



UMRN

Date

Utility Code

☒ Create☒ Modify☒ Cancel

Sponsor Bank Code

I/We authorize

UTI MUTUAL FUND

To debit (tick✓)

SB / CA / CC / SB-NRE / SB-NRO / OTHER

Bank a/c number

with Bank

IFSC / MICR

an amount of Rupees

₹

Debit Type

☒ Fixed Amount☒ Maximum Amount

Frequency

☒ Monthly☒ Quarterly☒ Half Yearly☒ Yearly☒ As & when presented

Reference 1

Reference 2

1. 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 the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From

Maximum period of validity of this mandate is 40 years only

To

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

Phone No.

1.

Name as in Bank records

2.

Name as in Bank records

3.

Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.



Hag, ek behtar zindagi ka.

UTI SmaRT SIP Form TM

☐ Registration of New SIP☐ Renewal of Existing SIP☐ Micro SIP☐ Change in Existing Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
115899	E172646				

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS	APPLICATION NO./FOLIO NO.
Name of Sole / 1st Holder / Beneficiary Child	
Name of Guardian (in case of Minor)	

PAN DETAILS	(If not registered in the folio already)	
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied
PAN Exempt KYC Ref no. (PEKRN for Micro investments)	PAN Exempt KYC Ref no. (PEKRN for Micro investments)	PAN Exempt KYC Ref no. (PEKRN for Micro investments)

SIP DETAILS	Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period* (MM/YY)	SIP Step Up
		<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	Amount in the mandate to bank should be equal or more than this total amount.	Total	₹	* Note : SIP mandate shall be registered for a maximum period of upto 40 years		

My Financial Goal for this SIP (choose anyone)

☐ Retirement Corpus☐ Child Education☐ Child Marriage☐ Dream Car☐ Dream House☐ Marriage☐ Holiday

(In case of saving for Child, mention name of Child)

Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utmfm.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)