

## Offline Integrated Application Form for Enrolment in Mahatma Gandhi Pravasi Suraksha Yojana (MGPSY) — Pension and Life Insurance Fund —

To be filled in by Service Provider    PLIF Number	– Pension and Life Insurance Fund –	To affix recent							
Debt		Coloured Photograph							
Passport Copy, Bank Details and 3 colored photos are required, else the form will be rejected.  *Denotes Mandatory  Core Details  1. Full Name (As per passport: initials are not permitted): Shri		1 1							
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*Denotes Mandatory  Core Details  1. Full Name (As per passport: initials are not permitted): Shri   Smt.   Kumari   (Please tick as applicable)  Given Name (First Name + Middle Name)*  Last Name/Surname  2. Father's Name Given Name (First Name + Middle Name)*  Last Name/Surname  3. Marital Status*: Married   Unmarried   4. Aadhaar No. (UID):   5. Employee No./ID:   6. PAN (Permanent Account Number)   7. PRAN No. (Existing NPS Lite Subscriber):   8. Folio No. (Existing UII Subscriber):   9. Identification Mark of Subscriber*   10. State of Health of the Applicant*  Contact Details  11. Subscriber's Contact Details: Mobile No.:   Landline No. (including Country Code):   Email ID:   12. Subscriber's Permanent Address (if different from address in the passport)  Flat/Unit No., Block No.*  Name of Premises/Building/Village  Area/Locality/Taluka  District/Town/City*  State/Union Territory*	Enrolment Date								
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13. Correspondence Address (Fill in if Correspondence Address is different from the passport address/Permanent Addres [in case of NRI, please capture overseas address]
Flat/Unit No./P.O. Box No.*
Name of Premises/Building/Village
Area/Locality/Taluka
District/Town/City*
State/Union Territory*
Country* PIN Code
14. Statement Dispatch Option: Overseas Address Local Address 15. City of Registration
Bank Details
16. Subscriber's Bank Account Details: NRE NRO
Bank A/c No.*
Bank Name*
Bank Branch*
Dalik Didlicii
Bank Address*
Bank Address"
Bank City* PIN Code BankMICRCode*
Bank Branch IFSC* (Indian Financial Systems Code)
Nominee Details
17. Subscriber's Nomination Details*: (At least one nominee is mandatory)
1st Nominee:
First Name
Middle Name
Last Name
Date of Birth of Nominee
Relationship with the Nominee: Percentage Share:

2nd Nominee:																																				
First Name																																				
Middle Name																																				
Last Name																																				
Date of Birth of Nominee																																				
Relationship wi	th the	No	mi	nee	e: [																					P	erc	en	taç	je :	Sha	ıre:				]%
3rd Nominee:																																				
First Name																																				
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Last Name																																				
Date of Birth of Nominee																																				
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18. Nominee's 0	Guard	ian	De	tail	s (i	in c	ase	e of	a ı	mir	nor	):																								
1st Nominee:																																				
First Name																																				
Middle Name																																_				
Last Name																																				
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Middle Name																													$\Box$							
Last Name																																				
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Existing Unit Ho	older's	Inf	forr	mat	ioi	n		Sc	her	ne	Na	me	e: L									F	oli	οΝ	lo.:											

21. Initial Contribution:
Type of Debit ECS SI Cheque Cheque DD# No. Cheque Date
Bank Name Bank Branch
Net Amount Paid Amount to be invested in Pension Amount to be invested in UTI
22. Subsequent Contributions
From Date Periodicity: Monthly Quarterly Yearly
To Date Net amount to be deducted
Amount to be invested in UTI (R&R) Amount to be invested in Pension (NPS-Lite)
Customer Undertaking
I,, the subscriber, have understood the Mahatma Gandhi
Pravasi Suraksha Yojana (MGPSY). I agree to abide by the Terms & Conditions of the Scheme, and understood that:
1. Registration in all three schemes – LIC, UTI-MIS and NPS-Lite – is Mandatory. In case of Registration Rejection from any

- of the Scheme Partners, the subscription in MGPSY will be cancelled and money will be refunded.
- 2 My contribution for pension funds (NPS-Lite) under MGPSY will be managed by Pension Fund Managers (PFMs) appointed and regulated by Pension Fund Regulatory and Development Authority (PFRDA).
- 3. My contribution for Return & Resettlement (R&R) will be managed by UTI Asset Management Company (UTIAMC), shall be invested in an asset mix of instruments, ranging from government and corporate bonds to equities as per prescribed investment regulation in each case. Given the variable returns associated with equity instruments, the returns and value of the saving may go up or down, and I am not being offered any guarantee or assured returns.
- 4. Past performance of the Pension Fund Managers (PFMs) or UTIAMC or of the fund does not guarantee its future performance.
- 5. I will get benefit of free life insurance coverage under Janashree Bima Yojna (JBY) by Life Insurance Corporation of India (LIC), only for the time I am an active subscriber in MGPSY.
- 6. There would be separate Terms & Conditions for subscribers from respective scheme partners/product owners under MGPSY. I agree to be bound by the said Terms & Conditions and understand that the same may be amended completely or partially, without any new Declaration/Undertaking being signed.
- 7. The declarations of NPS-Lite & UTI-MIS will be attached to the respective system-generated forms.
- 8. Passport Copy, Visa Copy, Bank Details and 3 coloured photos are required, else the form will be rejected.
- 9. If applicant is an NRI, overseas address proof is mandatory.
- 10. 1st Nominee would be taken as the Nominee for LIC.
- 11. I do hereby declare that the above information provided above is true to the best of my knowledge & belief.

