

COMMON APPLICATION FORM

Application No.

		Sub-Broker	Code/					EUIN	*				,			Inder Direct Plan in the Scheme(nature ✓ Authorised Signatory rvice rendered by the distributor nvestor) or ₹ 100/- (for investo amount invested. or this application) *Mandator natches with the KYC details) e Dependent Siblings documents by email. in Code a Code a Code b Code					
	Broker Code/ ARN	ARN/ Branc				O/ CRE ode	(Refer Sec of instruct	tion 'L'		RIA C PMR	ode N**	/				Ref.	No.			
listr ly m	ibutor has not charged any advis	ory fees on this transac I/we hereby give my/o	ction. our consent to	share/pi	rovide th	ne transactio	ins data								ents ur	nder Di					
	ole/ First Applicant/ Guardian/ POA	Authorised Signatory			d Applic	ant/ POA/ Au						Thir	d Appli		or advice by the employee/relationshi r/sales person of the distributor and the hents under Direct Plan in the Scheme(s Signature ht/ POA/ Authorised Signatory the service rendered by the distributor. ds fund investor) or ₹ 100/- (for investor lance amount invested. dered for this application) *Mandator No No ned matches with the KYC details) ea code ase (/)] Minor investment) ents Dependent Siblings other documents by email. Pin Code ide your Indian address) Area Code Area Code D M M sport Others (Please Specify) ietorship Student Others (Please Specify) istorship Student Student Yes Yes No Yes No Yes No						
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	EXISTING UNIT HOLDER	INFORMATION (Plea	ase complete Se	ction 1, 8 &	& 11 only)	(The details in	our recor	ls under the	Folio No. n	mentione	d below	will or	nly be c	onsid	lered foi	r this app	olicatio	on)	*Ma	anda	ito
	Unitholder's Name												Fo	olio	No.						
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3.	FIRST APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details) O Mr. O Ms. O M/s.																				
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	PAN			ОК	-				/C No. ((KIN) ′	`										
	3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)																				
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	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.												. 5.01	. ıy							
	However, if the investors wish	to receive the scheme	e wise annua																		
	Mailing address* (P. O. Box	address is not sufficie	ent.)																		
	City					State									Pi	n Cod	е				
	Overseas address (Mandate	ory for NRI/FII. P. O. B	ox address is	not suffi	icient. Ir	nvestors res	iding ov	erseas an	d with P.	O. Box	addre	ss pl	ease p	orovi	ide you	ur India	an ad	dress	s)		
	City				(Country									Area	Code					
	3b. Date of Birth (Manda	tory for investment r	received thro	ough mir	nors)											D	D M	M	Υ	Y	Y
	Minor's Relationship with Gu	ardian (referred in p	point no. 4)			Father		OMot	ther		0	Lega	al Gua	ardia	an						
	3c. Proof for Date of Birth and Birth Cortificate School Leaving Certificate Marksheet issued by HSC/ State Board Passport Others																				
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	3e. Occupation* O Pvt. Sector O Public Sector O Govt. Service O Business O Professional O Agriculturist O Retired O Housewife O Student O Others (Please Specify)																				
	3f. Gross Annual Income*																				
	3f. Gross Annual Income* ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore Net-worth in ₹ as on □ □ □ M M Y Y Y (Not older than 1 year)																				
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	Any other information [Please specify]: SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)] (Refer Section 'B' and 'C' of instruction 'B' and 'C' of instruction' (C' of instruction'))													(√)]							ions
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If electronic transfer, please fill UTR No.	
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	a person other than the investor
If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)	
no address all future communication(a) in connection with this anniholize to the	Unio
se address all future communication(s) in connection with this application to the istrar & Transfer Agent of the Scheme: Unit 503, 5th Floor, Leela Business Park, Andhu	neri Kurla Road, Mutual Fur

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002. Email: enq_uk@camsonline.com | Website: www.camsonline.com Andheri (East), Mumbai - 400059 **Toll Free**: 1800 200 2268/1800 572 2268 | **Tel No.**: 022 67483333 **Website:** www.unionmf.com | **Email**: investorcare@unionmf.com Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS. 9. PAYOUT BANK ACCOUNT DETAILS * [Please tick ()] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '8' as default payout bank account O Yes O No)
If no places provide the below details clang with concelled abague loof with IECC and and name printed on the face of the	hai

(If no please prov	vide th	e below d	etails along with	cancelled ch	eque leaf wi	th IFSC	code an	d name printed o	n the face of the cheque.)	
Bank Name										
Bank A/C No						Bank	Branch			
A/C Type	0 S	avings	 Current 		O NRO	0	FCNR	O Others	(Please Specify)	
Bank City							State		PIN	
IFSC CODE				MI	CR CODE				In case the Pay-out bank account detail is different from Pay-in bank	
Document Attack	hed	Orig	inal Cancelled C	heque with na	ame & A/c n	o. of 1st	unitholo	der pre-printed	account detail please submit necessary documents as proof.	
Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months										
(IFSC Code is the	11 digi	t no. appea	aring on your cheo	que leaf, mand	atory for crea	lit via NE	FT/ RTGS	6) (MICR Code is th	ne 9 digit code next to the cheque no.)	

