

## **UTI Mutual Fund**

# **UTI Asset Management Company Limited**

# **UTI Trustee Company Private Limited**

UTI Tower, Gn Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051.

**Tel:** (022) 6678 6666,

Email:service@uti.co.in, Website: www.utimf.com

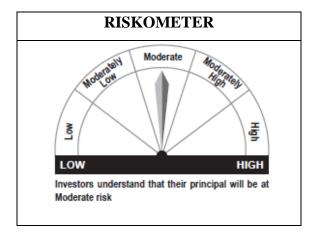
### APPLICATION FORM

# UTI – Fixed Term Income Fund Series–XXVII – VIII (1117 days)

(A Close-ended Income Scheme)

The product is suitable for investors who are seeking\*:

- Regular income for fixed term
- Investment in Debt/Money Market Instrument/Govt. Securities



<sup>\*</sup> Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**New Fund Offer Opens on**: Thursday, September 07, 2017

New Fund Offer Closes on: Thursday, September 21, 2017

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# **APPLICATION FORM**

	e Fund - Series XXVII		R UNIT FOR CASH DURING		ER PERIOD	10. 2017/	
	(OCBs ARE I	NOT ALLOWED TO	INVEST IN UNITS OF A	NY OF THE SCHEM	IES OF UTI MF)	TIME :	STAMP
					Reg	jistrar Sr. No.	
(Please read	instructions carefully before	e filling the form	and use BLOCK L	ETTERS only)	[Fields Marked v	vith (*) must be M	landatorily filled in]
DISTRIBUTOR	INFORMATION (only empanelle	ed Distributors/Br	okers will be permitte	d to distribute Uni	ts) (refer instruction	'h')	BDA / CA Code
ARN/RIA No.^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.@	UTI RM No.	
18012					E05	3085	
pfront commis arious factors i I/We confir distributor	RIA code, I/we authorised you sion shall be paid directly by including the service rendered in that the EUIN box is inter personnel concerned or notwarged any advisory fees for the	the investor to to d by the distribute ntionally left blan withstanding the	the AMFI / NISM cert tor. k by me/us as this advice of in-approp	tified UTI MF reg is an "execution riateness, if any,	istered Distributors -only" transaction provided by such	s based on the in without any intera distributor persor	action or advice by th
Signa	ture of 1st Applicant / Guardia	n	Signature of 2nd	d Applicant		Signature of 3rd A	pplicant
TRANSACTION	CHARGES TO BE PAID TO THE DI	ISTRIBITOR (Dicce	se tick any one of the he	alow) (Refer Instructi	on 'i')		
	TIME INVESTOR IN MUTUAL FUNDS	וסווגוטטוטא (רופמ		T	ISTING INVESTOR IN	MUTUAL FUNDS	
₹ 150 will be deduc	cted as transaction charges per Subs	•	· · · · · · · · · · · · · · · · · · ·	₹ 100 will be deduc	ted as transaction charg	ges per Subscription o	of ₹ 10,000 and above
Existing Unitholder	information: If you have an existing	ng folio no. with Pa	AN & KYC validation,	please mention yo	our Folio Number he	re:	
APPLICANT'S	PERSONAL DETAILS	Mr. Ms.	Mrs. Ms.			* Den	otes Mandatory Fields
Name of First	Applicant (as appearing in ID	proof given for h	(YC)				
			Date of B	Birth d d		у у	Mandatory for minors
irst Applicant	t's Address (Do not repeat the	e name) <b>Name 8</b>	Address of reside	nt relative in Inc	dia (for NRIs) (P.O.	Box No. is not su	fficient)
Village/Flat/Bldo	g./Plot*						
Street/Road/Are	a/Post						
City/Town*			State			Pin*	
PAN /PEKRN\$ OF 1	ST APPLICANT/FATHER/MOTHER/GU	IARDIAN (whose partic	ulars are furnished in the forr	m) <b>AADHAAR CARD N</b> O	0.		
		Enclos	PAN/PEKPN (	Card/ID Proof Copy	Know Your Custo	omor (KVC)* Acknowle	dgement Copy Please (✓
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OVERSEAS AD	DDRESS (Overseas address is	mandatory for N	RI / FPI applicants in	addition to mailing	g address in India)		
					City*		
State			Country*			Zip/Pin*	
	L OF THE FATHER (OR) MC	THER / GUARI	DIAN (IN CASE OF	MINOR)\$\$/CO	NTACT PERSON	FOR INSTITUT	ONAL APPLICANTS
	vis ivii s.	1 1 1					1 . 1 . 1 . 1
	I R S I		I D D L	E			ASII
\$\$ Proof of date	of birth and proof of relationshi	ip with minor to be	e attached or else sig	n the declaration	on the reverse (Refe	er instruction 'f').	
DETAILS OF O	THER APPLICANTS						
Name of 2nd	Applicant Mr. Ms	. Mrs.		Date of Birth of	2nd Applicant		
	R   S   T						
*PAN /PEKRN	\$ of 2nd Applicant		AADHA	AAR CARD NO.			
		Enclose	PAN/PEKRN C	ard/ID Proof Copy	Know Your Custon	ner (KYC)* Acknowled	lgement Copy Please (√
Name of 3rd	Applicant Mr. Ms	. Mrs.		Date of Birth of	3rd Applicant		
	R   S   T						
*PAN /PEKR	N\$ of 3rd Applicant		AADHA	AAR CARD NO.			
		Enclose	d PAN/PEKRN Ca	ard/ID Proof Copy	Know Your Custor	mer (KYC)* Acknowled	gement Copy Please (✓)
Required for MIC	RO Investment upto ₹ 50,000/- in	year (Refer instru	ction 'q').				
PAYMENT DET	TAILS (Please ensure that the	cheque complies	to the CTS 2010 sta	andards)			(Refer Instruction 'y')
#Cheque/DD/*NEF					Cash Account typ	pe Savings	Current NRE
/ Unique Serial No.	(For Cash)				(please ✓)	NRO	DD issued from abroa
Account No.						Time Mandate (O	TM) if already registere vestors)
Date		Amt. of invest	ment (i)		,	ū	on No. on the reverse of th
Bank		DD Charges i	fany (ii)		cheque / D	DD, NEFT / RTGS advic	e. Cheque / DD must be draw come Fund Series – XXVII
Branch		Net amount p	aid (i-ii)		(	days)" & crossed "A/c	Payee Only"
Amt. in words						nent amount shall be ents through RTGS.	₹ 2 lacs and above in case
					oi payille	un ough K100.	

