship					

For Scholarship option under UTI-CCP please tick the mode and the No. of instalments

UTI-Children's Career Balanced Plan					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)

UTI-CCP Advantage Fund					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)

Account type (please Current Saving NRE NRO DD issued from abroad
 ** Please mention the Application No. on the reverse of the Cheque/DD. Please use separate Cheque/DD for each Scheme. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only". * Denotes mandatory fields.

Annual Income of First Individual Applicant (Please < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs

GENERAL INFORMATION - (Please whichever is applicable)

Status

Resident Individual Minor through guardian HUF Partnership Trust
 Company Sole Proprietorship Society Body Corporate AOP
 BOI FII NRI Others (specify) _____

Mode of Holding

Single Anyone or Survivor Joint (not applicable to UTI-ULIP)

Occupation

Business Student Agriculture Self employed Professional
 Housewife Retired Service Others (specify) _____

Marital Status

Unmarried Married Wedding Anniversary D D M M

Category under UTI-ULIP

In my/our individual capacity (Please fill in the nomination form) On behalf of minor as Father/Mother/Lawful guardian

FOR NRIS ONLY UNDER UTI-CCP

I am a Non-Resident Applicant Beneficiary Child Alternate Child

I am an Indian National Applicant Beneficiary Child Alternate Child

I am an Indian National of: _____ and of Indian Origin
 (Name of the Country)
 _____ and of Indian Origin
 (Name of the Country)
 _____ and of Indian Origin
 (Name of the Country)

NOMINATION DETAILS (Person applying on behalf of Minor cannot nominate under UTI-ULIP) (Not available under UTI-CCP)

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth (in case nominee is a minor)	Address of guardian
Address	Signature of nominee/guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate Form prescribed for the same and attach it with this application form.

SYSTEMATIC INVESTMENT PLAN (SIP)

I/We wish to opt for Systematic Investment Plan (Minimum Rs.500/-). Please fill up separate application for Systematic Investment Plan and attach herewith.

SYSTEMATIC WITHDRAWAL PLAN (Applicable only to UTI-RBP)

I wish to receive an amount of Rs. _____ (Minimum Rs.1,000/- and in multiples of Rs.100/- thereafter) on monthly quarterly half-yearly yearly basis as per provisions of "Systematic Withdrawal Plan" and shall abide by the terms and conditions of the Plan.

ONLINE ACCESS (For UTI-ETSP)

I/We wish to access the account online through 'invest@uti' at www.utimf.com.

I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.

UTI-ULIP INVESTMENT AND PAYMENT DETAILS (Please ✓ whichever is selected)

Target Amount (Rs.) Mode of contribution Yrly Half Yrly SIP/Micro SIP Age in Yrs Sex Male Female

Investor opting for Systematic Investment Plan (SIP)/Micro SIP should fill in the separate form for the same.

Number of contributions now paid (initial + renewal) = (not applicable for SIP/Micro SIP)

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (Rs.)	DD Charge if any (Rs.)	Net Amount Paid (Rs.)	Cheque / DD** No. & Date	Bank / Branch
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term					
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term # <input type="checkbox"/> Fixed Term					

**Please mention the Application No. on the reverse of the Cheque/DD. Please use separate Cheque/DD for each Plan. Cheque/DD must be drawn in favour of "UTI-ULIP" & crossed "A/c Payee Only".

I have regular and independent income YES NO

I am a resident non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.

\$ In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company. I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds Rs.15,00,000/- . I realise that in the event of its exceeding Rs.15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to Rs.15,00,000/- (Rs.5,00,000/- for females without regular income).

I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.

\$ Please strike off if the same is not acceptable.

Particulars of health:

(A) Am I in sound health: YES NO

(B) Have I ever suffered from any of the following: NO YES If yes, please tick from the following

- Tuberculosis Cancer Paralysis Insanity Any disease of the heart and lungs
 Kidney disease Any disease of brain Diabetes Hypertension Any other serious disease

(C) Do I have any physical deformity or handicap: NO YES If yes, (i) the date of occurrence _____

(ii) the extent of deformity _____ (iii) the present condition _____

(iv) whether gainfully employed YES NO

(D) **Declaration of health:** I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

HEALTH DECLARATION (To be completed by the agent of UTI AMC or by the authorised person^)

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from _____

(Please state nature of proof) The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. _____ whose signature is appended.

Signature of witness identifying the applicant

Date: _____ Place: _____

Name of witness _____

(in block letters) _____

Occupation: _____

Address: _____

(Signature of the authorised person)

Date: _____ Place: _____

Name of authorised person _____

(in block letters) _____

Status: (UTI AMC Agent, Magistrate, Bank Manager etc.) _____

Code No. (If UTI AMC Agent): _____

Office Seal (if others): _____

Address: _____

^UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

DECLARATION AND SIGNATURE OF APPLICANT/S

I/We have read and understood the contents of the Scheme Information Documents and Key Information Memoranda, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

I/We agree that in case of Scholarship Option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child.

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 confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund.

@Applicable to NRIs.

Signature of 1st Applicant / Guardian
Name of 1st Authorised Signatory

Signature of 2nd Applicant / Guardian
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / Guardian
Name of 3rd Authorised Signatory

_____ Designation

_____ Designation

_____ Designation

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

(UTI-ETSP, UTI-ULIP and UTI-RBP are eligible for deduction under Section 80C of the Income-Tax Act, 1961)



Sr. No. 2009/

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

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the Statement of Account is not received within 30 days from the date of acceptance of the application, please write quoting serial number, date of acknowledgment and the name of the accepting authority to the Registrar.
- Please ensure that all PAN details are given, failing which your application will be rejected.**
- All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, etc. may please be addressed to the Registrar.

