

INVESTMENT DETAILS (Please ✓)

<input type="checkbox"/> UTI-G-Sec Fund	<input type="checkbox"/> Investment Plan	<input type="checkbox"/> Short Term Plan	<input type="checkbox"/> Dividend Option*	<input type="checkbox"/> Growth Option	(Default Plan / Option - Investment Plan & Growth Option)			
<input type="checkbox"/> UTI-Bond Fund	<input type="checkbox"/> UTI-MIS	<input type="checkbox"/> UTI-Mahila Unit Scheme	<input type="checkbox"/> UTI-CRTS		(Default Option - Growth Option)			
\$ I/We wish to opt for Systematic Withdrawal Plan under Growth Option of <input type="checkbox"/> UTI-Bond Fund <input type="checkbox"/> UTI-Monthly Income Scheme (MIS) <input type="checkbox"/> UTI-CRTS as under :								
<input type="checkbox"/> Fixed Withdrawal Plan <input type="checkbox"/> Monthly Payment : Rs. _____					<input type="checkbox"/> Quarterly Payment : Rs. _____			
<input type="checkbox"/> Variable Withdrawal Plan (available under UTI-Bond Fund only)								
<input type="checkbox"/> UTI-Liquid Fund	<input type="checkbox"/> Cash Plan (Regular)	<input type="checkbox"/> Dividend	<input type="checkbox"/> Monthly	<input type="checkbox"/> Growth				
	<input type="checkbox"/> Cash Plan (Institutional)	<input type="checkbox"/> Dividend Option	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Monthly* <input type="checkbox"/> Growth Option			
<input type="checkbox"/> UTI-Short Term Income Fund	<input type="checkbox"/> Regular Option		<input type="checkbox"/> Institutional Option					
	<input type="checkbox"/> Dividend Monthly Dividend Sub Option*		<input type="checkbox"/> Growth Sub Option					
(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)								
[For Rs. 1 crore and above default is Cash Plan (Institutional)]								
<input type="checkbox"/> UTI-GILT Advantage Fund-LTP	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Dividend Plan*	<input type="checkbox"/> PF Plan	<input type="radio"/> Growth Option	<input type="radio"/> Dividend Option*			
	<input type="checkbox"/> Prescribed Date Auto Redemption Option (PDAR) #							
	<input type="checkbox"/> Prescribed Appreciation Auto Redemption Option (PAAR) #							
	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Principal Amount	<input type="checkbox"/> Whole Amount				
In case of PDAR please specify a 'Desired Maturity Date' <input type="text" value="d d m m y y y y"/>					# both options available under PF Plan			
In case of PAAR please specify a 'Desired Appreciation Rate' _____ %					(Default Plan - Growth Plan)			
<input type="checkbox"/> UTI-Treasury Advantage Fund	<input type="checkbox"/> Growth	<input type="checkbox"/> Daily Dividend	<input type="checkbox"/> Weekly Dividend*	<input type="checkbox"/> Monthly Dividend*	<input type="checkbox"/> Quarterly Dividend*	<input type="checkbox"/> Annual Dividend*	<input type="checkbox"/> Bonus	(Default - Daily Div. Plan / Option)
	<input type="checkbox"/> Institutional Plan	<input type="radio"/> Growth Option	<input type="radio"/> Daily Dividend	<input type="radio"/> Weekly Dividend*	<input type="radio"/> Monthly Dividend	<input type="radio"/> Quarterly Dividend*	<input type="radio"/> Annual Dividend*	<input type="radio"/> Bonus Option
<input type="checkbox"/> UTI-MIS-Advantage Plan	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Monthly Dividend Plan*	<input type="checkbox"/> Flexi Dividend Plan*	<input type="checkbox"/> Monthly Payment Plan				(Default Option - Growth Option)
<input type="checkbox"/> UTI-Money Market Fund	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Institutional Plan						(Default Option - Growth Option)
	<input type="checkbox"/> Daily Dividend Option	<input type="checkbox"/> Weekly Dividend Option*						
<input type="checkbox"/> UTI-Floating Rate Fund (STP)	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Institutional Plan						(Default Option - Growth Option)
	<input type="checkbox"/> Daily Dividend Option	<input type="checkbox"/> Weekly Dividend Option*						
<input type="checkbox"/> UTI-Fixed Maturity Plan (Use separate application form for each series)								
Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)								
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan						(Default Plan - Regular Plan)		
<input type="checkbox"/> Yearly Series (YFMP) <input type="checkbox"/> Half Yearly Series (HFMP) <input type="checkbox"/> Quarterly Series (QFMP)						(Rs. 1 crore and above default is Institutional)		
<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option						(Default Option - Growth Option)		
<input type="checkbox"/> UTI-VIS-ILP	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option*	(Default Option - Growth Option)					

* Please tick your option for Dividend Plan / Option / Sub-option Dividend Payout Dividend Reinvestment

Investor opting for SIP, STRIP UTI - STRIP Advantage, SWP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.

NOMINATION DETAILS

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 payments 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 of nominee is a minor) <input type="text" value="d d m m y y y y"/>	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 herewith.

DECLARATION AND SIGNATURE OF APPLICANTS

I / We have read and understood the contents of the Scheme Information Document and Key Information Memorandum, 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 scheme 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.

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 or 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	Signature of 2nd Applicant	Signature of 3rd Applicant
Name of 1st Authorised Signatory	Name of 2nd Authorised Signatory	Name of 3rd Authorised Signatory

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
3. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims 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, E-mail: uti@karvy.com