

**SYSTEMATIC
TRANSFER
INVESTMENT
PLAN**

STRIP ENROLMENT FORM



For office use only

| Name of Financial Advisor and ARN | Sub ARN Code | Sub Code | EUI No. | MO Code | UTI RM No. | IH NO. | Reporting Branch Name |
|-----------------------------------|--------------|----------|---------|---------|------------|--------|-----------------------|
| ARN-167174 | | | E326136 | | | | |

Upfront Commission shall be paid directly by the investor to the AMFI/NISM registered Distributor based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUI No. 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 only when EUI No. is left blank)

| | | |
|---------------------------------------|----------------------------|----------------------------|
| Signature of 1st Applicant / Guardian | Signature of 2nd Applicant | Signature of 3rd Applicant |
|---------------------------------------|----------------------------|----------------------------|

Application / Folio No. of Source Scheme Date:

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Name of First / Sole Applicant

Name of the Second Applicant

Name of the Third Applicant

Name of the Guardian (in case First / Sole Applicant is a minor)

| APPLICANT | PAN (Mandatory) | KYC Complied | Mobile No. | E-mail ID |
|----------------------|----------------------|--------------------------|----------------------|----------------------|
| First/Sole Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Second Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Third Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Guardian | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

2. SYSTEMATIC TRANSFER INVESTMENT PLAN DETAILS (Please refer point no. 13)

| Frequency of STRIP | Daily | Weekly | Monthly | Quarterly |
|----------------------|-------------------|----------------------|----------------------|----------------------|
| Minimum No. of STRIP | 20 | 6 | 6 | 2 |
| Minimum amount | ₹ 100 | ₹ 1000 | ₹ 1000 | ₹ 3000 |
| Dates of transfer | All business days | Any day of the month | Any day of the month | Any day of the month |

| | | | |
|------------|-------------|------|--------|
| FROM - UTI | SCHEME NAME | Plan | Option |
| TO - UTI | SCHEME NAME | Plan | Option |

Fixed Amount per transfer Frequency (Please Tick) DAILY WEEKLY MONTHLY QUARTERLY

STRIP Day Number of transfers

Transfer period from To

3. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document (SID) and Key Information Memorandum (KIM), addenda issued till date of the source scheme as well as destination scheme and the terms/conditions overleaf. I/We hereby apply for enrolment under STRIP and agree to abide by the terms and conditions of STRIP. 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.

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 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**

(Signature)
First /Sole Unitholder /Guardian

(Signature)
Second Unitholder

(Signature)
Third Unitholder

Acknowledgement of STRIP Enrolment Form (To be filled in by the Unit holder)



(for existing unitholder) Folio No.

Received from Mr./Miss/Mrs :

STRIP application.

Amount of transfer per installment ₹

From Scheme / Plan

to Scheme/Plan

| Transfer Frequency | STRIP Date |
|------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Weekly | |
| <input type="checkbox"/> Monthly | |
| <input type="checkbox"/> Quarterly | |

Transfer Period From to

Fixed Amount per Transfer

in figures

Date & Stamp of Receiving UFC