



**COMMON APPLICATION FORM FOR UTI-CHILDREN'S CAREER PLAN (UTI-CCP),  
UTI-EQUITY TAX SAVINGS PLAN (UTI-ETSP), UTI-JUNIT LINKED INSURANCE PLAN (UTI-ULIP)  
AND UTI-RETIREMENT BENEFIT PENSION FUND (UTI-RBP)**

Sr. No. 2013/

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY) PLEASE FILL IN ALL COLOUMS IN CAPITAL LETTERS ONLY AND USE SEPARATE FORM FOR EACH SCHEME

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')							BDA / CA Code
ARN	Name of Financial Advisor	Sub ARN Code	Sub-Code / Bank Branch Code	M O Code	EUI No.##	UTI RM No.	

Upfront Commission shall be paid directly by the investor to the AMFI/NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor.  
## I/We confirm that the EUI No. box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.  Please tick and sign below when EUI No. box is left blank (refer instruction 'v').

Signature of 1st Applicant / Donor (for UTI CCP) / Guardian  
Name of 1st Authorised Signatory

Signature of 2nd Applicant  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant  
Name of 3rd Authorised Signatory

**TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below. Refer instruction 'i')**

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS      OR       I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above      ₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

Existing Unit Holder information      Scheme Name:      Folio Number:

**#APPLICANT'S PERSONAL DETAILS**  Mr.  Ms.  Mrs.  M/s.      \* Denotes Mandatory Fields

Name of First Applicant Minor (above 12 years of age under UTI-ULIP) / Karta of HUF / the Beneficiary under UTI-RBP (for investment by Non-Individual) (as appearing in ID proof given for KYC)

F I R S T      M I D D L E      L A S T      Date of Birth      d d m m y y y y      Mandatory for UTI-ULIP, UTI-RBP & for minors

# For UTI CCP, applicant can be other than Father / Mother / Guardian of the beneficiary child. However, Parent/Guardian details must be provided below separately.

First Applicant's Address (Do not repeat the name)      Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot\*      Street/Road/Area/Post      City/Town\*      State      Pin\*

**OVERSEAS ADDRESS** (overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

State      Country\*      City\*      Zip/Pin\*

**NAME IN FULL OF THE BENEFICIARY CHILD UNDER UTI-CCP Master/Kum: (Not exceeding 15 years of age)**

F I R S T      M I D D L E      L A S T      Date of Birth of Beneficiary Child      d d m m y y y y

**NAME IN FULL OF THE FATHER (OR) MOTHER (OR) GUARDIAN (IN CASE OF MINOR UNDER UTI-ULIP & BENEFICIARY CHILD UNDER UTI-CCP) \$/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS/HUSBAND OF THE APPLICANT (UNDER UTI-ULIP)**  Mr.  Ms.  Mrs.

F I R S T      M I D D L E      L A S T

**ADDRESS OF THE FATHER/MOTHER/GUARDIAN OF THE BENEFICIARY CHILD WHERE SCHOLARSHIP / REDEMPTION UNDER GROWTH OPTION TO BE SENT UNDER UTI-CCP / PARENT OR GUARDIAN OF MINOR UNDER UTI-ULIP** (Post box no. alone is not sufficient)

State      Country\*      City\*      Pin\*

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT**

Applicant's address as mentioned above      (for NRIs)  At my Overseas address / to be despatched to my resident relative's address in India as given above       Beneficiary's father/mother/guardian address under UTI-CCP (If no option is given, it will be sent to the address of beneficiary's father/mother/guardian)

**\*PAN OF 1st APPLICANT / BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**      Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\*      AADHAR Card No.     

**DETAILS OF OTHER APPLICANTS (Not Applicable under UTI-ULIP)**

Name of 2nd Applicant  Mr.  Ms.  Mrs. (Alternate Parent of Minor under UTI-ETSP) / Alternate Child under UTI-CCP: Master/Kum: (Not exceeding 15 years of age)

F I R S T      M I D D L E      L A S T      Date of Birth of 2nd Applicant      d d m m y y y y      Date of Birth of Alternate Child      d d m m y y y y

**NAME IN FULL OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD \$ (Only for UTI CCP)**  Mr.  Ms.  Mrs.

F I R S T      M I D D L E      L A S T

**ADDRESS OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD (Do not repeat the name) (Post box no. alone is not sufficient)**

City\*      State      Pin\*      Country\*

**\*PAN OF 2ND APPLICANT/ALTERNATE CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)** Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (refer instruction f).

