

COMMON APPLICATION FORM Application No.

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	THIRD APPLICANT'S INFORMATION* [Please tick () (C' and 'G' of instructions) OMr. O Ms. N A M E O F T H I R D A P P I I C A N T D D M M Y Y Y														
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	FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at <u>www.unionmf.com</u> or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)														
	The below information is required for all	applicant(s)	/ guardian												
	Category	First App	licant (inc	luding M	linor)	Second A	pplicant	/ Guard	lian		Third App	olicant			
	Is the Country of Birth / Citizenship /														
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Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme: **Computer Age Management Services Pvt. Ltd.,** Unit: Union Mutual Fund (formerly Union KBC Mutual Fund) Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai, Tamil Nadu - 600 034. **Email:** enq_uk@camsonline.com | **Website:** www.camsonline.com

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Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited) Unit 802, 8th Floor, Tower 'A', Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400 013. Toll Free : 1800 200 2268 | Tel No. : 022 2483333 Website: www.unionmf.com | Email : investorcare@unionmf.com

() MUTUAL FUND

00	ank Name		gh cheque/debit mandate			,		
Ba	ank A/C No			Bank Branch				
		avings O C	Current O NRE		Others		(Please Specify)	
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(IF	FSC Code is the 11 digit	no. appearing on	your cheque leaf, mandato	ory for credit via NEFT/ RTGS) (M	IICR Code is the §) digit code nex	t to the cheque no.)	
Fo	or unit holders opting	j to invest in de	mat mode, please ensur	re that the bank account lin	ked with the de	mat account i	s mentioned here.	
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			e	DP ID No: I N		Beneficiary A	Account Number	
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lt r	may be noted that the c	combination/ seq	uence of names and mode	e of holding in the application f	form must match			
	•			fer Section 'E', 'F' and 'G' of in			••	
				O Union Liquid Fund~			t Allocation Fund - Mod	
N	Name of the Scheme	O Union Tax Sa	-	O Union Ultra Short Term De	ebt Fund~	0 0110171000		
			and Midcap Fund	O Union Dynamic Bond Fun	d	O Union		
	Plan	1	Option	Sub Optio	n		Dividend Frequ	iency~
0	Regular/ Other than Dir	ect Plan 🔿 Direct	: O Growth O Dividend	O Dividend Payout O Reinve	estment O Swe	ep 🔿 Daily	○ Weekly ○ For	tnightly O Monthly
Di	ividend Sweep to U	N I O N						
Pla	an/ Option				Facility			
De	efault Plan/ Option/ Fa	cility will be app	lied in case of no information	tion, ambiguity or discrepanc	y.			
	Payment Mode:	⊖ Cheque			it Mandata (Uki	n Dauls of Indi		
	Cheque / RTGS / N	~ !		○ Fund Transfer ○ Deb		que / RTGS / I	a A/C Holders only)	
Σ	Amount in ₹ (Figure			Amount in ₹ (words)	One			
PSL	Source Bank Name				Source	Branch		
LUMPSUM	Source Bank A/C N			Accour	-			
_	Source Bank IFSC			Cheque Issuer Name		•	ued by a person other	
			third party payments (Mar	· · · · · · · · · · · · · · · · · · ·	clarations			
			TO BE FI	LLED ONLY IN CASE OF	SIP APPLICA	ANT		
	Name						PAN	
						_		
		Scheme/ Plan/	Option	SIP Installment Amount	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)
				(₹ in figures)				
				(₹ in figures)	○ 2nd ○ 8th*	⊖ Monthly*		
dig				(₹ in figures)	○ 2nd ○ 8th* ○ 15th ○ 23rd	Monthly*Quarterly	MMYYYY	
SIP				(< in figures)	 ○ 15th ○ 23rd ○ 2nd ○ 8th* 	QuarterlyMonthly*	M M Y Y Y Y M M Y Y Y Y	
SIP				(< in figures)	○ 15th ○ 23rd	O Quarterly	M M Y Y Y Y M M Y Y Y Y	M M Y Y Y
SIP				(< in figures)	 ○ 15th ○ 23rd ○ 2nd ○ 8th* 	 Quarterly Monthly* Quarterly Monthly* 		
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CANCEL		vc number																									
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an amount o	of Rupees								in w	ords											₹			in fi	igures		
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Reference 2			Appli	cation I	No.]			Ema	uil ID													
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Name as in bank records

3.

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.

Name as in bank records

10. NOMINATION DETAILS* [Please tick ()] (Refer Section 'H' of instructions) (In case of multiple nominees, please complete the separate nomination form available on our website)

 \odot Please register nomination as requested below \odot I/ We do not wish to nominate

I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor.

			, -	
Name and Address of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee
		(to be furnis	shed in case the Nominee is a minor)	(Optional)
Nominee				

11. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

- 1. I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby confirm that Union Mutual Fund (the Fund)/Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/us any indicative portfolio and indicative yield, in any maner whatsoever. I/ We hereby confirm that at the time of investment, I / we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund / Sponsor will not be responsible if such investment is ultravires the relevant constitution.
- 2. I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account. Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments

exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Signature

nd Applicant/ POA/ Authorised Signato

([®]Please strike out the form below)

Third Applicant/ POA/ Authorised Signatory



for Strategic Investment Planning

SIP

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www.unionmf.com

MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit / ECS.
- iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- vi. SIP through Auto Debit Facility is available only on 2nd / 8th / 15th / 23rd of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
- vii. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.

- ix. The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- x. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- xi. Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- xii. Following fields need to be filled mandatorily:
 - a. Date in format DD/MM/YYYY
 - b. Bank A/c Type: Tick the relevant box
 - c. Bank Account Number (Investor's bank account number)
 - d. Name of Destination Bank (Investor's bank)
 - e. IFSC/MICR code
 - f. Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - g. Reference 1: Mention Folio Number
 - h. Reference 2: Mention Application No.
 - i. Phone No. (Optional)
 - j. Email ID (Optional)
 - k. Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - I. Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records