

# COMMON APPLICATION FORM



Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

**Application No.**

KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

ARN / RIA Code	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIIN)	Time Stamp No
<b>ARN-136713</b>			<b>E-260668</b>	<i>For office use only</i>

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. 3)

"I/ We hereby confirm that the EUIIN 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/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (✓) and sign)

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY (Refer Instruction 4)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1. EXISTING UNIT HOLDER INFORMATION** (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 4.)

Folio No. <input type="text"/>	The details in our records under the folio number mentioned alongside will apply for this application
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**2. APPLICANT(S) DETAILS** (In case of Minor, there shall be no joint holders) (Mandatory information – If left blank the application is liable to be rejected.)

First Applicant's Name/Minor Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>

First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>
DOB <input type="text"/> (mandatory)	DOB <input type="text"/> (mandatory)	DOB <input type="text"/> (mandatory)

**NAME OF GUARDIAN** (in case of First/ Sole Applicant is a Minor) / **NAME OF CONTACT PERSON – DESIGNATION** (in case of non-individual investors)

FIRST	MIDDLE	LAST
PAN: <input type="text"/> KYC <input type="checkbox"/> CKYC No.: <input type="text"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian		
DOB <input type="text"/> (mandatory) Relationship with minor Please (✓)		

**3. TAX STATUS** (Please tick (✓))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company	<input type="checkbox"/> LLP

**4. KYC Details (Mandatory) Occupation Please tick (✓)**

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife

**GROSS ANNUAL INCOME** [Please tick (✓)]

FIRST APPLICANT GUARDIAN (in case of minor)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
SECOND APPLICANT	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year)
THIRD APPLICANT	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year)

**For Individual**

<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention) <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable	<b>For Non-Individual Investors (Companies, Trust, Partnership etc.)</b> Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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**5. MODE OF HOLDING** [Please tick (✓)]

<input type="checkbox"/> Joint <input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor (Default option is Joint)
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**6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY)** (Refer Instruction 11)

Landmark	City	State	Pincode <input type="text"/>	Country
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**7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)**

Email Id (Please Specify)	Mobile No.
Tel no (Resi) (STD Code)	(Off) (STD Code)



(TO BE FILLED IN BY THE INVESTOR)

## ACKNOWLEDGEMENT SLIP

**APP. No**

Received an application for purchase of units of LIC MF _____ from Mr./Mrs./M/s. _____ (Scheme Name with option) _____ alongwith (Name of the investor) Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For ₹ _____ Bank Charges (in cases of Draft) of ₹ _____ Date _____ Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	Time Stamp No      ISC Signature, Stamp & Date
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<b>8. Overseas address</b> (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)					
Landmark _____ City _____ State _____ Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country _____					
<b>9. DEMAT ACCOUNT DETAILS*</b> - (Optional - refer instruction 14)					
NSDL			CDSL		
DP NAME _____					
DP ID _____					
Beneficiary Account No _____					
<b>10. FATCA Detail (For Individuals &amp; HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form</b>					
Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No Please tick as applicable and if yes, provide the below mentioned information (mandatory).					
<b>Sole/First Applicant/Guardian</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>2nd Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>3rd Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth _____		Country of Birth _____		Country of Birth _____	
Country of Citizenship/ Nationality _____		Country of Citizenship/ Nationality _____		Country of Citizenship/ Nationality _____	
Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____	
Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____		Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____		Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____	
1 _____		1 _____		1 _____	
2 _____		2 _____		2 _____	
* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.					
<b>11. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT</b> (refer instruction 8) As per SEBI Regulations it is mandatory for investors to provide their bank account details					
Account No. _____			Name of the Bank _____		
Type of A/c: <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ <small>Please specify _____</small>			Branch _____		Bank City _____
IFSC code** _____		MICR no _____		Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)	
<b>12. INVESTMENT DETAILS</b> (Please tick (✓)) (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)					
Separate cheque/demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.					
* Cheque / DD Favouring Scheme Name / Cash (refer Instruction 2 & 3)	Plan / Option	Amount Invested (Rs.)	Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH)	Bank and Branch and Account Number (for Cheque / DD)	For Cash Deposited in Bank
LIC MF					Branch Code
*All purchases are subject to realization of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please Specify) _____					
<b>13. NOMINATION DETAILS</b> (Refer Instruction No. 16)					
<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish to nominate (sign here) _____ 1st Applicant Signature (Mandatory)					
	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature	
Nominee 1					
Nominee 2					
Nominee 3			100%		
<b>14. POA (Power of Attorney) REGISTRATION DETAILS</b> (Refer Instruction overleaf)					
Name of the POA holder _____			Attached <input type="checkbox"/> KYC Letter (Mandatory)		
PAN of the PoA holder _____			<input type="checkbox"/> Notarized copy of PoA		
<b>15. DECLARATION &amp; SIGNATURE/S</b>					
a) Having read & understand the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I /We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I /We confirm that the funds invested in the Scheme, legally belong to me / us, in the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I /We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) 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. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us.					
<b>FOR INVESTMENT BY CASH :</b> I have not invested in LIC Mutual Fund more than Rs. 50,000/- in cash including the current investment during the current financial year.					
Date : _____	SIGN HERE First Applicant/ Guardian		SIGN HERE Second Applicant		SIGN HERE Third Applicant
Place : _____					
<b>For any queries please contact our nearest Investor Service Centre or</b>					
Call Toll Free Number 1800-258-5678			Email : <a href="mailto:service@licmf.com">service@licmf.com</a>		
Website : <a href="http://www.licmf.com">www.licmf.com</a>					



