



13. Correspondence Address (Fill in if Correspondence Address is different from the passport address/Permanent Address)  
[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\*

Bank Address\*

Bank City\*

PIN Code

Bank MICR Code\*

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 with the Nominee:  Percentage Share:  %

**3rd Nominee:**

First Name

Middle Name

Last Name

Date of Birth of Nominee

Relationship with the Nominee:

Percentage Share:  % (Sum of percentage share across all nominees must be equal to 100)

**18. Nominee's Guardian Details (in case of a minor):**

**1st Nominee:**

First Name

Middle Name

Last Name

Nominee's Relation with the Guardian:

**2nd Nominee:**

First Name

Middle Name

Last Name

Nominee's Relation with the Guardian:

**3rd Nominee:**

First Name

Middle Name

Last Name

Nominee's Relation with the Guardian:

**19. Documents provided by the Subscriber**

Passport Copy       Labour Card       Visa Copy       Employer's Letter       Age Proof

Cheque Leaf       ECS/SI       Address Proof       Work Permit

**Payment Details**

**20. Transaction charges to be paid to the Distributor (Please tick as applicable)**

I am a First-Time Investor in Mutual Funds  
₹ 150/- will be deducted as transaction charges per Subscription of ₹ 10,000 and above.

I am an Existing Investor in Mutual Funds  
₹ 100/- will be deducted as transaction charges per Subscription of ₹ 10,000 and above.

Existing Unit Holder's Information      Scheme Name:       Folio No.:

## 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:

Date:

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.

I, _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date: <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"/> <input type="text"/> (DD/MM/YYYY)	Signature/Thumb Impression* of the Subscriber
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### Authorization by Aggregator Office (NL-AO):

Certified that the subscriber is registered with the Aggregator and he/she has opted to join NPS. I hereby declare that subscriber is eligible to join NPS and the above declaration has been signed/thumb impressed before me by \_\_\_\_\_ after (s)he has read the entries/entries have been read over to him/her by me.

\_\_\_\_\_  
(Rubber Stamp of the Aggregator)  
Name of the Aggregator:

\_\_\_\_\_  
Signature of the 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.npsra.nsdl.co.in> or call us on 022-2499 4200 or e-mail us at [info.cra@nsdl.co.in](mailto: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**

**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-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)

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.

**Address of Nominee\*:**

1st Nominee

2nd Nominee

3rd Nominee

Signature of the Applicant

**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)

\*Cheques are subject to realization

Stamp of UTI AMC Office/  
Authorized Collection Centre

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

UI Code:  Mandate Reference No.:

The Manager,

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize you to debit my account for making payment to MGPSY through ECS (Debit) Clearing / Direct Debit as per the details given as under

Mode of Payment (Please tick) ECS  Direct Debit

MICR - 9-Digit code numbers of the bank & branch

(Appearing on the MICR cheque issued by the bank): \_\_\_\_\_

Account Type - NRO:  NRE:

Ledger No./Ledger Folio No.: \_\_\_\_\_ (to be left blank) \_\_\_\_\_

Account No.: \_\_\_\_\_

A. Account holder's name (As per bank's record): \_\_\_\_\_

Customer Reference No. assigned by MGPSY	Name of the Scheme	Date of effect	Periodicity (M/BiM/Qly/etc.)	Amount (Upper limit in ₹)	Mandate valid up to (End Date)

B. Date of Effect:

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibilities expected of me as a participant under the Scheme. This is to inform that I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit/Standing Instruction and that my payment towards my loan/investment in MGPSY shall be made from my/our above-mentioned bank account with your bank. I/We authorize the representative of TechProcess Solutions Ltd. carrying this ECS (Debit Clearing/Direct Debit/Standing Instruction mandate form to get it verified & executed. I/We also authorize the bank to debit my account for charges towards mandate verification and transactions bounced due to "insufficient funds" as applicable.

I hereby declare that the particulars given on this form are correct and complete. I understand and agree that:

1. The premium payment in respect of my enrolment in Mahatma Gandhi Pravasi Suraksha Yojna (MGPSY) will be charged to the bank account nominated by me as above at the interval agreed by me in the proposal form for MGPSY. In the event of a change in premium the amount that will be debited will be the premium as applicable which may be different from the premium paid by me till date. I agree and accept that no fresh authorization will be required and taken.
2. In case the premium gets rejected, the deduction can be made along with the subsequent installment or in the subsequent month

**I hereby also instruct to change my Savings Bank Account to NRO Account after my status is changed to NRI.**

Date: \_\_\_\_\_ Signature of the Account Holder. (As per bank's record)

For Bank Use Only

Certified that the bank account details and signatures of the account holder(s) are correct and as per bank's records.

Date: \_\_\_\_\_ Stamp & Signature of the Authorized Official of the Bank

(Note: Mandate to be obtained in 3 copies, original for Bank, one for User Co. and other for the Customer.)



## SI Mandate Form

Copy to User Company Name:

I hereby authorize you to debit my account for making payment as per the details given as under:

Address:

A. NAME OF THE ACCOUNT HOLDER :

B. 9-DIGIT CODE NUMBER OF BANK & BRANCH:

(Appearing on the MICR cheque issued by the bank)

C. ACCOUNT TYPE: (NRE/NRO):

D. LEDGER NO./LEDGER FOLIO NO.:

E. ACCOUNT NUMBER:

(Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code, A/c No. and Signature.)

Name of the Scheme (PRODUCT)	Date of effect		Periodicity	Amount (Upper limit in ₹)	To be credited to	Details of Account to be credited
	From	To				
MGPSY					Bank of Baroda	

F. DATE OF EFFECT:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.

**I hereby also instruct to change my Savings Bank Account to NRO Account after my status is changed to NRI.**

DATE:

\_\_\_\_\_  
(Signature of the Customer)

(Bank's Stamp)

Signatures of the Authorized Official from the Bank

(Note: Mandate to be obtained in 2 copies, original for Bank, and other for customer.)

## 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.