

# 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

Broker Code/ ARN <b>ARN-257030</b>	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'C' of instructions) <b>E 479794</b>	RIA Code / PMRN**	Ref. No.
<p><input type="radio"/> 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.</p> <p>**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.</p>					
Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory		Signature Second Applicant / POA / Authorised Signatory		Signature Third Applicant / POA / Authorised Signatory	

For Office use only

☐ New Registration
 ☐ Cancellation
 Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1. EXISTING UNITHOLDER(S) INFORMATION\*

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

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

	From Scheme	To Scheme																
Name of the Scheme																		
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan																
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW																
	Transfer of IDCW to U N I O N																	
	Plan/ Option																	
	Sub Option/ Frequency																	
	Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.																	
Enrolment Period	From <table border="1"> <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> </table> To <table border="1"> <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> </table> OR <input type="radio"/> Till Further Instruction* (Default)	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words)																	
Frequency	<input type="radio"/> Daily STP <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																
	Daily (Only Business Day)                 Day of Transfer	Every Alternate Wednesday                 STP Date* <table border="1"> <tr> <td>D</td><td>D</td> </tr> </table>	D	D														
D	D																	

\* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day  
 \* If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.  
 Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

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, 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 hereby agree that any transaction processed under the Systematic Transfer Plan will be binding upon me/us. I / We will not hold the AMC/the Trustee Company/ the Mutual Fund / the Sponsors liable for any transaction processed under the STP. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making the investment in the relevant Scheme. I / We declare that the amount invested in the relevant 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 relevant Scheme is being recommended to me/us. I / We hereby confirm that Union Mutual Fund/ Union 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/ Sponsors will not be responsible if such investment is ultravires the relevant constitution.

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

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No. 

--	--	--	--	--	--	--	--

Ref. No.

Received from: Mr./ Ms./ M/s \_\_\_\_\_ Date: / /

## Application for Systematic Transfer Plan

From Scheme/ Plan/ Option - \_\_\_\_\_

To Scheme - \_\_\_\_\_

STP Period	From	<table border="1"> <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> </table>	D	D	M	M	Y	Y	Y	Y	To	<table border="1"> <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> </table>	D	D	M	M	Y	Y	Y	Y	OR	<input type="radio"/> Till Further Instruction (Default)
D	D	M	M	Y	Y	Y	Y															
D	D	M	M	Y	Y	Y	Y															
Amount in ₹																						

Collection centre's stamp with date and time of receipt