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

10. SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick (/)]

- 3<-

		From Scheme			To S	Schem	е	
Name of the Scheme								
Plan	○ Direct Plan	O Regular Plan/ Other t	han Direct Plan	O Direct Plan	O Regul	ar Plan	/ Other than Direct Plan	
	o Growth o Payout of IDCW o Transfer of IDCW o Reinvestment of IDCW		f IDCW	 Growth 			Payout of IDCW	
Option	○ Transfer of IDCW	 Reinvest 			Reinvestment of IDCW			
				Transfer of IDCW to	UNI	O N		
				Plan/ Option				
				Sub Option/ Frequency				
				Default Plan/ Option/ in case of no information			uency will be applied discrepancy.	
Enrolment Period	From D D N	1 M Y Y Y Y To	D D M M	Y Y Y Y OF	R O	Till Fur	ther Instruction [#] (Default)	
Transfer Amount in (₹ Figures)		Transfer An	nount in (₹ words)					
Frequency	O Daily STP	 Weekly STP (Monday to Friday) 	○ Fortnightly STP	○ Monthly STP (Default) ○ Quarterly STP ○ Half Yea				
riequency	Daily (Only Business Day)	Day of Transfer	Every Alternate Wednesday	STP Date* D D)			

* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC. Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11.	SIP DETAILS [Please tick (✓)] (Refer S	Section 'F' of instru	ictions)	O Regi	stration via N	lew OTM	Registration via	a Existing OTM
	Scheme/ Plan/ Option	SIP Amount	Frequency [#]	SIP Date [#]	SIP Day [#]	Enrolment Period ^s		Top-Up Facility
				Date		(MM/YY)	Frequency	Amount
	Union		 ○ Daily ○ Weekly 	DD		From M M Y Y	 ○ Half Yearly ○ Yearly 	
	Union		 Monthly Quarterly 			To <u>M M Y Y</u>	SIP Top-Up Cap Amount	
	Union		○ Daily○ Weekly			From M M Y Y	 ○ Half Yearly ○ Yearly 	
	Union		 Monthly Quarterly 			То ММҮҮ	SIP Top-Up Cap Amount	
	Union		○ Daily○ Weekly	D D		From M M Y Y	 ○ Half Yearly ○ Yearly 	
	Union		 Monthly Quarterly 			To M M Y Y	SIP Top-Up Cap Amount	

#Note: In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day. Daily Frequency is available only for Union Flexi Cap Fund. Weekly Frequency is available under all existing schemes except Union Liquid Fund and Union Overnight Fund. Any day between Monday to Friday to be specified for Daily/Weekly frequency. Incase of any discrepancy "Wednesday" shall be considered as default day for Weekly SIP. Monthly/ Quarterly Frequency: SIP Date to be specified for monthly/quarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered shall be 8th of the specified month/ quarter. § If Default Enrolment End Period is not mentioned it will be December 2099.

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Union	1	MANDATE INSTRU	ICTION FO	OR NACH/ ECS	/ DIREC	T DEBIT			
CREATE Image: Construction of the second	F O r O f f i	сец	u s e			Date	Pate D D M M Y Y Y Y		
[tick (✓)]	Sponsor Ban	nk Code		u s e Date D M M Y Y Y Utility Code To debit [tick (✓)] SB/CA/CC SB-NRE/SB-NRO/Other IFSC IFSC					
	UMRN F r 0 f f i c e u s e D M M Y Y Y /)] Sponsor Bank Code Utility Code IFY X I/We, hereby authorize Union Mutual Fund To debit [tick (*)] SB/CA/CC SB-NRE/SB-NRO/C Bank a/c number Image: Second Hold Hold Hold Hold Hold Hold Hold Hol	SB-NRO/Other							
	Bank a/c number								
with Bank	Na	ame of Customer's Bank		IFSC			or MICR		
an amount of R	upees	in	words				₹	in figu	Jres
FREQUENCY	X Daily X Weekly X M	Ionthly 🕅 Quarterly 🕅 Half Yearly	X Yearly 🖋	As & when presented	d DEBI	Т ТҮРЕ 🕺 Р	Fixed Amount	🖋 Maximum	Amount
Reference 1		Folio No.		Phone No.					
Reference 2	Ap	pplication No.		Email ID					
	gree for the debit of ma	undate processing charges by the ba	ank whom I ar	m authorizing to debi	it my accou	unt as per late	st schedule of c	charges of bank.	
From D D	M M Y Y Y Y	Signature Primary Account	t Holder	Signatu	ire of Accou	nt Holder		Signature of A	ccount Holder
To <u>3</u> 1		Name as in bank reco	ords	Name	as in bank	records	3.	Name as in I	bank records
Or 🕅 Unt	il cancelled	l		۷			э.		

