

STRIP Advantage Enrolment Form

UTI Tower, Gn Block Bandra Kurla Complex, Bandra (E), Mumbai-400 051



Agent Name: _____

ARN No.: **ARN-97821**

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We have read and understood the contents of the Scheme Information Documents of the source scheme as well as destination scheme and the terms/conditions overleaf. I/We hereby apply for enrolment under STRIP Advantage and agree to abide by the terms and conditions of STRIP Advantage.

Name of the First / Sole Applicant _____

PAN* of First Applicant _____ Enclosed ☐ PAN Card Copy E-mail ID _____

Mobile No. _____

Name of the Second Applicant _____

PAN* of Second Applicant _____ Enclosed ☐ PAN Card Copy E-mail ID _____

Mobile No. _____

Name of the Third Applicant _____

PAN* of Third Applicant _____ Enclosed ☐ PAN Card Copy E-mail ID _____

Mobile No. _____

Name of the Guardian (In case of First/Sole Applicant is a minor) _____

PAN* of Guardian _____ Enclosed ☐ PAN Card Copy E-mail ID _____

Mobile No. _____

*PAN is mandatory as per SEBI guidelines

Folio No. of Source scheme (for existing unitholder) _____

Source scheme Application Number
(If Folio No. is not available for new investor) _____

Name of the Source Scheme (Please tick any one) ☐ UTI-Money Market Fund-Growth Option ☐ UTI-Liquid Cash Plan- Regular Plan ☐ UTI-Treasury Advantage Fund-Growth Option

Name of Target scheme (Please tick any one) ☐ UTI-Dividend Yield Fund-Growth Option ☐ UTI-Master Index Fund-Growth Option ☐ UTI-Nifty Index Fund-Growth Option

"Please fill in 5 mutually exclusive entry triggers with corresponding stop loss and profit booking triggers (Sensex levels in multiples of 100 say 8900, 9000 etc.)"

	Levels for entry	Stop Loss	Profit Booking
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

(Signature)
First/Sole Applicant/Guardian

(Signature)
Second Applicant

(Signature)
Third Applicant

ARN-97821 Acknowledgement of STRIP Advantage Enrolment Form (To be filled in by the Unitholder)



Received from Mr/Miss/Ms: _____

STRIP Advantage Enrolment Form under Folio No. / Application No. _____

From Scheme _____

to Scheme _____

	Levels for entry	Stop Loss	Profit Booking
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date & Stamp of Receiving UFC