SYSTEMATIC TRANSFER PLAN

STP ENROLMENT FORM

UTI Mutual Fund

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MOCode	UTI RM No.

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker

APPLICANT DETAILS	APPLICATION NO./ FOLIO NO. ☞
Name Of Sole / 1st holder / Beneficiary Child	
Name Of Guardian (In case of Minor)	

2. SYSTEMATIC TRANSFER PLAN DETAILS (Please refer point no. 13)

Frequency of STP	Daily	Weekly	Monthly	Quarterly
Minimum no of STP	20	6	6	2
Minimum amount	₹ 100	₹ 1000	₹ 1000	₹ 3000
Dates of transfer	All business days	Any day of the month	Any day of the month	Any day of the month

Source Scheme	Destination Scheme	Frequency	STP Period	No. of STPs	Amount
UTI	UTI	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	Start Date ☐☐☐☐☐☐ End Date ☐☐☐☐☐☐		
UTI	UTI	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	Start Date ☐☐☐☐☐☐ End Date ☐☐☐☐☐☐		
UTI	UTI	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	Start Date ☐☐☐☐☐☐ End Date ☐☐☐☐☐☐		

3. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document (SID) and Key Information Memorandum (KIM), adden da issued till date of the source scheme as well as destination scheme and the terms/conditions published on the UTI MF webside. I/We hereby apply for enrolment under STRIP and agree to abide by the terms and conditions of STRIP. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant document and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

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 confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account.

I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. *** Applicable to NRIs**

(Signature) First /Sole Unitholder /Guardian	(Signature) Second Unitholder	(Signature) Third Unitholder

Acknowledgement of STP Enrolment Form (To be filled in by the Unit holder)

UTI Mutual Fund

(for existing unitholder) Folio No. _____

Received from Mr./Miss/Mrs : _____ STP application.

Amount of transfer per installment ₹ _____ From Scheme / Plan _____

to Scheme/Plan _____

Transfer Frequency	STP Date	
☐ Daily		
☐ Weekly	☐ DD	☐ DD
☐ Monthly	☐ DD	☐ DD
☐ Quarterly		

Transfer Period From

DD / MM / YYYY to DD / MM / YYYY

Fixed Amount per Transfer

in figures

Date & Stamp of Receiving UFC