



Haq, ek behtar zindagi ka.

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

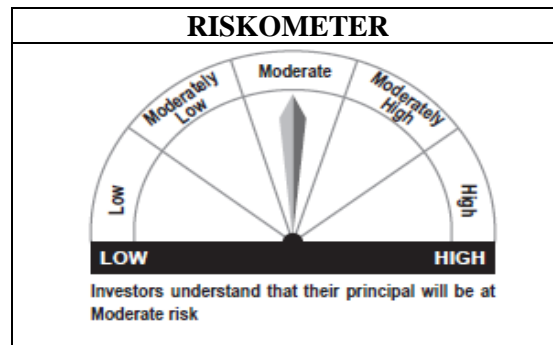
APPLICATION FORM

UTI – Fixed Term Income Fund Series–XXXII – II (1111 days)

(A Close-ended Debt Scheme)

The product is suitable for investors who are seeking*:

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



* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

New Fund Offer Opens on: Wednesday, June 19, 2019

New Fund Offer Closes on: Wednesday, July 03, 2019

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APPLICATION FORM

OFFER OF UNITS OF ₹ 10/- PER UNIT DURING THE NEW FUND OFFER PERIOD

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr. No. 2019/

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only) [Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (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.

^ By mentioning RIA code, I/we authorised you to share with the Investment Advisor the details of my/our transactions.
 Upront 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 distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (Please tick and sign below when EUIN box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')		
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above
Existing Unitholder information: If you have an existing folio no. with PAN & KYC validation, please mention your Folio No. here: <input type="text"/>		

APPLICANT'S PERSONAL DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		* Denotes Mandatory Fields
Name of First Applicant (as appearing in Aadhaar) (Refer Instruction 'r')		
<input type="text"/> <small>F I R S T</small>	<input type="text"/> <small>M I D D L E</small>	<input type="text"/> <small>L A S T</small>
Date of Birth <input type="text"/>		Mandatory for minors
First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)		
Village/Flat/Bldg./Plot*		
Street/Road/Area/Post		
City/Town*		Pin*
*PAN/PEKRN\$ OF 1 ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)		
AADHAAR NUMBER <input type="text"/>		Enclosed <input type="checkbox"/> PAN/PEKRN CARD/ID PROOF COPY
CKYC ID <input type="text"/>		Enclosed <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)		
<input type="text"/>	<input type="text"/>	City*
State <input type="text"/>	Country* <input type="text"/>	Zip/Pin* <input type="text"/>

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR)\$\$/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
<input type="text"/> <small>F I R S T</small>	<input type="text"/> <small>M I D D L E</small>	<input type="text"/> <small>L A S T</small>
\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').		

DETAILS OF OTHER APPLICANTS		
Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Date of Birth of 2nd Applicant <input type="text"/>
<input type="text"/> <small>F I R S T</small>	<input type="text"/> <small>M I D D L E</small>	<input type="text"/> <small>L A S T</small>
*PAN/PEKRN\$ OF 2 ND APPLICANT <input type="text"/>		Enclosed <input type="checkbox"/> PAN/PEKRN CARD/ID PROOF COPY
AADHAAR NUMBER <input type="text"/>		Enclosed <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy
CKYC ID <input type="text"/>		Enclosed <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy
Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Date of Birth of 3rd Applicant <input type="text"/>
<input type="text"/> <small>F I R S T</small>	<input type="text"/> <small>M I D D L E</small>	<input type="text"/> <small>L A S T</small>
*PAN/PEKRN\$ OF 3 RD APPLICANT <input type="text"/>		Enclosed <input type="checkbox"/> PAN/PEKRN CARD/ID PROOF COPY
AADHAAR NUMBER <input type="text"/>		Enclosed <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy
CKYC ID <input type="text"/>		Enclosed <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- in year (Refer instruction 'q').