### Debit Mandate Form NACH / DIRECT DEBIT

UMRN **F O R O F F I C E U S E O N L Y**

Date **D D M M Y Y Y Y**

Sponsor Bank Code  For office use only Utility Code  For office use only

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

I/We, hereby authorize  LIC Mutual Fund To debit (Please )  SB/CA/CC/SBNRE/SB-NRO/Other

Bank a/c number

with Bank  Name of customers bank IFSC  MICR

an amount of Rupees  Amount in words ₹

FREQUENCY :  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE :  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 chagers of the Bank

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Or	<input checked="" type="checkbox"/> Until cancelled			

Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

**General Instruction for filling up NACH Mandate.**

Mandatory fields for filling NACH mandate. In case any of these fields are not filled, mandate will be rejected.

- Account Type
- Bank A/c. number
- Bank Name
- IFSC code or MICR code (As per the Cheque / Pass book)
- Amount in Words (Maximum amount)
- Amount in Figures (Maximum amount)
- Period Start Date and End Date or until cancelled
- Account Holder Signature
- Account Holder Name as per Bank Record.
- Do not write any extra details on the mandate.
- Investor can change his bank mandate by sending the new mandate with option selected and 'modify mandate'.
- Please attach a copy of canceled cheque along with mandate.
- AMC do not charge investor for enrolling SIP however Bank may levy charges to investor's bank account for NACH registration

Folio No./ Application No. \_\_\_\_\_ Received from: Mr./ Ms. /M/s \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

SIP Mandate Form  NACH/PDC/Auto Debit Form



**SIP REGISTRATION CUM MANDATE FORM (NACH / DIRECT DEBIT/PDC)**

New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Application should be submitted atleast 30 days before the 1st debit

Please (✓) <input type="checkbox"/> SIP Registration		<input type="checkbox"/> SIP Renewal		<input type="checkbox"/> SIP Mandate Modification		<input type="checkbox"/> SIP Cancellation		For Office use only: RM Code		<input type="text"/>	<input type="text"/>	<input type="text"/>
ARN / RIA Code*	ARN/RIA Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No						
<b>ARN-136713</b>					<b>E-260668</b>	<i>For office use only</i>						

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

**Declaration for "execution-only" transaction (only where EUIIN box is left blank)**

I/we hereby confirm that the EUIIN 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/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**INVESTOR DETAILS**

Folio No./Application No.		(Existing unit holders: Please mention your Folio Number. New applicants: Please mention Common Application No.
Name of 1st Applicant		
Name of Guardian (in case of minor)		

**PAN / PERKIN DETAILS**

First Applicant / Guardian	Second Applicant	Third Applicant
CKYC No.	CKYC No.	CKYC No.
Aadhaar No.	Aadhaar No.	Aadhaar No.

SIP Details (Please ✓ any one)  SIP with first Cheque  SIP without Cheque  SIP through Post Dated Cheque

Scheme Name / Plan / Option	SIP Installment Amount (Rs.)	SIP Date (Please ✓ one)	Frequency (Please ✓ One)	Enrollment Period (Please ✓ any one)		LIC MF STEP - UP Facility (Optional)		
		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily	Start Date From: <input type="text"/>	End Date Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Amount Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. _____ (d)	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily	From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. _____ (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily	From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. _____ (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)

UMRN

If you are an existing SIP investor and wish enroll another SIP with the same bank. Please mention the UMRN No. (Please check the maximum amount given earlier)

