

NOMINATION FORM

(to be filled in by individual(s) applying singly or jointly)

I/We , and do hereby nominate the person(s) more particularly described hereunder on the day of (month & year) in respect of the Units under

| Folio No. | Scheme Name | Plan | Option |
|-----------|-------------|------|--------|
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I/We understand that in the event of death of sole or all the joint holders, all rights to the units shall vest to the sole nominee who survives me/us, & if investment in percentage is allocated to two/three nominees as may be specified by me/ us, then the rights shall vest to the two/three nominees listed below in percentage as allocated (and stated below) & who survive me/us. In case the percentage of investment is not specified by me/us then UTI AMC shall settle the claim equally amongst all the nominees. If the registration of nomination is delayed or cannot be effected at all due to the reasons of incomplete or incorrect information or signature mismatch of the unitholders with the signatures recorded with UTI AMC or otherwise, I/We shall not hold UTI AMC responsible and liable. Any payment to the nominee (s) of the redemption amount or any dividend distribution amount etc., shall fully discharge UTI AMC from all liability towards my/ our estate & my/our successor(s)/legal heir (s). I/We have read the terms and instructions as mentioned in the nomination form & agree to abide by them for registration of the nominee(s) by UTI AMC. The nomination shall remain in full force and effect until cancelled or varied by me/us in writing.

| Details | First Nominee | Second Nominee | Third Nominee |
|--|---------------|----------------|---------------|
| Name (Mr/Mrs/Ms) | ----- | ----- | ----- |
| Relation | | | |
| Date of Birth (in case of Minor) | | | |
| Guardian's name (in case of Minor) | | | |
| Relation of Guardian | | | |
| Address of the nominee (including City, Pin and State) | ----- | ----- | ----- |
| Address of the guardian (including City, Pin and State) | ----- | ----- | ----- |
| Signature of Guardian | | | |
| % of Investment Allocation (should aggregate to 100%) | | | |

I/We do not wish to nominate

SIGNATURE OF UNITHOLDER(S)

| | | |
|---|--|--|
|  | | |
|---|--|--|

Signature of Sole / 1st holder

Signature of 2nd holder

Signature of 3rd holder