

## **UTI - UNIT LINKED INSURANCE PLAN (UTI-ULIP)**

Sr. No. 2006 / \_ (PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER) UTI Mutual Fund UTI Tower, Gn Block, Bandra-Kurla Complex, Bandra (E), Mumbai - 400051. **DISTRIBUTOR / AGENT INFORMATION** Distributor / ARN MO Code Sub-Broker Code/Bank Branch Code CR/CA Code Dear Sirs, I / We have read the contents of the offer document & instructions and I/We hereby apply for units of UTI - Unit Linked Insurance Plan (Please ✓ whichever is applicable) Occupation of Applicant / Parent or Guardian CATEGORY STATUS On behalf of minor as Father / Mother / In my/ our individual capacity (Please Fill Resident NRI @ 1 Business 5 Retired in the nomination form) Lawful guardian 2 Service 6 Housewife @ UTI AMC may, if it so considers necessary, call for further details of source of funds from NRI applicants and which would then be needed to be provided. 3 Profession 7 Student 4 Agriculture 8 Others MODE OF PAYMENT | Residents NRE Cheque NRO Cheque Rupee DD Cash Cheque DD Non-Residents Amount Paid Rs. Dated : \_ Bank Draft/NRE/NRO/Cheque No. Drawn on (Bank) Branch City Rs. (in words) (FILL IN ALL THE PARTICULARS IN BOXES IN BLOCK LETTERS. USE ONE BOX FOR AN ALPHABET LEAVING A BOX BLANK AFTER EACH WORD. DO NOT SPLIT THE WORD. USE NEXT LINE, IF REQUIRED.) Name of Applicant / Minor Date of Birth of minor / applicant ΥΥ D D  $\mathsf{M}\,\mathsf{M}$ Full Name of Father / Husband of the Applicant / Parent or Guardian (in case of minor above 12 years of age) Only Address (DO NOT REPEAT NAME) in full of Applicant / Parent OR Guardian of Minor / Indian address of the First NRI Applicant (Post box alone is not sufficient) CITY STATE Pin Code PIN CODE NO. IS MANDATORY Phone/Mobile No. e\_mail: PAN Please refer Instruction (i) BANK PARTICULARS of Applicant (It is mandatory to furnish bank particulars, failing which application will be liable for rejection) NAME OF BANK & BRANCH Savings NRF Bank A/c: NRO A/c No. Current 9 digit Code No. of the Bank Branch as appearing on the MICR cheque issued by the Bank. NOMINATION FORM (Persons applying on behalf of Minor cannot nominate) Date of Birth (if Minor) NAME The nominee is minor whose guardian is (Applicant cannot be guardian) Nominee is Resident / Resident Minor NRI / NRI Minor FOR OFFICE USE ONLY UTI AMC INWARD NO. UFC CODE DISTT. CODE SCHEME CODE Acknowledgement - UTI - UNIT LINKED INSURANCE PLAN (UTI-ULIP) Sr. No. 2006/ \_ an application alongwith cash/ (NRE / NRO) cheque# / draft# No. \_ Received from: Shri/Smt./Kumari/Ms., dated drawn on . Address for Rs. Rs. (in words) \_ Pin Date . Agent's Name ARN # Cheques and drafts are subject to realisation. (Stamp of UTI AMC Offices/Authorised Collection Centre)

Target Amount Rs.	Plan Period	Mod	de of contribution	Age in years	Sex	
	10 years 15 years	Year	rly Half ye	early	Male Female	
Number of contributions now paid (initial + renewal) =						
I have regular and independent income YES NO						
I am a resident non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.						
I hereby declare that an aggregate target amount of all my memberships in force including the one being now applied for does not exceed Rs.5,00,000/ I realise that in the event of its exceeding Rs.5,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to Rs.5,00,000 (Rs.2,00,000 for females without regular income).						
I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and as long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii)The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.						
Particulars of health :						
(A) Am I in sound health:  YES  NO						
(B) Have I ever suffered from any of the following : NO YES If yes, please tick from the following						
☐ Tuberculosis ☐ Cancer ☐ Paralysis ☐ Insanity ☐ Any disease of the heart and lungs ☐ Kidney disease ☐ Any disease of brain ☐ Diabetes ☐ Hypertension ☐ Any other serious disease						
(C) Do I have any physical deformity or handicap : NO YES If yes, (i) the date of occurrence(ii) the extent of deformity  (iii) the present condition(iv) whether gainfully employed YES NO						
(D) Declaration of health: I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.						
HEALTH DECLARATION (To be completed by the agent of UTI AMC or by the authorised person * )						
The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health						
and has a sound constitution. His/her date of birth mentioned above is verified by me from						
	The applicant is known to me personally/ha	s been intro	duced to me by Shi	ri/Smt./Kum		
a whose signature is appende	ed.					
				(0)		
, -	tness identifying the applicant)			(Signature of the authori	sed person)	
Date: Place: Date: Place: Name of witness Name of authorised person						
(in block letters) (in block letters)						
`			Status: (UTI AMC Agent, Magistrate, Bank Manager, etc.)			
				T AMC Agent):		
Office seal (if others):						
* UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/ Address:						
Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank						
Option for despatch of Statement of Account  To be despatched to my foreign address as mentioned below  To be despatched at my resident relative's address in India as given overleaf:						
<u>σ</u> Foreign address of the NR	l applicant					
N		$\perp \perp \perp$				
Po     For						
Telephone No. of relative:	e_mail address	of relative	:			
Applicant's Signature						
Signature of P.A. Holder Signature / Thumb impression of Applicant / Parent / Guardian						
P. A. Registration No (If Registered with the Registrar of the scheme)  Date: Place:						
Date: Place:						
Notes:						
<ol> <li>If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected and in that case application money will be refunded without any interest.</li> </ol>						
<ol><li>In case the Statement of Account is not received within 30 days from the date of acceptance of the application, please write quoting serial number, date of Acknowledgement and the name of the accepting authority to the Registrar.</li></ol>						
3. All communications relating to issue of Statement of Account, nomination, change in name, address or bank particulars, redemption, death claims etc., may please						
be addressed to the Registrar : UTI Technology Services Ltd.						
Address : Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010						