UTI-SiP

UTI SMaRT Form™

UTI Mutual Fund
Haq, ek behtar zindagi ka.

UMRN (For office use) Date 1

Tick (✓)
CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize **UTI Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other 2

Bank a/c number 3

with Bank 4 IFSC 5 or MICR

an amount of Rupees ₹ 6

FREQUENCY ~~Mthly~~ ~~Qtly~~ ~~H-yrly~~ ~~Yrly~~ ☑ As & when presented **DEBIT TYPES** ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 7 Mobile No. 10
(Please enter mobile number registered in India only)

Reference 2 8 Email ID 11

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 the bank.

PERIOD 9
From
To
Or ☒ Until Cancelled

Signature Primary Account holder 1. Signature of Account holder 2. Signature of Account holder 3. 12

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or bank where I have authorized the debit 13

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Haq, ek behtar zindagi ka.

UTI SMaRT SIP Form™

☐ Registration of SIP
☐ Renewal of SIP
☐ Micro SIP
☐ Salary Saving SIP
☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
ARN-3280					

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS APPLICATION NO./FOLIO NO. ☞

Name of Sole / 1st Holder / Beneficiary Child

Name of Guardian (in case of Minor)

SIP DETAILS

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period (MM/YY)	Additional Purchase	SIP Step Up: Amount In Multiple of ₹ 500/-	SIP Step Up: Frequency
		☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Monthly ☐ Quarterly	From To OR To 1299	Cheq. No.: Amount : Bank:		☐ Half Yearly ☐ Yearly
		☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Monthly ☐ Quarterly	From To OR To 1299	Cheq. No.: Amount : Bank:		☐ Half Yearly ☐ Yearly
UTI Unit Linked Insurance Plan		☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Monthly ☐ Quarterly ☐ *Half Yearly ☐ *Yearly	From To OR To 1299	Cheq. No.: Amount : Bank:		
Note : Amount in the mandate to bank should be equal or more than this total amount.	Total	₹	*Applicable only for UTI ULIP Scheme.				

My Financial Goal for this SIP (choose anyone)

☐ Retirement Corpus ☐ Child Education ☐ Child Marriage ☐ Dream Car ☐ Dream House ☐ Marriage ☐ Holiday

(In case of saving for Child, mention name of Child) Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (http:/www.utimf.com/customerservice/Pages/default.aspx) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

PAN DETAILS (If not registered in the folio already)		
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure: ☐ PAN Proof ☐ KYC Complied	Mandatory Enclosure: ☐ PAN Proof ☐ KYC Complied	Mandatory Enclosure: ☐ PAN Proof ☐ KYC Complied

1st Unit Holder / Guardian | 2nd Unit Holder | 3rd Unit Holder