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

		VAL PLAN ("SWP") DETAIL]			
Plan O I	Direct Plan	Regular	Plan/ Other than Direct	Plan					
	Growth	-	O Transfer of IDCW		estment of IDCW	(IDCW -	Income Distribution cur	n Capital W	idrawal)
Withdrawal An					iount in ₹ (words)				
Withdrawal Fre			onthly (Default)	O Qu	larterly	○ Half yea	-		
Withdrawal Pe	riod	From D D M M Y	Y Y Y To		M Y Y Y Y	OR	 Till Further Instruction 		,
SWP Date ^{\$}	d data is not	selected by the investor, the					ed on the immediate nex		-
		d or upon the notification of d						ile liquidated	
PAYMENT OF	SWP PROC	CEEDS							
		ough SWP will be credited to			ed in the Folio. If you	u wish to rec	eive the redemption pro	ceeds into a	ny other bank
	ered in the Fo	blio, please mention the Ban	k Account No. and Name	below:					
Account No.	P I								
Bank Name &		k details do not match with th	o registered bank accou	nt in vour l	Folio, procoods will b	o croditod to	the default bank account	rogistored in	a tha Ealia)
(ii the above in				int in your i	olio, proceeds will b				
		[Please tick (✓)] (Refer Sec /Opt-out Form for any chang						need to fill s	standalone
			0		0	,		We also und	erstand that al
		I/We hereby nominate the und payments and settlements ma	de to such Nominee(s) sh	all be a valic	discharge by the AM	C / Mutual Fu	nd / Trustee/ Sponsor	, ,, , , , , , , , , , , , , , , , , , ,	
Name and Ad Nominee	dress of	PAN of Nominee	Relationship	% of	Date of Birth	Name an	d Address of Guardian	Signatur	e of Nominee/ n of Nominee
			· · · · · · · · · · · · · · · · · · ·	lioodion	(to be furnished	d in case the	Nominee is a minor)		ptional)
Nomi									
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iv. Union Mutual	H Debit/Auto D Fund reserves	ebit /ECS. the right to reverse allotments in c			k. Period: Start c 'Until cancelle	date and End E	Date of NACH registration (in f	ormat DD/MM	/YYYY) or select
the bank for a	ny reason what	t mandate the investor authorizes		,	I. Signature as p	er bank accoui			
	rovided herein	for the purpose of investor's in		nd,	m. Name: Mentio apshot- Frequency, Mini		nt Holder Name as per bank rec and Minimum Period.	cords	
vi. Investors are of investment on the date of	required to ensi transaction. Ur investment tra	ure that there are adequate funds i nion Mutual Fund will endeavor to insaction, however if there is any d	debit the investor bank acco	late SIP	ency Minimum SIP (Applicable to other than Un	Amount Schemes ion Long	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day
vii. SIP cancellati	on can be done	e separately by submitting the req	uest atleast 15 Business Day	s in Daily*	Term Equity F ₹ 300 and in m	,	Not applicable	1 Month	-
viii. The total of al	SIP instalment	iated mandate can be retained for f is in a day should be less than or e		tas Weekl	₹ 1 thereafter y [#] ₹ 500 and in m	nultiples of		12 Weeks	
mentioned in	the Mandate Ins	aturation ,	,						Wednesday
			r the SIPs should be loss that		₹ 1 thereafter	•	₹ 500 and in multiples of ₹ 500 thereafter		Wednesday 8th of the
	t period i.e Star nrolment perioc	rt and End Month/ Year specified for d mentioned in the Mandate Instruc the Auto Debit Mode are subje		n or Month	₹ 1 thereafter Ily [®] ₹ 1000 and in ₹ 1 thereafter	multiples of	of ₹ 500 thereafter' ₹ 500 and in multiples of ₹ 500 thereafter ₹ 1500 and in multiples	6 Months 2 Quarters	8th of the month 8th of the

Following fields need to be filled mandatorily:a. Date in format DD/MM/YYYY

xi.

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b. Bank A/c Type: Tick the relevant box

* Available only under Union Flexi Cap Fund [®]Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

*Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.