

**APPLICATION FORM FOR
UTI - RETIREMENT BENEFIT PENSION FUND AND
UTI - EQUITY TAX SAVINGS PLAN**



Let's plan to get rich **uti** Mutual Fund
Sr. No. 2008/

PLEASE USE SEPARATE FORM FOR EACH SCHEME

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

Registrar Sr. No.

| DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units) | | | |
|--|-------------|------------------------------------|----------|
| ARN | Broker Name | Sub-Broker Code / Bank Branch Code | M O Code |
| 69253 | | | |
| UTI RM No. | | | |

| RECEIVING ENTITY INFORMATION | | |
|------------------------------|-------------|--------------|
| CR / CA Code | Bank Branch | Bank Sr. No. |
| | | |

Have you invested in UTI MF earlier, Yes No

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

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)

Name of First Applicant (Mr. / Ms. / Mrs. / The beneficiary under UTI - RBP (for investment by NI) / Minor / Karta of HUF

Guardian Name (Mr. / Ms. / Mrs.) (if minor) (Contact person - for institutional applicants)

PAN _____ Enclosed PAN Card Copy Date of Birth _____
[refer instruction (i)] Mandatory for UTI - RBP & for minors

Address for correspondence (P.O. box address is not sufficient) (* Furnishing Pin Code is mandatory)

City _____ State _____ Pin* _____

Tel. No. (R) _____ (O) _____ Mobile _____

Fax _____ e-mail _____

If you wish to receive the following via e-mail Please [Refer Instruction (j)]

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 _____ Pin _____

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant (Mr. / Ms. / Mrs.) (Alternate Parent of Minor under UTI - ETSP)

PAN _____ Enclosed PAN Card Copy
[refer instruction (i)]

Name of 3rd Applicant (Mr. / Ms. / Mrs.)

PAN _____ Enclosed PAN Card Copy
[refer instruction (i)]

BANK PARTICULARS [for dividend / redemption / refund / direct credit (Mandatory as per SEBI guidelines)]

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

(Application Form continued on the reverse)

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)
(Eligible for deduction under Section 80C of the Income-Tax Act, 1961)**



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

An application under _____ Scheme Name _____

alongwith Cheque / DD No.* _____ Dated _____

Drawn on (Bank) _____

for Rs. (in figures) _____

* Cheque and drafts are subject to realisation

Stamp of UTI AMC Office /
Authorised Collection Centre

PAYMENT DETAILS

| | | | |
|---|----------------------|------------------------|----------------------|
| Cheque / DD* No. | <input type="text"/> | Amt. of investment (i) | <input type="text"/> |
| Date | <input type="text"/> | DD Charges if any (ii) | <input type="text"/> |
| Bank | <input type="text"/> | Net amount paid (i-ii) | <input type="text"/> |
| Branch | <input type="text"/> | Amt. in words | <input type="text"/> |
| Account type (please <input checked="" type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad | | | |

* Please mention the application No. on the reverse of the cheque / DD. Cheque / DD must be drawn in favour of **"The name of scheme"** & crossed **"A/c Payee Only"**

INVESTMENT DETAILS (Please)

| | |
|---|--|
| <input type="checkbox"/> UTI-Retirement Benefit Pension Fund (UTI-RBP) | <input type="checkbox"/> UTI-Equity Tax Savings Plan |
| <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (* default, if not ticked) | |

SYSTEMATIC INVESTMENT PLAN

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

GENERAL INFORMATION - Please wherever applicable

| | | | | | |
|------------------------|--|---|--------------------------------------|---|---------------------------------------|
| Status | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Minor through guardian | <input type="checkbox"/> HUF | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Society | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> AOP |
| | <input type="checkbox"/> BOI | <input type="checkbox"/> FII | <input type="checkbox"/> NRI | <input type="checkbox"/> Others (specify) _____ | |
| Mode of Holding | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Anyone or Survivor | <input type="checkbox"/> Joint | | |
| Occupation | <input type="checkbox"/> Business | <input type="checkbox"/> Student | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Self employed | <input type="checkbox"/> Professional |
| | <input type="checkbox"/> Housewife | <input type="checkbox"/> Retired | <input type="checkbox"/> Service | <input type="checkbox"/> Others (specify) _____ | |

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 nominee is a minor) | | Address of guardian |
| Address | | Signature of guardian (Mandatory) |

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 APPLICANT/S

I/We have read and understood the contents of the Offer 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.

*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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Signature of 1st Applicant / Guardian

Name of 1st Authorised Signatory

Signature of 2nd Applicant

Name of 2nd Authorised Signatory

Signature of 3rd Applicant

Name of 3rd Authorised Signatory

Designation _____

Designation _____

Designation _____

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,

Karvy Registry Building, Road No.1, Banjara Hills, Hyderabad - 500 034.

Tel. 040-23312454/23320751, Fax: 23311968, e-mail: customercare@karvy.com