**NAME OF 3RD APPLICANT (Applicable only under UTI-ETSP)**  Mr.  Ms.  Mrs.

F I R S T M I D D L E L A S T

Date of Birth of 3rd Applicant d d m m y y y y

**\*PAN OF 3RD APPLICANT** Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

**FRIEND IN NEED DETAILS** (refer instruction - k) In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details.

Name F I R S T M I D D L E L A S T

Address: \_\_\_\_\_

Relationship with the applicant (optional) Email Mobile

Unitholding Option  Demat Mode  Physical Mode (Available under UTI-ETSP)

**DEMAT ACCOUNT DETAILS** - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

National Securities Depository Limited	Depository Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Name _____ Target ID No. _____
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Enclosures :  Client Master List (CMI)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**BANK PARTICULARS OF FIRST APPLICANT / BENEFICIARY CHILD (UNDER UTI-CCP) (Mandatory as per SEBI guidelines)**

Bank Name	Branch
Address	MICR Code _____ (this is a 9-digit number next to your cheque number)
City _____ *Pin _____	
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	IFS Code _____ (this is a 11-digit number)
Account No. _____	

**INVESTMENT AND PAYMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (refer instruction 'j') for UTI-ULIP fill next page**

If no scheme/plan name is selected, the application will be rejected.

Scheme / Plan	Option (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)	Cheque / DD# No. & Date	Bank & Branch
<input type="checkbox"/> UTI-RBP						
<input type="checkbox"/> UTI-ETSP	<input type="checkbox"/> Growth #					
	<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Dividend Reinvestment					
<input type="checkbox"/> UTI-Children's Career Balanced Plan #	<input type="checkbox"/> Growth					
	<input type="checkbox"/> Scholarship #					
<input type="checkbox"/> UTI-CCP Advantage Fund	<input type="checkbox"/> Growth#					
	<input type="checkbox"/> Dividend					
	<input type="checkbox"/> Scholarship					

**For Scholarship option under UTI-CCP please tick the mode and the No. of instalments**

UTI-Children's Career Balanced Plan					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)

UTI-CCP Advantage Fund					
Mode	No. of instalments				
<input type="checkbox"/> Yearly	4	5	6	7	8
<input type="checkbox"/> Half Yearly	8	10	12	14	16

(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)

UTI-ULIP Investment Details must be furnished separately in the subsequent page. Payment details must be furnished below.

#Cheque/DD/\*NEFT/\*RTGS Ref.No. / Unique Serial No. (For Cash)  Cash Account type  Savings  Current  NRE (please ✓)  NRO  DD issued from abroad

Bank & Branch (For UTI-ULIP) \_\_\_\_\_

# Please mention the Application No. on the reverse of the Cheque/DD, NEFT/RTGS advice. Please use separate Cheque/DD for each Scheme. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only".

\* Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.

Annual Income of First Individual Applicant (Please ✓)  < 5 Lacs  > 5 Lacs - < 15 Lacs  > 15 Lacs - < 25 Lacs  > 25 Lacs

**GENERAL INFORMATION - Please (✓) wherever applicable**

<b>Status</b>	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP
	<input type="checkbox"/> BOI	<input type="checkbox"/> FII	<input type="checkbox"/> NRI	<input type="checkbox"/> Others (specify) _____	
<b>Mode of Holding</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Joint (not applicable to UTI-ULIP)		
<b>Occupation</b>	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Service	<input type="checkbox"/> Others (specify) _____	
<b>Marital Status</b>	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Wedding Anniversary	D D M M	
<b>Category under UTI-ULIP</b>	<input type="checkbox"/> In my/our individual capacity (Please fill in the nomination form)		<input type="checkbox"/> On behalf of minor as Father/Mother/Lawful guardian		

**FOR NRIS ONLY UNDER UTI-CCP**

I am a Non-Resident <input type="checkbox"/> Applicant	I am a Resident <input type="checkbox"/> Applicant	I am an Indian National of: _____ and of Indian Origin (Name of the Country)
<input type="checkbox"/> Beneficiary Child	<input type="checkbox"/> Beneficiary Child	_____ and of Indian Origin (Name of the Country)
<input type="checkbox"/> Alternate Child	<input type="checkbox"/> Alternate Child	_____ and of Indian Origin (Name of the Country)

**UTI-ULIP INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Plan / Type of Insurance Cover given below) (refer instruction 'j')**

Target Amount (₹) _____	Mode of contribution <input type="checkbox"/> Yrly <input type="checkbox"/> Half Yrly	Age in Yrs _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Number of contributions now paid (initial + renewal) = \_\_\_\_\_

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term #			
	<input type="checkbox"/> Fixed Term			
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term #			
	<input type="checkbox"/> Fixed Term			

I have regular and independent income  YES  NO

I am a  resident  non-resident Indian. In case I become NRI, I Shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.

