COMMON APPLICATION FORM

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'M' of instructions)	RIA Code / PMRN**	Ref. No.
anager/sales person of the above d stributor has not charged any adviso	stributor or notwithstand ry fees on this transaction we hereby give my/our co	ing the advice of in- onsent to share/prov	appropriateness, if ride the transactions	any, provided by the emp	loyee/relationship mar	ion or advice by the employee/relation ager/sales person of the distributor and estments under Direct Plan in the Schen
Signature	,		Signature			Signature
Sole/ First Applicant/ Guardian/ POA/	Authorised Signatory	Second A	Applicant/ POA/ Auth	orised Signatory	Third App	licant/ POA/ Authorised Signatory
NSACTION CHARGES FOR APPLI confirm that I am a First time invest case the subscription amount is ₹ ner than first time mutual fund inves	CATIONS THROUGH DIS or across Mutual Funds 10,000/- or more and you stor) will be deducted fro	STRIBUTORS ONL ur Distributor has o m the subscription	Y. (Refer Section 'K	of instructions) confirm that I am an Existi Transaction Charges, ₹ 1 o the distributor. Units wi	ng investor in Mutual 50/- (for first time mu Il be issued against th	tual fund investor) or ₹ 100/- (for investee balance amount invested.
EXISTING UNIT HOLDER IN	IFORMATION (Please co	implete Section 1, 9 & 11	only) (The details in ou	r records under the Folio No. me		
Unitholder's Name						olio No.
		(Default option)	Anyone or			
FIRST APPLICANT'S INFOR	RMATION* [Please tick	(✓)] (Refer Secti	ion 'B' and 'C' of in	structions) (Please ens	sure that the details m	entioned matches with the KYC details)
○ Mr. ○ Ms. ○ M/s.				N A M E		
PAN		ОКУС		CKYC No. (K	(IN) ^	
3a. Contact Details* (Refer S	Section 'J' of Instruction	ns) (Please ensure	to mention Country	and Area Code)		
Mobile No ^{\$} .		E-mail ^{\$}				
Tel. (Off.) Country/ Area code		Tel. (Res.) Co	untry/ Area code		Fax Country	// Area code
*Mobile number specified ab	ove belongs to [Please	(✓)]	4	Email address specified	d above belongs to [Please (✓)]
○ Self ○ Spouse	Guardian (for Mino	r investment)		Self Spouse	○ Guardian (f	or Minor investment)
Opendent Children	Opendent Parents	O Depend	dent Siblings	Dependent Children	 Dependent 	Parents Opendent Siblin
On providing email-id, investors However, if the investors wish to	shall receive the schem	e wise annual repo	rt or an abridged si	ummary thereof/ account	statements/ statutory	and other documents by email.
However, if the investors wish to	receive the scheme wis	e annual report or a	an abridged summa	ary thereof in physical for	m [Please (✓)] Opt-in	0
Mailing address* (P. O. Box a	ddress is not sufficient.)					
City			State			Pin Code
Overseas address (Mandator	y for NRI/FII. P. O. Box ac	ddress is not sufficie	ent. Investors residi	ng overseas and with P. C	. Box address please	provide your Indian address)
					,	
City			Country			Area Code
	ory for investment recei	ved through mino		D M M Y Y Y	,	/ ii da Gode
Minor's Relationship with Gua			○ Father	O Mother	_ Legal Gu	ardian
3c. Proof for Date of Birth a	, I	,				
relationship with Guardian	Birth Certificate	School Leavin	g Certificate O	Marksheet issued by HS	C/ State Board OF	Passport Others (Please Specif
3d. Status*	sident Individual	Minor ONF	RI (Repatriable)	ONRI (Non-Repatria	able) Sole Pi	roprietorship O HUF
O Partnership Firm O Lin	nited Partnership (LLP)	O Listed Con	npany O Unli	sted Company OB	ody Corporate	○ Bank/FI ○ Insurance Compa
○ Government Body ○ AC	P/BOI O Trust O S	Society O Provi	dent Fund 🔘 Sเ	uperannuation/Pension	Fund Gratuity F	und OFII OOthers (Please Spe
3e. Occupation* O Put Soc	or O Public Sector O	Govt Service OR	Susiness () Profes	sional Agriculturist	Retired O Housewin	fe O Student O Others (Please Spec
3f. Gross Annual Income*	O Below 1 La	C ○ 1-5 L	acs 05-			25 Lacs - 1 Crore
Net-worth in ₹				as on D	D M M Y Y	(Not older than 1 year)
		vith the Central K	YC Records Reg	istry (CKYCR), and have	e a KYC Identificati	ion Number (KIN) from the CKYCF
requested to quote the 14 digit l	NN.					
DEBIT MANDATE					Application No	
(Lumpsum Investment) (For	Jnion Bank of India ac	count holders)				
anch Manager - Union Bank of I	ndia					Date//
e						
orise you to debit my / our Acc	count No.			Ту	pe of Account	
figures)		₹ (in words)				
or the purchase of units of Un	ion	(Scheme Name				
				Signature of		Authorised Signatory(ies)
					(As per Bank r	ecords)
OWLEDGEMENT SLIP (To be fil	led in by the investor)			Application No.		É nioi

