DISTRIBUTOR COMMON NON FINANCIAL TRANSACTION REQUEST FORM

Union Mutual Fund

The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in BLOCK Letters.
The request form is solely for registered Advisors / Distributors and should not be circulated to investors / prospective investors
IMPORTANT: Please strike off the unused section(s) to prevent any unauthorised use.

Date D D M M Y Y Y Y

A. BROKER'S INFORMATION (Mandatory)

Broker code | ARN - | EUIN - | Empanelment Date D D M M Y Y Y Y

Name

B. CHANGE OF BANK MANDATE/MODE OF PAYMENT Mandatory to attach proof. [Please shade (●)]

Bank Name

Bank A/C No | A/C Type ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR ○ Others (Please Specify)

Branch Address

City | State | PIN

IFSC CODE# | MICR CODE#

Document Attached * ○ Cancelled Cheque

#(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)

C. NEW CONTACT DETAILS

Mobile | Tel.

Email

D. REGISTRATION/CHANGE/MODIFICATION OF NOMINATION (For Individuals / Sole Proprietors Only) [Please shade (●)]

○ **REGISTRATION** ○ **CHANGE/MODIFICATION**

I do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

Nominee Name

Relationship

Guardian Name (If Nominee is Minor)

Nominee's Date of Birth If Nominee is Minor D D M M Y Y Y Y

Address of Nominee's/Guardian's (if nominee is minor)

City | State | Pin Code

Email ID | Mobile*

Note: The nominee of individual Distributor will receive trail brokerage/commission on business done before the demise of the Distributor holding ARN card. The nominee will not be entitled for any brokerage/commission on SIP (Systematic Investment Plan) installments post demise of Distributor. In case of any payment made between the period of actual date of demise and date of intimation of demise, the amount paid shall be recoverable from the nominee/ individual Distributor.

E. SIGNATURE

I/We hereby declare that the information furnished herein is complete and correct in all respects and we shall forthwith communicate any change in the information furnished to the AMC. I/We undertake to abide by such guidelines, code of conduct and other circulars issued by SEBI and/or AMFI that may be applicable to me/us, and the terms and conditions stated in the empanelment form as amended from time to time. I/We are neither an employee of Union Asset Management nor a relative of any Director/Employee of the AMC/Sponsor or any of its associates.

Signature of Distributor

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Date D D M M Y Y Y Y | ARN No.

Union Mutual Fund

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

○ Change in Bank Mandate ○ Contact Details ○ Nomination

Collection centre's stamp with date and time of receipt