



MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT

UMRN

F o r O f f i c e u s e

Date DD MM YYYY

[Tick (✓)]

CREATE MODIFY CANCEL

Sponsor Bank Code For Office use

Utility Code For Office use

I/We, hereby authorize Union Mutual Fund To debit [Tick (✓)] SB/CA/CC SB-NRE/SB-NRO/Other

Bank a/c number

with Bank Name of Customer's Bank IFSC or MICR

an amount of Rupees in words ₹ in figures

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 Application No. Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD From To Or Until cancelled Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Name as in bank records

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.

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

(For Existing Unit Holders only)



Registration Cum Mandate Form For NACH/ ECS/ Direct Debit

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

Broker Code/ ARN 24863	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* E043887	Ref. No.
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I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction 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.

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

Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY.

I confirm that I am a First time investor across Mutual Funds In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

I confirm that I am an Existing investor in Mutual Funds

1. EXISTING UNIT HOLDER INFORMATION [Please tick (✓)] Mr. Ms. M/s. PAN KYC

Folio No. Unitholder's Name

2. UNITHOLDING OPTION [Please tick (✓)] Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

Depository Participant (DP) Name DP ID No: I N Beneficiary Account Number

3. SIP DETAILS [Please tick (✓)] Please allow minimum 30 days for registration and start of Auto Debit instructions. *Default

Sr. No.	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*
1.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	MM/YYYY	MM/YYYY

First SIP Installment details Drawn on bank / branch name Cheque Amount

Mode Cheque Union Bank Debit Mandate Cheque no. MICR No. Dated DD MM YY

4. DECLARATION & SIGNATURES

I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I/we would not hold the user institution 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. 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(s) are being recommended to me/ us. I/ We hereby confirm that Union Mutual Fund (formerly Union KBC Mutual Fund)/ the AMC and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme(s); and Union Mutual Fund / AMC / Trustee will not be responsible if such investment is ultravires the relevant constitution.

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).

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

5. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only) Application No.

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India Date / /

I / We

authorise you to debit my / our Account No. Type of Account

₹ (in figures) ₹ (in words) to

pay for the purchase of units of Union (Scheme Name)

Signature of Account Holder(s) / Authorised Signatory(ies) (As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

SIP through Auto Debit Form - Folio No.

Received from: Mr./ Ms. /M/s Dated / / Scheme 1 Amount (₹)