__/__/ Drawn on Bank & Branch_

an application for units of _

Amount

Dated

(Scheme/Plan/Option)

Instrument No

JIIIUII **Mutual Fund**

Collection centre's stamp with date and time of receipt

Please tick (✓)* ○ Politically Exposed Person ○ Related to Politically Exposed Person ○ Not Applicable	For Ga Mo	eign Exch ming / Gar ney Lendir	ange / Mo nbling / L ng / Pawr	oney Change ottery Service	ces [eg. casino:				the follow	ing services)	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
SECOND APPLICANT/ GUARDIAN IF M	IINOR/ CO	NTACT PE	RSON F	OR NON-INI	DIVIDUALS/ PO	DA HOLD	ER DE	TAILS* [F	Please tick	k (✔)]	
(Refer Section 'B' and 'C' of instructions)											
OMr. OMs. NAMEO		E C O	N D	APF	CKYC No.	(KIN) ^			Date of	Birth D D	M M Y Y Y
4a. Status* O Resident Individual	O Minor		NRI (Re	epatriable)		(Non-Rep	atriable	2)	Othe	ro (Pi	lease Specify)
4b. Occupation* O Pvt. Sector O Public			` `	. ,				<u> </u>			
											riers (Please Specif
4c. Gross Annual Income*					tically Exposed			Not Appl		1 (
	posed Fersi				lically Exposed	F 615011		ποι Αρρι	icable		
4e. Contact Details* Mobile No.				-mail							
THIRD APPLICANT'S INFORMATION* [Please tick	(✓)] (Refe	r Section	'B' and 'C' of	f instructions)						
OMr. OMs. NAMEO		H I R	D	A P P I	CKYC No.				Date of	Birth D D	M M Y Y Y
5a. Status* ○ Resident Individual	O Minor) NRI (Re	epatriable)	○ NRI	(Non-Rep	atriable	e)	Othe	rs(Pi	ease Specify)
5b. Occupation* ○ Pvt. Sector ○ Public	Sector O G	ovt. Servic	ce O Bus	iness O Prof	fessional O Agr	riculturist	○ Retir	red \bigcirc Hou	usewife O	Student Ot	hers (Please Specif
5c. Gross Annual Income* O Below 1 L	ac 01-5 L	acs	0 Lacs	0 10-25 Lacs	○ >25 Lacs -	1 Crore	O >1 (Crore Ne	t-worth ir	า₹	
5d. Other Details* O I am Politically Ex					tically Exposed			Not Appl			
5e. Contact Details* Mobile No.			Е	E-mail	<u> </u>						
^Investors who have completed the Cen	itral KYC wi	th the Cei			egistry (CKYCF	R), and h	ave a l	YC Ident	ification N	Number (KIN)	from the CKYCR
requested to quote the 14 digit KIN.											
FATCA INFORMATION/ FOREIGN TAX Declaration Form available at www.unio	onmf.com o	r at our C									te FATCA and UB
The below information is required for all a											
Category	First App	licant (inc	luding M	linor)	Second A	pplicant	Guard	lian		Third Ap	plicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	·			No Yes No					○ Yes ○ No		
* If Yes, please indicat	te all countr	ies in whic	h you are	e resident for	tax purposes a	and the as	ssociate	ed Tax Ref	erence N	umbers below	
Place/ City of Birth											
Country of Birth											
Address Type (of address in KYC records)	Residential	/ Business	s O Re	esidential C	Residential / E	Business	O R	esidential	O Resid	dential / Busine	ess O Residenti
Country of Tax Residency 1											
Tax Payer Ref. ID No. 1											
Documentation Type 1											
(TIN or Other Please specify)											
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason	○ A	○ B	O C	Reason O	Α Ο) B	O C	Reas	son O A	○ B ○ C
Country of Tax Residency 2											
Tax Payer Ref. ID No. 2											
Documentation Type 2 (TIN or Other Please specify)											
If TIN is not applicable, [Please tick (/)] the reason A, B or C [as defined below]	Reason	○ A	ОВ	O C	Reason O	Α) В	O C	Reas	son O A	O В О С
	is reason O	nly if the a								N to be collect	ted)
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Card [Micro Investments, Investor(s) from im, government officials specifically exempt]	1	✓	1	1	1	1	✓		1	1	/
Acknowledgement	1	✓	1	/	✓	1	/	1	1	1	√ *
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of authorised signatories with specimen signatures norandum & Articles of Association			1	√	√	/		√		/	
ificate of Incorporation		✓	/	/		1					
t Deed			1			1					
-laws											