M/s. Karvy Computershare Private Limited,

Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081
Tel.: 040-23421944 to 47; Fax: 040-23115503 Email: uti@karvy.com

Stamp of UTI AMC Office /
Authorised Collection Centre

GENERAL INSTRUCTIONS FOR ALL SCHEMES

- (a) Please read the terms of the Key Information Memorandum, Scheme Information Documents and Statement of Additional Information carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form. Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.
- (b) Before submission of application form at UTI Financial Centres and other authorised collection centres investors may please ensure that the form has been filled in completely and signed by all the applicants properly as incomplete application is liable to be rejected.
- (c) NRI applicants should preferably submit the application at NRI Branch, Mumbai, Dubai Representative Office, Bahrain Representative Office or any Financial Centre of UTI AMC along with NR(E) / NR(O) cheque or a rupee draft payable at the place where the application is submitted.
- (d) **The cheque/draft accompanying an application should be made payable in favour of "The name of the scheme".**
- (e) In case the payment is made by demand draft, the draft commission will have to be borne by the applicants. However for investment made from areas where there are no UTI Financial Centres or authorised collection centres (where local cheques are accepted), UTI AMC may, if it so decides, bear draft charges to the extent of Rs.250/- per application or the actual as is prescribed by banks, whichever is lower or such amount as may be decided by UTI AMC from time to time. The investors have to attach proof of the DD charges paid to a bank (i.e. acknowledgement issued by the bank where DD is purchased). The reimbursement/adjustment of DD charges is solely at the discretion of UTI AMC and in case if it is found that such charges are unreasonably higher than normal market rates, such charges may not be admissible. Demand draft charges if reimbursed to unitholders will be borne by the AMC and will not be charged to the scheme. However in case of applications received along with local bank draft where UTI AMC has its Financial Centres/ or any other authorised collection centre, bank draft commission will have to be borne by the investors.
- (f) **Please write the application serial / ULIP Membership number on the reverse of the cheque / draft.**
- (g) Please fill in the names of the applicant(s) / beneficiary / alternate child (if any) / institution / parent or lawful guardian / minor / alternate applicant / nominee etc. at the appropriate places in the application form. PIN code no. must be given with address to avoid delay / loss in transit.
- (h) It is mandatory for an applicant to furnish full and correct particulars of bank account such as nature and number of the account, name and address of the bank, name of the branch, MICR code of the branch (where applicable) etc. at the appropriate place in the application form. Application without such bank particulars is liable to be rejected. If the credit of dividend distribution is delayed or not effected at all for reason of incomplete or incorrect information furnished by the applicant, UTI AMC cannot be held responsible.
- (i) **No cash, money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan(SIP)/Micro SIP] and postal orders will be accepted.**
- (j) **SEBI has made it mandatory for all applicants, irrespective of amount of investment, to furnish Income Tax PAN. (PAN not applicable to Micro SIP) An application without PAN will be rejected. Investors are required to provide the photocopy (self attested by the investor) of the PAN card along with the application form. If the investment is in the name of minor the PAN of the minor or his father / mother / guardian whose particulars are provided in the application form is to be provided.**

Under UTI-CCP:

	UTI-Children's Career Balanced Plan and UTI-CCP Advantage Fund - Scholarship Option	UTI-Children's Career Balanced Plan - Growth Option and UTI-CCP Advantage Fund - Growth & Dividend Options
PAN to be furnished by	Applicant*	Minor Child or Father or Mother or Guardian whose particulars are provided in the application form

* The applicant can be other than the Father/Mother/Guardian of the beneficiary child.

- (k) **E-mail communication:** Unitholders who have opted to receive documents/communication by e-mail will be required to download and print the documents/communication after receiving the e-mail from UTI AMC. Should the unitholder experience any difficulty in accessing the electronically delivered documents/communication, the unitholder should advise the Registrars immediately to enable UTI AMC to send the same through alternate means. In case of nonreceipt of any such intimation of difficulty within 24 hours from receiving the e-mail, it will be regarded as receipt of email by the unitholder. It is deemed that the unitholder is aware of all the security risks including possible third party interception of the documents/communications and contents of the same becoming known to third parties.
- (l) In case of investment of Rs.50,000/- and above, the guardian (applicable for UTI-CCP) and investors (applicable to all schemes except UTI-CCP) are required to submit copy of KYC acknowledgment provided by service providers as per Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI's guidelines on Anti Money Laundering.

CHECK LIST

Please ensure that:

- Your name and address is given in full.
- Your preferred scheme, plan and option is selected.
- Your investment is not less than the minimum investment amount.
- Your application is completed and signed by all applicants.
- Cheques are drawn in favour of 'The name of the scheme', dated, signed and crossed 'A/c Payee only'.
- On the reverse of each cheque submitted, the Application Form number is written.
- Separate cheque towards Upfront Commission issued to AMFI Registered Distributor.
- All PAN details are given failing which your application will be rejected. (PAN not applicable to Micro SIP)
- Copy of KYC acknowledgement provided by service provider is given (wherever relevant), failing which your application will be rejected.
- Your bank account details are entered completely and correctly. This is mandatory. If this is not included, your application will be rejected.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM				● Subject to realisation	
Sr.No.	Scheme Name	Plan / Option	Net Amount Paid (Rs.)	Payment Details	
				● Cheque/DD No.	Bank & Branch
1					
2					
3					
4					
5					