



APPLICATION FORM FOR SYSTEMATIC TRANSFER PLAN

(For Existing Unit Holders only)

Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.
Please strike off unused section(s) to avoid unauthorised use

For Office use only

| | | | | | |
|-------------------------|-------------------------------------|----------------------------|-------------------------|--|----------|
| Broker Code/ ARN | Sub-Broker Code/ Branch Code | Branch Manager Code | LG/ MO/ CRE Code | EUIN* (Refer Section 'C' of instructions) | Ref. No. |
| ARN-167174 | | | | E326136 | |

*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 <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small> | Signature <small>Second Applicant / POA / Authorised Signatory</small> | Signature <small>Third Applicant / POA / Authorised Signatory</small> |
|--|---|--|

New Registration **Cancellation**
Date:

1. EXISTING UNITHOLDER(S) INFORMATION*

| | | | | |
|--|----------------------|-------------------|---------------------------------------|----------------------|
| Existing Folio No. | <input type="text"/> | *Mandatory | Permanent Account Number (PAN) | <input type="text"/> |
| Name of the Unit Holder [Please Tick (✓)] | | | | |
| <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s. | <input type="text"/> | | | |
| Email Id | <input type="text"/> | | | |

2. STP DETAILS (Refer Section 'A' of instructions) [Please Tick (✓)]

| | From Scheme | To Scheme |
|---------------------------------------|--|--|
| Name of the Scheme | <input type="text"/> | |
| Plan | <input type="radio"/> Direct Plan <input type="radio"/> Other than Direct Plan | <input type="radio"/> Direct Plan <input type="radio"/> Other than Direct Plan |
| Option | <input type="radio"/> Growth <input type="radio"/> Dividend Pay Out <input type="radio"/> Dividend Sweep <input type="radio"/> Dividend Re-investment | <input type="radio"/> Growth <input type="radio"/> Dividend Pay Out <input type="radio"/> Dividend Sweep <input type="radio"/> Dividend Re-investment |
| Frequency | <input type="radio"/> Weekly STP (Monday to Friday) <input type="radio"/> Fortnightly STP | <input type="radio"/> Monthly STP (Default) <input type="radio"/> Quarterly STP <input type="radio"/> Half Yearly STP |
| | Day of Transfer | Every Alternate Wednesday |
| Enrolment Period | From <input type="text"/> | To <input type="text"/> |
| Transfer Amount in (₹ Figures) | Transfer Amount in (₹ words) | |

3. DECLARATION & SIGNATURES* (Refer Section 'B' of instructions)

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund), I / We, hereby apply to the Trustee of Union Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We 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 enacted by the Government of India or any Statutory Authority. 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/ Union Asset Management Company Private Limited (formerly Union KBC Asset Management Company Private Limited) 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 and the AMC/ Trustee/ Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.

| | | |
|--|---|--|
| Signature <small>Sole / First Applicant / Guardian / POA / Authorised Signatory</small> | Signature <small>Second Applicant / POA / Authorised Signatory</small> | Signature <small>Third Applicant / POA / Authorised Signatory</small> |
|--|---|--|

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

| | |
|---------------------------------------|--------------------------------------|
| Folio No. <input type="text"/> | Ref. No. <input type="text"/> |
| Received from: Mr./ Ms./ M/s _____ | Date: / / _____ |
| Scheme/ Plan/ Option - _____ | |
| To Scheme - _____ | |

| | | | |
|--------------------|---------------------------|-------------------------|--|
| STP Period | From <input type="text"/> | To <input type="text"/> | No. of Installment <input type="text"/> |
| Amount in ₹ | <input type="text"/> | | |

Please note: All purchases are subject to realisation of cheques.

Union
MUTUAL FUND
Your Bridge to Responsible Investing

Collection centre's stamp with date and time of receipt