Partnership Deed Notorised POA (signed by investor and POA Holder)
Bank Account Proof (Latest available)
Demat Statement (Latest available)
Client Master Statement (Latest available) HUF Deed Overseas Auditor's Certificate & SEBI Regn. Certificate FATCA Form & UBO Declarations

*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme: Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059

Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333

Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



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			○ Bar	nk Pass Book	having name	, address & A/c	no. of account	holder with o	current e	entries not old	ler than 3 month	IS		
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		of the Sch			Please tick (🗸)	(Refer Section	n 'F' of instruct	ions) [Third P	arty pay	ment(s) will r	not be accepted]			
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NOMINATION DETAILS* [Please tick (🗸)] (Refer Section 'I' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/Sponsor

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)	
Nominee			raiocation		d in case the Nominee is a minor)		
Nominee							
Nominee							
Nominee							

I/ We do not wish to nominate

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non- appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name &	Name	Name	Name
Signature of Unitholder(s)	First Applicant Signature	Second Applicant Signature	Third Applicant Signature

DECLARATION & SIGNATURES* (Refer Section 'L' of instructions) 11.

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby 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. 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 (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us 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.
- If We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/We also undertake to be keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I/we would not hold the user institution and its affiliates 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.

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

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).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

N	ame &	Name	Name	Name
_	gnature of nitholder(s)	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory





Strategic Investment Planning

Welcome to Strategic Investment Planning - A goal based planning with which you can not only plan for your multiple goals but also aim to achieve it.

To know more about Strategic Investment Planning

🔌 1800 200 2268/18005722268 🛛 investorcare@unionmf.com 🔀 www.unionmf.com

MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice. ii.
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit /ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.

Bank A/c Type: Tick the relevant box

- Date in format DD/MM/YYYY
- Following fields need to be filled mandatorily:-

- Bank Account Number (Investor's bank account number)
- d. Name of Destination Bank (Investor's bank)
- IFSC / MICR code
- Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
- Reference 1: Mention Folio Number
- Reference 2: Mention Application No.
- Phone No. (Optional) i.
- Email ID (Optional)
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
- Signature as per bank account records
- Name: Mention Bank Account Holder Name as per bank records

SIP Frequency	Minimum SIP Amount (Applicable to Schemes other than Union Long Term Equity Fund)	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day
Daily*	₹ 300 and in multiples of ₹ 1 thereafter	Not applicable	1 Month	-
Weekly*	₹ 500 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday
Monthly [®]	₹ 1000 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month
Quarterly	₹ 5000 and in multiples of ₹ 1 thereafter	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month

Available only under Union Flexi Cap Fund

[®]Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

[&]quot;Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.