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards)		(Refer Instruction 'y')
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) <input type="text"/>	<input type="checkbox"/> Cash	Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE
Account No. <input type="text"/>	Date <input type="text"/>	(please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad
Bank <input type="text"/>	Amt. of investment (i) <input type="text"/>	<input type="checkbox"/> One Time Mandate (OTM) if already registered (Applicable for existing investors)
Branch <input type="text"/>	DD Charges if any (ii) <input type="text"/>	# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI - Fixed Term Income Fund - Series XXXII - (days)" & crossed "A/c Payee Only"
Amt. in words <input type="text"/>	Net amount paid (i-ii) <input type="text"/>	♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
City	Pin* <input type="text"/>	IFS Code <input type="text"/> (this is a 11-digit number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		
Account No. <input type="text"/>		

INVESTMENT DETAILS (Please ✓) (* Please check the opening and closing date of the Plan before selecting your choice)

Scheme Name: **UTI-FIXED TERM INCOME FUND SERIES – XXXII - __ (___ DAYS)**

PLAN (Please ✓) Regular Plan Direct Plan (Refer Instruction 'j')

OPTIONS (Please ✓) Growth Quarterly Dividend Payout Flexi Dividend Payout

For above Plan Annual Dividend Payout Maturity Dividend Option with payout facility (Default Growth option)

Unitholding Option Demat Mode Physical Mode
(if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

DEMAT 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 of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

National Securities Depository Limited	Depository Name <input type="text"/>	Central Depository Services (India) Limited	Depository Name <input type="text"/>
	DP ID No. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary <input type="text"/>		
	Account No. <input type="text"/>		

Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

SWITCH ON MATURITY OF THE SCHEME

SWITCH: I/We would like to Switch All units or Partial units No. of Units units or ₹ (Amount in figures)

Amount (In words) to Scheme Name Plan

Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series – XXXII – __ (___ Days)

I/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.
I/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 have 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 Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
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.

In 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 change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

FRIEND IN NEED DETAILS (refer instruction - k) In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details.

Name	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
Address:															
Relationship with the applicant (optional)															
Email															
Mobile															

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS:

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals##	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

OCBs are not allowed to invest in units of any of the schemes of UTI MF.
^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

OCCUPATION:

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer				
<input type="checkbox"/> Others (Please specify) _____				

MODE OF HOLDING: Single Anyone or survivor Joint

MARITAL STATUS: Unmarried Married Wedding Anniversary

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
(For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

FOR NON-INDIVIDUALS ONLY

(A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Is the entity involved in / providing any or the following services**

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO		

(C) **Any other information:** _____

UTI Fixed Term
Income Fund - Series XXXII

ACKNOWLEDGEMENT
(To be filled in by the Applicant)



UTI-FIXED TERM INCOME FUND SERIES - XXXII - __ (___ DAYS) Sr. No. 2019/

Received from Mr / Ms / M/s _____

along with Cheque[§]/DD[§]/NEFT/RTGS _____ dated _____

Ref. No./Unique Serial No. (For Cash) _____

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office/
Authorised Collection Centre

[§] Cheques and drafts are subject to realisation.

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer instruction 'z').

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: First Applicant Second Applicant Third Applicant

Please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of Nominee <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor) Aadhaar No. <input type="text"/> *PAN <input type="text"/>	To be furnished in case nominee is a minor Name of the guardian Address of guardian Signature of Nominee / guardian (for minor)
	Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form. <input type="checkbox"/> I/We do not wish to nominate

<input type="text"/> Signature of 1st Applicant / Guardian	<input type="text"/> Signature of 2nd Applicant	<input type="text"/> Signature of 3rd Applicant
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Sign. here

DECLARATION AND SIGNATURE OF APPLICANT/s

• I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents 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 hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • 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 NRI's). • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. • I/we wish to receive email and SMS communication from UTI Mutual Fund. (Strike out if any declaration is not applicable). • I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/ authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. • I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)∞

SoA in Physical Form At my Overseas address as mentioned above
 AAR in Physical Form To be despatched to my resident relative's address in India as mentioned above
 ∞ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	Mobile No. <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (R) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	*E-mail <input type="text"/>		Alternate E-mail <input type="text"/>

Sign. here

<input type="text"/> Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory/POA^^	<input type="text"/> Signature of 2nd Applicant Name of 2nd Authorised Signatory/POA^^	<input type="text"/> Signature of 3rd Applicant Name of 3rd Authorised Signatory/POA^^
Designation _____	Designation _____	Designation _____

^^ Power of Attorney (POA) Registration No. _____ (if already registered) (Refer instruction 'aa')

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 allotment, 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 Fintech 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