

SYSTEMATIC INVESTMENT PLAN CANCELLATION REQUEST FORM



Please complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.

1. UNITHOLDER(S) NAMES* *Mandatory

Existing Folio No.	
Name of the First/ Sole Unit Holder [Please Tick (✓)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
Name of the Second Unit Holder [Please Tick (✓)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
Name of the Third Unit Holder [Please Tick (✓)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	

I/ We wish to discontinue the SIP in the below mentioned scheme. I/We request you to cancel / stop deducting the SIP amount registered with you from my / our bank account stated below:

2. PLEASE INDICATE DETAILS OF YOUR SIP* [Please Tick (✓)] *Mandatory

Scheme	U N I O N
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan <input type="radio"/> Option <input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Re-investment of IDCW
IDCW stands for Income Distribution cum Capital Withdrawal	
SIP Frequency	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly
SIP Date	D D SIP Day
SIP Amount	

Details of Bank where SIP is registered

Bank Name	
Bank Account No.	

Note:

1. The SIP cancellation request must reach us 15 days prior to the next SIP date.
2. This form should be used for Single Folio/ Single SIP only
3. If in a folio, multiple SIPs are registered with different dates/schemes/plan/option/amount, please ensure that complete details are mentioned above to avoid wrong cancellation and multiple cancellations. Otherwise, the form may be liable for rejection.
4. Signature(s) should be as provided under the folio and in the same order. In case the mode of holding is joint, all the unitholders are required to sign.

3. DECLARATION & SIGNATURES*

I / We hereby apply to Union Mutual Fund for SIP cancellation under the above mentioned Scheme and agree to abide by the terms and conditions, rules and regulations applicable. I understand that if my SIP cancellation request is submitted later than 15 days prior to the next SIP date and if my next succeeding SIP purchase falls within this period, the transaction will be processed even though the SIP cancellation has been registered. I / We hereby agree that any such transaction processed will be binding upon me/us. I / We will not hold the AMC/the Trustee Company/ the Mutual Fund / the Sponsor liable for any such transaction.

Signatures (To be signed as per mode of holding. Incase of non-Individual unit holders, to be signed by AUTHORISED SIGNATORIES)

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant / POA / Authorised Signatory
--	--	---

Note: For Non-Individual investors please affix company seal and stamp against / below the signature

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No.

Ref. No.

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

Request For Systematic Investment Plan Cancellation

Scheme/ Plan/ Option - _____



Collection centre's stamp with date and time of receipt