tails of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)  Sr. Details of Identity  Software Address Such as PAN / % of ownership
City Pin*   IFS Code
COCUMIT type (please /) Savings Current NRO NRE  COCUMINO.  NVESTMENT DETAILS (Please /) (* Please check the opening and closing date of the Plan before selecting your choice)  Cherne Name.  UTI-FIXED TERM INCOME FUND SERIES - XXVII -\( \frac{1}{4} \) (111 (111 T_DAYS)  LAN (Please /) Regular Plan  PRIONS (Please /) Crowth Quartery Dividend Payout Plan  PRIONS (Please /) Crowth Annual Dividend Payout Maturity Dividend Option with payout facility (Default Growth option)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one the Depository Name Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one the Depository Name Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one the Depository Name Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one that Depository Name Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one that Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the application form matches with that of the account held with any one that Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the properties with the sequence of the Depository Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence of names as mentioned in the Stephan (India)  Paperation Name (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence (India)  EMAT ACCOUNT DETAILS - Please ensuare that the sequence (India)  EMAT ACCO
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NVESTMENT DETAILS (Please <) (* Please check the opening and closing date of the Plan before selecting your choice)  there Name:  UTI-FIXED TERM INCOME FUND SERIES - XXVII - VIII (
LAN (Please
Annual Dividend Payout   Growth   Growth   Glowtherd Payout   Flexi Dividend Payout   Growth   Growth
PTIONS (Please x) Growth   Quarterly Dividend Payout   Flexi Dividend Payout   Guident Payout   Growth   Guident Payout   Growth   Guident Payout   Guident Pay
or above Plan
Annual Dividend Payout   Maturity Dividend Option with payout facility (Default Growth option)
(if Denat account details are provided below, units will be allotted, by default, in Electronic Mode only)  EMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one (the Depository Participant.) Demat Account details are compulsory if demat mode is opted above allonal ecurities provided below. Details of Beneficiary  Account No.   Depository Name   Depository Name
the Depository Participant. Demat Account details are compulsory if demat mode is opted above attornate at
DP ID No. Beneficiary Account No.    Depository Services   Depository miled   Depository   Depository miled   Depository miled
Services   Client Master List (CML)   Transaction cum Holding Statement   Delivery Instruction Slip (DIS)  SWITCH ON MATURITY OF THE SCHEME  WITCH: IWWe would like to Switch All units   or Partial units   No. of Units   units or ₹ (Amount in figure)
Account No.   Limited
WITCH: I/We would like to Switch All units □ or Partial units □ wo. of Units □ units or ₹ (Amount in figure) □ wount (in words) □ to □ Scheme Name □ Plan □ plot □ Growth □ Dividend Payout □ Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series - XXVII - □ (□ Days)  We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and ave understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme.  Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/Interest in the trust of any 3eneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.  Category □ Unlisted □ Partnership Firm □ Unincorporated Association/Body of Individuals  Ownership per cent @@@ > 25% > 15% > 15% >=15%  ©@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.  \$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.  case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such ange.  St. Name Address □ Details of Identity Such as PAN / Sof ownership such as PAN / Sof ownership.
WITCH: I/We would like to Switch All units  or Partial units  or Partial units  or Recording units or (Amount in figure)  mount (In words)  to Scheme Name
mount (In words)
ption Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series – XXVII –
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Sr. Name Address such as PAN / % of ownership
or. Name Address such as PAN / % of ownership
No. Passport
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intormat	tion to be p	rovided b	y all Applica	nts in the	same sequence	e of Names as given in	this Application	form
Are you	a tax reside	nt of any c	ountry other t	han India ?	?			
lf <b>No</b> , ple	ease tick her	re: F	irst Applicant	Se	cond Applicant	Third Applicant		
Please fill	in the Particula	ars in the pre	escribed Form fo	r FATCA/CR	S and attach it with	this Application Form.		
NOMINA	TION DETAIL	.S (Please	√) (please signal plants)	ın if you do	not wish to non	ninate)		
that	hereby nom all payments AMC / Mutual	and settler	ments made to	Nominee to such Nomir	o receive the amonee and signature	ounts to my / our credit in to of the Nominee acknowle	the event of my / oudging receipt thereo	ur death. I/We also unders of, shall be a valid discharg
Name a	and Address	of Nomine	ee			To be furnished in cas	e nominee is a min	or
Name						Name of the guardian		
	Birth d d		у у у			Address of guardian		
	s with pin cod	,				Signature of Nominee / (for minor)	guardian	
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#### Notes:

- 1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- 2. In case the applicant does not receive the Statement of Account within 10 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
- 3. Please ensure that all PAN details / copy of KYC Acknowledgement provided by service provider are given, failing which your application will be rejected.
- 4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar:

**M/s. Karvy Computershare Private Limited**, UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad – 500 032, Board No: 040 - 6716 2222, Fax no: 040- 6716 1888, Email:uti@karvy.com