### **NPS Terms & Conditions**

#### **Declaration & Authorization**

I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions or the same were interpreted to me, and the answers entered in the application are mine; (b) I am a citizen of India; (c) I have not been found or declared to be of an unsound mind under any law for the time being in force; (d) I am not an undischarged insolvent; (e) I do not hold any pre-existing account under NPS.

## Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that:

- 1. The contribution paid has been derived from legally declared and assessed sources of income.
- 2. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any law, directly or indirectly, by any competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the Scheme. I also undertake to adhere to the prescribed contribution limit of minimum ₹ 1,000/- and maximum of ₹ 12,000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

## **UTI Terms & Conditions**

Declaration And Signature Of The Applicant

I 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 agree to abide by the terms & conditions, rules & regulations of the Scheme as on the date of investment. I undertake to confirm that this investment has been duly authorized by appropriate authorities in terms of all relevant documents and procedural requirements.

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

I 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.

The ARN holder has disclosed to me 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 confirm that I am Non-Resident of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO Account. I undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/salesperson of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor and the distributor has not charged any advisory fees on this transaction.

Place:		
ate:		

Signature/Thumb Impression of the Subscriber

#### **NPS-Lite Form**

#### **Declaration & Authorization**

I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions, or the same was interpreted to me, and the answers entered in the application are mine; (b) I am a citizen of India; (c) I have not been found or declared to be of an unsound mind under any law for the time being in force; (d) I am not an undischarged insolvent; (e) I do not hold any pre-existing account under NPS.

Declaration under the Prevention of Money Laundering Act, 2002:

I hereby declare that:

- 1. The contribution paid has been derived from legally declared and assessed sources of income.
- 2. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any law, directly or indirectly, by any competent Court of Law, having relation to the laws governing prevention of money laundering in the country.
- 3. I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum ₹ 1,000/- and maximum of ₹ 12,000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

l, the applicant, do hereby declare that the information provided my knowledge & belief.	above is true to the best of	
Date: (DD/MM/YYYY)		Signature/Thumb Impression* of the Subscriber
Authorization by Aggregator Office (NL-AO): Certified that the subscriber is registered with the Aggregathet that subscriber is eligible to join NPS and the above decomposed have been read over to him/her by me.	laration has been signed/thu	-
(Rubber Stamp of the Aggregator) Name of the Aggregator:	Signature of th	ne Authorized Person
NPS-Lite - Account Office (NL-AO) Registration No.:		
Date:/	Place:	
NPS-Lite - Collection Centre (NL-CC ) Registration No.:		

#### INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and rewriting and such corrections should be counter-signed by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete.
- f) The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form.
- g) Investments would be made as per the investment norms prescribed for Central Government employees, through the Pension Fund Manager selected by subscribers.
- h) Subscriber also has option to select scheme applicable to Central Government employees (mandatorily covered under NPS). The investment is made across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA.
- i) Subscriber's Nomination Details Percentage Share:
  - 1) Subscriber can nominate a maximum of three nominees.
  - 2) Subscriber cannot fill the same nominee details more than once.
  - 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).
  - 4) Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.

#### Nominee's Guardian Details:

5) If a nominee is a minor, then nominee's guardian's details shall be mandatory.

#### **GENERAL INFORMATION FOR SUBSCRIBERS**

- a) The Subscriber can obtain the status of his/her application from the respective Aggregator.
- b) For more information, visit us at http://www.npscra.nsdl.co.in or call us on 022-2499 4200 or e-mail us at info.cra@nsdl.co.in or write to Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

#### **UTI Form**

#### **DECLARTION AND SIGNATURE OF THE APPLICANT**

I 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 agree to abide by the terms & conditions, rules & regulations of the Scheme as on the date of investment. I undertake to confirm that this investment has been duly authorized by appropriate authorities in terms of all relevant documents and procedural requirements.

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

I 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.

The ARN holder has disclosed to me 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 confirm that I am 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 undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs)

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1st Nominee																												
2nd Nominee																												
2nd Naminas																												
3rd Nominee																												
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#### Notes:

- 1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- 2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- 3. Please ensure that all KYC compliance proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.
- 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 Computershare Private Limited, Narayani Mansion, H. No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad 500 081.

