ONE TIME DEBIT MANDATE FOR NACH/ ECS/ DIRECT DEBIT UMRN f i c e u s e [tick (√)] **Utility Code** Sponsor Bank Code CREATE To debit [tick (✓)] SB I/We, hereby authorize **Union Mutual Fund** CA CC SB-NRE SB-NRO Other MODIFY CANCEL X Bank a/c number with Bank Name of Customer's Bank or MICR an amount of Rupees ₹ FREQUENCY X Daily X Weekly X Monthly X Quarterly X Half Yearly X Yearly X As & when presented **DEBIT TYPE** X Fixed Amount Maximum Amount Reference 1 Phone No. Reference 2 Email ID I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund. From То Maximum period of validity of this mandate is 40 years only

INSTRUCTIONS FOR ONE TIME DEBIT MANDATE

- OTM is a one-time registration process that will allow you to invest with us in a simple, convenient and totally paperless manner. OTM is an authorization from you to your bank to debit your account up to a certain limit per day as and when you invest with Union Mutual Fund, without the need to sign a cheque or transfer funds online.
- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name and other details mentioned.
- 4. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the one as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- 5. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- 6. For the convenience of the investors the frequency of the mandate will be" As and When Presented" and the mandate will be acceptable for maximum period of 40 years from the date of issuance. In case the investor desires to cancel the mandate, the same form with tick (v) on cancel should be submitted.
- Please provide your Name AND Signature as per the mode of holding in the bank account and in the same sequence and manner in the relevant boxes provided in the form
- Unit holder(s) of the Fund can start investing using this Facility only after successful registration of the One Time Mandate with their bankers and receipt of confirmation letter/SMS/email from Union Mutual Fund.

- 9. Applicable NAV for the transactions will be dependent upon the time of receipt of the transaction through physical mode into Union MF or RTA offices or server, electronically time-stamped and other factors like scheme, type of transaction, amount of transaction, date and time of realization of clear fund through banking channels, as per detailed provisions mentioned in Scheme Information documents
- 10. Following fields need to be filled mandatorily:
 - a. Date in format DD/MM/YYYY
 - b. Bank A/c Type: Tick the relevant box
 - c. Bank Account Number (Investor's bank account number)
 - d. Name of Destination Bank (Investor's bank)
 - e. IFSC/MICR code
 - Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - g. Reference 1: Mention Folio Number
 - h. Reference 2: Mention Application No.
 - i. Phone No. (Optional)
 - j. Email ID (Optional)
 - k. Start date and End date of NACH registration (in format DD/MM/YYYY).
 - I. Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records
- 11. Investors are deemed to have read and understood the terms and conditions of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Union Mutual Fund.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)	Ú nion
ONE TIME DEBIT MANDATE FOR NACH/ ECS/ DIRECT DEBIT Folio No./ Application No.	Union Mutual Fund
Received from: Mr./ Ms. /M/s Dated /	_/
Request for: Registration Cancellation Modification	Collection centre's stamp with date and time of receipt