<b>SIP THROUGH POST DATED CHEQUES</b>	
No. of cheques enclosed including first cheque _____	Drawn on Bank and Branch _____
Account type _____	Cheque No. should be in continuous series From <input type="text"/> To <input type="text"/>

**DECLARATION :** I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my /our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

First Applicant / Guardian

Second Applicant

Third Applicant

## TERMS & CONDITIONS

- (I) SIP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box (✓), where boxes have been provided. Enrolment Form complete in all respect should be submitted at any of the Official Points of Acceptance of LIC Mutual Fund.
- Please read the Scheme Information Document (SID), Statement of Additional Information (SAI) and Key Information Memorandum (KIM) and relevant addendum, if any, of the respective schemes carefully before investing. All applicants are deemed to have read, understood and accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the application form and tendering payment.
  - PAN is a mandatory requirement for all investors for investing in the mutual fund, except for Micro Investments and investors from Sikkim. Micro Investments exemption will be applicable only to investments by individuals [including NRIs but excluding Persons of Indian Origin (PIOs)], minors, sole proprietary firms and to investments made by joint holders. KYC Compliance is mandatory for all investors, irrespective of the amount of investment.
  - A Micro SIP application will be rejected where it is found that the registration of the application will result in the aggregate of Micro SIP installments in a financial year exceeding 50,000 or where there are deficiencies in supporting documents.

**(II) SIP Registration:**

- Existing unit holders need not fill in the common investment application form. New applicants need to compulsorily fill in all sections in the common Application Form in addition to this SIP form except LIC MF Unit Linked Insurance Scheme.
- Please furnish the existing folio number or application number in case of new investor in SIP mandate form.
- Investors are required to submit SIP request at least 30 days prior to the date of first debit through NACH/Direct debit.
- Minimum SIP registration period should be for one year.
- SIP start date shall not be beyond 60 days for monthly SIP and for Quarterly SIP 90 from the date of submission of SIP application.
- SIP facility is available only on specific dates of the month viz. 1st/7th/10th/15th/21st/25th/28th. In case of LIC MF Unit Linked Insurance Scheme SIP date is 15th of every month only.
- Please indicate whether the request is for registration of a new SIP/Micro SIP, renewal of an existing SIP or for change in bank mandate of an existing SIP or cancellation of SIP.
- Each of the installments under each SIP (excluding the initial cheque) should be of the same date and amount. LIC MF Unit Linked Insurance Scheme all installment should be of equal amount.
- Existing investors can start SIP without cheque however the copy of the canceled cheque is mandatory.
- In case the unitholder has not indicated SIP preferences completely in the form or in case of any discrepancy, the default SIP frequency would be 'Monthly' and the default SIP date would be '10th'. In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then the default 'End Period' will be December 2099. However, SIPs will be registered in a folio held by a minor only till the date of the minor attaining majority, even though the instructions may be for a period beyond that date. The facility will automatically stand terminated upon the Unitholder attaining 18 years of age.
- The enrolment period i.e Start and End Month/Year specified for the SIP should be less than or equal to the enrolment period mentioned in the Mandate. If the initial cheque given from different bank from the bank details mentioned in SIP mandate then it is mandatory to submit the copy of cancelled cheque leaf (issued by the bank branch mentioned overleaf) in SIP Mandate.
- Daily Frequency for an amount of Rs.300/- for

Name of the Schemes	Minimum Amount
LIC MF Multi Cap Fund, LIC MF Large Cap Fund, LIC MF Large & Midcap Cap Fund, LIC MF Infrastructure Fund, LIC MF Index Fund – Sensex Plan, LIC MF Index Fund – Nifty Plan, LIC MF Banking & Financial Services Fund, LIC MF Children's Gift Fund	Rs.300/- and in multiples of Rs.1/- thereafter
Hybrid Schemes :- LIC MF Equity Hybrid Fund, LIC MF Debt Hybrid Fund,	Rs.300/- and in multiples of Rs.1/- thereafter.
LIC MF Tax Plan	Rs.500/- and in multiples of Rs.500/- thereafter.