Tel. 040-2342 1944 to 47. Fax: 040-2311 5503. E-mail: uti@karvy.com

	Acknowledgement Slip	Sl. No. 2013/
	(To be filled in by the Applicant)	
	UTI Monthly Income Scheme - GROWTH OPTION	
Received from Mr./Ms./Mrs.		
Along with Cheque* No.	Dated	
Drawn on (Bank)		
For ₹ (in figures)		Stamp of UTI AMC Office/
*Cheques are subject		Authorized Collection Centre
to realization		

# User Company Name & Address of User Company Electronic Clearing Service (Debit) Clearing/Direct Debit

Date:  For Bank Use Only Certified that the bank account of Date:	details and sigr			e correct and as per the Authorized Offic	
Date: For Bank Use Only	details and sigr	natures of the a	ccount holder(s) are	e correct and as per	bank's records.
		_			
I hereby also instruct to chang		Sign	ature of the Accour	nt Holder. (As per ba	ank's record)
subsequent month	•		J	·	
to the bank account nominate event of a change in premium from the premium paid by me 2. In case the premium gets re	the amount the till date. I agre	at will be debite ee and accept th	d will be the premic at no fresh authori:	ım as applicable whi zation will be requir	ch may be different ed and taken.
I hereby declare that the particu 1. The premium payment in resp	•		•		•
B. Date of Effect:  I/We hereby declare that the part at all for reasons of incomplete the option invitation letter and a This is to inform that I/we have Instruction and that my paymer bank account with your bank. I/Clearing/Direct Debit/Standing I debit my account for charges towards.	or incorrect in agree to discharegistered for the at towards my /We authorize anstruction mar	formation, I wo rge the respons he RBI's Electro loan/investmen the representat ndate form to g	ould not hold the underlibilities expected of nic Clearing Service t in MGPSY shall be cive of TechProcess tet it verified & exe	ser institution respo me as a participant (Debit Clearing)/Di e made from my/ou Solutions Ltd. carry cuted. I/We also au	onsible. I have read under the Scheme. rect Debit/Standing r above-mentioned ring this ECS (Debit thorize the bank to
MGPSY	Scheme	Date of effect	(M/BiM/Qly/etc.)	(Upper limit in ₹)	up to (End Date)
Customer Reference No. assigned by	Name of the	Date of effect	Periodicity	Amount	Mandate valid
A. Account holder's name (As pe		d):			
Account No.:					
Account Type - NRO: NRI Ledger No./Ledger Folio No.:	E: (to b	e left blank)			
(Appearing on the MICR cheque					
MICR - 9-Digit code numbers of			irect Debit		
as per the details given as under Mode of Payment (Please tick)		<b>D</b>	irect Debit		
I hereby authorize you to debit	my account fo	r making paym	ent to MGPSY thro	ugh ECS (Debit) Cle	aring / Direct Debit
Address:					
Branch Name:					
Branch Name:					

## SI Mandate Form

Copy to User Company	Name:		I hereby authorize you to debit my account for making payment as pe the details given as under:										
Address:			<ul><li>A. NAME OF THE ACCOUNT HOLDER:</li><li>B. 9-DIGIT CODE NUMBER OF BANK &amp; BRANCH: (Appearing on the MICR cheque issued by the bank)</li></ul>										
C. ACCOUNT TYPE: (NR	RE/NRO):												
D. LEDGER NO./LEDGE	R FOLIO NO.	:											
E. ACCOUNT NUMBER:													
(Please attach the photo the MICR Code, Transac		•			eque issued by yo	ur bank for veri	fying the accuracy o						
Name of the	Date o	f effect		Periodicity	Amount	To be credited	Details of Account						
Scheme (PRODUCT)	From	То			(Upper limit in ₹)	to	to be credited						
MGPSY	MGPSY					Bank of Baroda							
F. DATE OF EFFECT:													
I hereby declare that the at all for reasons of ince the option invitation let	omplete of	incorrect inf	orm	ation, I would	not hold the use	r institution res	ponsible. I have read						
I hereby also instruct t	o change n	ny Savings E	Bank	Account to	NRO Account afte	er my status is	changed to NRI.						
DATE:						(Signature of the	e Customer)						
(Bank's Stamp)					Signatures of the	Authorized Off	icial from the Bank						
(Note: Mandate to be o	btained in 2	copies, orig	inal	for Bank, and	other for custome	er.)							

#### Standard Guidelines

- 1. This Offline Form is to be used in combination with the System Generated Forms. All the information captured in this form, needs to be uploaded into the system.
- 2. The PLIF Number generated by the System should to be updated in this form (on page No. 1).
- 3. The MGPSY Card, along with the welcome kit, is to be delivered to the Correspondence Address (as captured in field no. 12) of the subscriber.
- 4. It is mandatory to capture addresses of all the nominees on Page 7 (Declaration for UTI).
- 5. Clubbing the Offline Form with the System generated forms:
  - a. Page 6 (Declaration & Authorization for NPS-Lite) of this Form, is to be attached to the System-generated NPS-Lite Form, before sending the same to CRA FC. For record keeping purposes, take a photocopy of the page 1 before sending it and file it with the rest of the form.
  - b. Page 7 (Declaration for UTI) of this Form is to be attached to the System-generated UTI form, before sending the same to UTI MF.
  - c. Page 8/9 (ESC/SI mandate) is to be sent to the Banking Partner. A copy of page 8/9 (ECS/SI mandate) should also be attached with the System-generated UTI Form before sending it to UTI MF. For record-keeping, take a photocopy of the relevant page before sending.