CHANGE IN DISTRIBUTOR/BROKER: REQUEST FORM

Union Mutual Fund

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

Please update the following distributor/broker in my/our folio numbers and scheme/s mentioned below:

1. Folio No.

2. Name of the Sole/First Holder ○ Mr. ○ Ms.

3. Schemes for Distributor/Broker code change: **(Other than investments in Direct Plans)**

○ All Schemes (Default if not ticked, and/or specific schemes not mentioned)

OR

○ Specific Schemes (Mention here)	<<Full Scheme/Plan/Option/Sub-Option>>
	<<Full Scheme/Plan/Option/Sub-Option>>
	<<Full Scheme/Plan/Option/Sub-Option>>

4. Schemes for Distributor/Broker code change: **(Other than investments in Direct Plans)**

ARN Code	ARN -
EUIN Details (Mandatory) Please tick	
○ EUIN	Mention EUIN Number
OR	
○ Execution Only	I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as the transaction(s) with the Distributor are "execution-only" transaction(s) 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.
Distributor/Broker Name	

5. Declaration and Signatures (as existing in records)

I / We wish to change the distributor broker code and request Union Mutual Fund (the Fund) to update the ARN code in my /our folio number/s mentioned above. I/ We understand that distributor / broker code change is applicable for all schemes and investments at the folio level if specific schemes are not mentioned clearly and will be processed on a prospective basis only. I/We also understand that change of distributor code cannot happen for any investments in 'Direct Plan/s' of the scheme/s in the folio/s.

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

ACKNOWLEDGEMENT SLIP

Union Mutual Fund

Received, subject to verification, request for updation of new broker code in:

Folio No: _____

All Schemes

OR

Scheme Specific (_____)

Collection centre's stamp with date and time of receipt