**(III) New Fund Offer -**

- Investors may submit the mandate Form during the NFO period for such Schemes as may be decided by AMC from time to time. In such case the mandate shall commence on the dates stipulated by the Investor after a gap of at least 20 days from the date of re-opening of the Scheme for purchase and redemption of units. For e.g. If the Units of the Scheme re-opens for purchase and redemption post NFO on 16th December, the earliest installment date can be only on 7th January of the following year.
- In case SIP/Micro SIP investments are made through 'Third Party Payments' i.e. payment made through an instrument issued from a bank account other than that of the first named applicant/ investor mentioned in the application form, investors are required to additionally fill up & submit the Third Party Payment Declaration Form (available at any of our ISCs or on our website :www.licmf.com along with the SIP Enrolment Form.
- In respect of enrollments, the Load Structure prevalent at the time of enrollment shall govern the investors during the tenure. (Please refer SID of respective scheme)

**(IV) SIP through Post dated Cheques- (Only CTS-2010 compliant cheques)**

All installment cheques excluding initial investment cheque under MSIP & QSIP should be of uniform amount and date. SIP facility is available only on specific dates of the month viz. 1st/7th/10th/15th/21st/25th/28th. In case of LICMF ULIS SIP only 15th of every month as a date of SIP is available. Please draw your cheques in the name of the Scheme/ Plan in which the amount is invested. Returned Cheques, if any, may not be presented again.

**(V) SIP Transactions related-**

- The SIP enrollment will be discontinued in cases where three consecutive installments are not honored or the Bank Account [for NACH (Debit clearing)/ Direct Debit etc.] ULIS- The SIP enrollment will be discontinued if no credit comes for a single month.
- In case the first SIP installment is processed (as the cheque may be banked) and the application is found to be defective, the SIP registration will be ceased for future installments. Investor will be sent a communication to this effect. No refunds shall be made for the units already allotted. However, redemptions/ switch-outs shall be allowed. (Please read SID/KIM of respective scheme).

Units will be allotted on the applicable dates subject to realization of funds where total SIP investments on a date amount to Rs. 2 lakh or more. In case the date falls on a Non-Business Day or falls during a book closure period, the immediate next Business Day will be considered for the purpose of determining the applicability of NAV subject to the realization of proceeds. Further, in case of first SIP investment accepted through cheque drawn on a location where ISCs of LIC Mutual Fund does not have a presence but HDFC Bank has a presence, units will be allotted on the date on which subscription proceeds are realized.

The Unit holder(s) agree that the Fund/AMC / RTA and their agents shall not be held liable for any unsuccessful registration and or transaction due to any action or inaction of the unitholders' bank including but not limited to reasons mentioned below and agree to indemnify the Fund/AMC/RTA for all liabilities, losses, damages and expenses which they may consequent sustain or incur either directly or indirectly.

- Loss of the debit mandate form in transit from point of acceptance of the form to RTA head office and further to the unit holder(s)' bank branch;
- Non acceptance or rejection of debit mandate for whatsoever reason by the unit holder(s)' bank branch, with or without any reason assigned by the unit holder(s) bank;
- Non registration of the debit mandate by the unit holder(s)' bank and branch.
- Deemed registration due to non confirmation of registration or rejection by the bank and any subsequent rejection of debit of bank account for funds;
- Non availability of funds in the bank account of the Unit holder(s) at the time of debit.
- Rejection of registration or transaction debit for any reason or without assigning any reason whatsoever.
- AMC / RTA will not be responsible for the charges levied by his banker for registering / processing any transaction.

**(VI) Discontinuation of SIP-** Investors can discontinue his SIP at any time by sending a cancellation of mandate to any Official Point of Acceptance or to the registrar Karvy.

Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.

**(VII) Change of Bank mandate -** Investor can change his bank mandate by sending the mandate with option selected as "Create Mandate"

Request for change in bank account submitted at least 30 days before the next SIP Auto Debit.

**(VIII) STEP-UP Facility**

- STEP-UP facility offers frequency at half yearly and yearly intervals. In case the STEP-UP frequency is not specified, it will be considered as yearly frequency.
- Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount.
- This facility is available for individual investors only.
- Minimum STEP-UP amount would be Rs.500/- and in multiples of Re. 1/- thereafter for all the schemes of the Fund that offer SIP facility except LIC MF Tax Plan where in minimum STEP-UP amount would be Rs. 500/- and in multiples of Rs. 500 thereafter.
- In case the investor does not specify STEP-UP amount, Rs. 500/- will be considered as the STEP-UP amount and the request will be processed accordingly.
- STEP-UP facility would be available to all new SIP enrolments.
- Existing investors registered for SIP through NACH/ECS/Direct Debit facility and intending to avail STEP-UP facility will be required to cancel the existing SIP and enroll a fresh SIP with STEP-UP details.
- It would be mandatory for investor to mention in 'SIP cum Registration Mandate' the period (month - year) upto which he wishes to avail STEP-UP facility.