<sup>ss</sup> In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company. I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds ₹ 15,00,000/-. I realise that in the event of its exceeding ₹ 15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to ₹ 15,00,000/- (₹ 5,00,000/- for females without regular income).

I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme. I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.

<sup>ss</sup> Please strike off if the same is not acceptable.

**Particulars of health:**

- (A) Am I in sound health:  YES  NO
- (B) Have I ever suffered from any of the following:  NO  YES If yes, please tick from the following
- |   |   |                                    |                                       |   |
|---|---|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Insanity     | <input type="checkbox"/> Any disease of the heart and lungs |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Any disease of brain | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Any other serious disease          |
- (C) Do I have any physical deformity or handicap:  NO  YES If yes, (i) the date of occurrence \_\_\_\_\_
- (ii) the extent of deformity \_\_\_\_\_ (iii) the present condition \_\_\_\_\_ (iv) whether gainfully employed  YES  NO
- (D) **Declaration of health:** I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

**HEALTH DECLARATION (To be completed by the agent of UTI AMC or by the authorised person^)**

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from \_\_\_\_\_ (Please state nature of proof) The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. \_\_\_\_\_ whose signature is appended.

_____ (Signature of witness identifying the applicant)	_____ (Signature of the authorised person)
Date: _____ Place: _____	Date: _____ Place: _____
Name of witness (in block letters) _____	Name of authorised person (in block letters) _____
Occupation: _____	Status: (UTI AMC Agent, Magistrate, Bank Manager etc.) _____
Address: _____	Code No. (If UTI AMC Agent): _____
_____	Office Seal (if others): _____
_____	Address: _____

^UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**

(UTI-ETSP, UTI-ULIP and UTI-RBP are eligible for deduction under Section 80C of the Income-Tax Act, 1961)



Received from Mr./Ms./M/s. \_\_\_\_\_

**Notes :**

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof/PAN details are given, failing which your application will be rejected.**
- All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, etc. may please be addressed to the Registrar.

**M/s. Karvy Computershare Private Limited,**

Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081. Tel.: 040-23312454; Fax: 040-23115503  
Email: uti@karvy.com

Stamp of UTI AMC Office /  
Authorised Collection Centre

**NOMINATION DETAILS (Please ✓) (Person applying on behalf of Minor cannot nominate under UTI-ULIP) (Not available under UTI-CCP) (please sign if you do not wish to nominate)**

I/We hereby nominate the undermentioned Nominee 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 and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (in case of nominee is a minor)	Address of guardian
Address	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

I/We do not wish to nominate

\_\_\_\_\_  
Signature of 1st Applicant / Guardian

\_\_\_\_\_  
Signature of 2nd Applicant

\_\_\_\_\_  
Signature of 3rd Applicant

**DECLARATION AND SIGNATURE OF APPLICANT/S**

• I/We have read and understood the contents of the scheme information documents, statement of additional information and Key information Memoranda, addenda issued till date and apply to the trustee of UTI Mutual fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.  
 • I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. I/We agree that in case of scholarship option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child. • 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 authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO account. I/ We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual fund. (Applicable to NRIs.) • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (strike out if this declaration is not applicable).

\* Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID. (If you wish to receive in physical form please tick )

First Applicant Details	Mobile Number <input type="text"/>	Tel. (R) <input type="text" value="STD CODE"/> <input type="text"/>	*E mail <input type="text"/>
		No. (O) <input type="text" value="STD CODE"/> <input type="text"/>	Alternate E-mail <input type="text"/>

\_\_\_\_\_  
Signature of 1st Applicant / Donor (for UTI CCP) / Guardian@  
Name of 1st Authorised Signatory

\_\_\_\_\_  
Signature of 2nd Applicant  
Name of 2nd Authorised Signatory

\_\_\_\_\_  
Signature of 3rd Applicant  
Name of 3rd Authorised Signatory

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Designation

@Signature of Guardian (if different from Donor) (for UTI CCP)

@ For UTI CCP-Growth option, both Guardian & Donor (if different from Guardian) must sign.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM**

• Subject to realisation

Sr.No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				• Cheque/DD No.	Bank & Branch
1					
2					
3					
4					
5					