

MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM)

UMRN	F o r O f f i c e u s e	Date	D D M M Y Y Y Y
<input type="checkbox"/> I/We, hereby authorize	Sponsor Bank Code _____ For Office Use Only	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	Utility Code _____ For Office Use Only
<input type="checkbox"/> I/We, hereby authorize	Union Mutual Fund	To debit <input checked="" type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
<input type="checkbox"/> I/We, hereby authorize	Bank a/c number _____		
with Bank	Name of Customer's Bank _____	IFSC	_____ or MICR _____
an amount of Rupees	_____ in words	₹	_____ in figures
FREQUENCY	<input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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. 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.

PERIOD From <table style="display: inline-table; border: 1px solid black;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>To</td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Signature Primary Account Holder	Signature of Account Holder	Signature of Account Holder
D	D	M	M	Y	Y	Y	Y												
To	D	D	M	M	Y	Y	Y												
Maximum period of validity of this mandate is 40 years only.	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records																

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	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section '12' of instructions)	RIA Code / PMRN**	Ref. No.
ARN-1678			E 087722		

*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 inappropriateness, 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.

**By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

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

1.	EXISTING UNIT HOLDER INFORMATION [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/> PAN <input type="checkbox"/> KYC																															
2.	UNITHOLDING OPTION [Please tick (✓)] <input checked="" type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)																															
3.	SIP DETAILS [Please tick (✓)] <input type="checkbox"/> *Default Please allow minimum 30 days for registration and start of Auto Debit instructions.																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Scheme/ Plan/ Option</th> <th style="width: 10%;">SIP Amount (In figures)</th> <th style="width: 15%;">Frequency#</th> <th style="width: 10%;">SIP Date* (For Monthly Frequency)</th> <th style="width: 10%;">SIP Date* (For Fortnightly Frequency)</th> <th style="width: 10%;">SIP Day* (For Weekly Frequency)</th> <th style="width: 15%;">Start & End (Day/Month/Year)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly </td> <td style="text-align: center;">D D</td> <td>1st and 15th of the month</td> <td></td> <td> Start <table style="display: inline-table; border: 1px solid black;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> End <table style="display: inline-table; border: 1px solid black;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </tbody> </table>	Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency#	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Start & End (Day/Month/Year)			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	D D	1 st and 15 th of the month		Start <table style="display: inline-table; border: 1px solid black;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> End <table style="display: inline-table; border: 1px solid black;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																	
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	First SIP Installment details Drawn on bank / branch name _____																															
	Cheque Amount _____ Cheque no. _____ MICR No. _____ Dated D D M M Y Y																															
	Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Debit Mandate (Union Bank of India A/C Holders only) <input type="checkbox"/> One Time Mandate (OTM)																															

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
 # 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.
 The SIP frequency will be daily ^ (i.e. Business Days), weekly, fortnightly, and monthly.
 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 installment size for monthly frequency is fulfilled.
 In case the SIP day/ date is not indicated, the default SIP day will be Wednesday for Weekly Frequency, 1st and 15th of the month for Fortnightly Frequency and 8th of every month for Monthly Frequency
 \$Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**

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 ultra vires 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).						
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5. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders)	Application No. _____
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To be detached by the Registrar (CAMS 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 (₹) _____