

MINOR ATTAINING MAJORITY - REQUEST FORM TO CHANGE STATUS



Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.

To,
Union Mutual Fund

Folio No.		Folio No.		Folio No.	
Minor's name in the folio (now major) <input type="radio"/> Mr. <input type="radio"/> Ms.					

Investments were made in the above Folio when I was a minor and the same was represented by _____ <Guardian Name>

As I have completed 18 years of age as on _____, I request you to transfer all units in my name and remove the Guardian Name from the Folio. Also update the following details in your records for the above referred Folio.

1. **INVESTOR PARTICULARS** * mandatory

PAN No.*		Tax Status	<input type="radio"/> Resident Individual	<input type="radio"/> NRI	<input type="radio"/> PIO	<input type="radio"/> Others _____ (Please Specify)
Mailing address (P. O. Box address is not sufficient.)						
City						
State			Pin Code			
Tel.	Country/ Area code	Mobile	Country/ Area code			
E-mail ⁵						

(Please note that address will be updated as per applicant's address on KYC Registration Agency records)

⁵The primary email address as provided above belongs to me/family member. [Please (✓)]

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in

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 _____ (Please Specify)								
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 ₹	_____ as on				<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
Please shade (●) if applicable	<input type="radio"/> Politically Exposed Person [PEP]		<input type="radio"/> Related to Politically Exposed Person [RPEP]										

2. **NEW BANK DETAILS** [Please shade (●)] (Multiple Bank Accounts Registration form available at www.unionmf.com)

Bank Name*						
Bank A/C No	Bank Branch					
A/C Type*	<input type="radio"/> Savings	<input type="radio"/> Current	<input type="radio"/> NRE	<input type="radio"/> NRO	<input type="radio"/> FCNR	<input type="radio"/> Others _____ (Please Specify)
Bank City	State			PIN		
IFSC CODE	MICR CODE					

(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.)

3. **FATCA INFORMATION/ FOREIGN TAX LAWS**

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes.

Type of address given at KRA	<input type="radio"/> Residential or Business	<input type="radio"/> Residential	<input type="radio"/> Business	<input type="radio"/> Registered Office
Place of Birth				
Country of Birth	Nationality			
Is the applicant(s) Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="radio"/> Yes <input type="radio"/> No				
(If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)				
Country	Tax Identification Number	Identification Type (TIN or Other, please specify)		

ACKNOWLEDGEMENT SLIP

We acknowledge the receipt of the request for change of status from minor to major from

Mr. / Ms. _____ in Folio

No. _____ with Union Mutual Fund. [subject to scrutiny and verifications].

Enclosed: _____



Collection centre's stamp with date and time of receipt

4. NOMINATION DETAILS* [Please shade (●)]

Please register nomination as requested below I do not wish to nominate® (®Please strike out the form below)
 I hereby nominate the under mentioned Nominee(s) to receive the amounts to my credit in the event of my death. I also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsors.

Name and Address of Nominee	PAN of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)	Proportion
			(to be furnished in case the Nominee is a minor)			
Nominee						
Nominee						
Nominee						

5. DECLARATION AND SIGNATURES

- Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions, I hereby agree to abide by the terms and conditions, rules and regulations of the respective Scheme(s) of Union Mutual Fund in relation to the units held under the above mentioned folio. I hereby nominate the above nominee(s) to receive all the amounts to my credits in the event of my death and have read the instructions for nomination in the Scheme related documents. Signature of the nominee(s) acknowledging receipts of my credit will constitute full discharge of liabilities of Union Mutual Fund/ AMC/ Trustee/ Sponsor.
- I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize the Fund/ the AMC/ the Registrar and Transfer Agent (the RTA) to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to the Fund, its Sponsor, the AMC, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your/ Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize the Fund/ the AMC/ the RTA to withhold and pay out any sums from my account(s) or close or suspend my account(s) without any obligation of advising me of the same.

Guardian Signature ^

Signature of Unit holder (erstwhile Minor, now Major)

^ Signature of minor who has turned major needs to be attested by parent/guardian whose signature is registered in the Mutual Fund records or by banker. (refer point 6 below)

6. SIGNATURE VERIFICATION OF BANK (if guardian attestation is not carried out)

Name of the bank manager	Signature of bank manager with Bank's seal
Name of the bank	
Bank Account Number	
Designation	
Employee Code	
Contact number	

This is to certify that the above investor Mr/Ms. _____ residing in the above address is holding the above specified bank account with our bank branch. Further, the above signature of the unitholder is matching with the specimen signature available in our records.

7. IN-PERSON VERIFICATION (IPV) (For Office Use only) applicable only if the old / existing bank mandate proof not submitted

I have done the In-Person verification of the account holders of the existing bank account along with ID document specified below; also matched with the information available in the referred Folio(s) and found them in order. Also verified the originals of new bank mandate documentary proof with the copies shared and found them in order by matching with the details indicated below.

Employee Name			Signature with Branch Seal
Employee No.			
Location Name	AMC/CAMS - <Location Name>		
Documents Verified	<input type="radio"/> Self attested copy of PAN	For PAN exempt investors <input type="radio"/> Passport <input type="radio"/> Voter ID <input type="radio"/> Ration Card <input type="radio"/> Driving License	
Date	D D M M Y Y Y Y	<input type="radio"/> _____ Please Specify	

Unitholder's Checklist [Please shade (●)]

Sr	Documents	Enclosure
1	Proof of bank account currently registered (reflecting name and account number)	<input type="radio"/> Cancelled original cheque leaf (reflecting name and account number) <input type="radio"/> Bank passbook with current entries not older than 3 months having name, address and account number.
2	Proof of new bank account to be registered	<input type="radio"/> Cancelled original cheque leaf (reflecting name and account number)
3	Copy of PAN	<input type="radio"/> Self attested copy of PAN
4	Proof of KYC compliance of the minor (now major)	<input type="radio"/> KYC acknowledgement

- Instructions**
- Unit holder will have to produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return the originals to you.
 - Request for change of status should be submitted prior to the submission of any request of processing any financial transaction. If a combined request to change the status along with request to process any financial transaction is submitted, then only change in status request will be processed and such other request will be liable to be rejected.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059

Toll Free : 1800 200 2268/1800 572 2268 | Tel No. : 022 67483333

Website: www.unionmf.com | Email : investorcare@unionmf.com