

COMMON APPLICATION FORM

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 Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	Ref. No.
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☐ *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.

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)

☐ I confirm that I am a First time investor across Mutual Funds

☐ I confirm that I am an Existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7, 9 & 11 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.
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2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

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

☐ Mr. ☐ Ms. ☐ M/s.

PAN	<input type="radio"/> KYC	CKYC No. (KIN) ^
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3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No.	E-mail
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Tel. (Off.)	Country/ Area code	Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
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I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in ☐ Physical ☐ E-mail

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

City	State	Pin Code
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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
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3b. Date of Birth (Mandatory in case of minor) 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 ☐ 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]: _____

^ 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.

12. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

Application No. _____

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India Date ____/____/____

I / We _____

authorise you to debit my / our Account No. _____ Type of Account _____

₹ (in figures) _____ ₹ (in words) _____ to

pay for the purchase of units of Union _____ (Scheme Name)

Signature of Account Holder(s) / Authorised Signatory(ies)

(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

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

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

Amount _____ Instrument No _____

Dated ____/____/____ Drawn on Bank & Branch _____

Collection centre's stamp with date and time of receipt

5.	THIRD APPLICANT'S INFORMATION* <i>[Please tick (✓)]</i> (Refer Section 'B', 'C' and 'G' 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												<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 <i>(Please Specify)</i> _____																										
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 <i>(Please Specify)</i> _____																										
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 _____																

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

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Your Gateway to Responsible Investment

7.

PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'G' 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. '9' below as default payout bank account ☐ Yes ☐ No (If no please furnish the details below) (Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

Bank Name

Bank A/C No

A/C Type

Bank City

IFSC CODE

Bank Branch

☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

(Please Specify)

State

PIN

MICR CODE

☐ Bank Statement ☐ Cancelled cheque with name pre-printed ☐ Pass Book

In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.

(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.

8.

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.

9.

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

Name of the Scheme

Plan

☐ Union Equity Fund ☐ Union Liquid Fund~ ☐ Union Asset Allocation Fund - Moderate Plan

☐ Union Tax Saver Scheme ☐ Union Ultra Short Term Debt Fund~ ☐ Union

☐ Union Small and Midcap Fund ☐ Union Dynamic Bond Fund

Option

Sub Option

Dividend Frequency~

☐ Regular/ Other than Direct Plan ☐ Direct ☐ Growth ☐ Dividend ☐ Dividend Payout ☐ Reinvestment ☐ Sweep ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

Dividend Sweep to U N I O N

Plan/ Option

Facility

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

LUMP SUM

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

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

Document attached in the case of third party payments (Mandatory) ☐ Third Party Declarations

TO BE FILLED ONLY IN CASE OF SIP APPLICANT

SIP

Name

PAN

Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*
		<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y
		<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y
		<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y

*Default

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions)

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UMRN F o r O f f i c e u s e Date D D M M Y Y Y Y

[Tick (✓)]

CREATE ☐

MODIFY ☐

CANCEL ☐

Sponsor Bank Code For Office use Utility Code For Office use

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 ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE ☒ 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.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until cancelled

Signature Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: 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 or the bank where I have authorised the debit.