

SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)



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

Existing Investors mention your folio number in point no 1.

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

New SIP SIP Cancellation (Please ✓ as appropriate)

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.
ARN-64917					E434563	

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund. By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager 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.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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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 ₹ 10,000/- or more and if your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 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.

01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please/mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

02. SIP DETAILS (Please ✓ any one) For multiple Schemes please use the "Multiple SIP Common Application Form".

<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque	<input type="checkbox"/> SIP through registered OTM					
Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)		
LIC MF		DD	<input type="checkbox"/> Daily	Start Date	End Date	Amount	Frequency	Upto Date
Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular		(Any date from 1 st to 28 th of a given month, Default date is 10th)	<input type="checkbox"/> Monthly (Default)	From MMYY	To MMYY	₹	<input type="checkbox"/> Half Yearly	MMYY
Option: Please tick (✓) <input type="checkbox"/> Growth		<input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Quarterly	(Maximum period is allowed only 30 yrs)		(Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Yearly (Default)	(Mention End Date) (Default is SIP End Date)
<input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option								
<input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option								

Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. ** As per NPCI Circular dated 18th Aug' 2023, mandate can be for maximum duration of 30 years from the date of application.

03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

15. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN (First cheque is not mandatory, if you have opted for SIP through registered OTM)

03. SIP THROUGH FIRST CHEQUE

Cheque No. Cheque Amount in Rs. Cheque Date: DDMMYY

Bank Name Branch City

05. DECLARATION & SIGNATURE/S

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 accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no IX).

Date :	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA Holder
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ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

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

Date DDMMYY SIP Mandate Form OTM/PDC

MULTIPLE SIP COMMON APPLICATION FORM



For Systematic Investments (for new and existing investors who wish to start a SIP in multiple schemes)

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.

KEY PARTNER / ARN HOLDER INFORMATION

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

Application No. _____

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.
ARN-64917					E434563	

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

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager 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.

<input type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input type="checkbox"/> SIGN HERE Second Applicant	<input type="checkbox"/> 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. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is ₹ 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. Upfront 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.

01. 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. _____ The details in our records under the folio number mentioned alongside will apply for this application

02. 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
PAN	CKYC No.			Date of Birth (mandatory)	DDMMYYYY
Second Applicant's Name		FIRST	MIDDLE	LAST	KYC
PAN	CKYC No.			Date of Birth (mandatory)	DDMMYYYY
Third Applicant's Name		FIRST	MIDDLE	LAST	KYC
PAN	CKYC No.			Date of Birth (mandatory)	DDMMYYYY

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	KYC
PAN	CKYC No.	Date of Birth (mandatory)	DDMMYYYY

Relationship with minor Please (✓) Father Mother Court Appointed Legal Guardian **If the nominee is minor then kindly submit the relevant relationship proof (mandatory).**

03. TAX STATUS (Please tick ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> HUF	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> FII	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Limited Partnership (LLP)
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> QFI	<input type="checkbox"/> Others	(Please specify)

04. 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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			
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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			
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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			

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 OR Net Worth
	Net worth (Mandatory for Non-Individual ₹ as on DDMMYYYY (Not older than 1 year))					
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	For Non-Individual Investors (Companies, Trust, Partnership etc.)		
<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time Directors) please mention)	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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	None of the above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

05. GENDER [Please tick (✓)]

Male Female Transgender

06. MODE OF HOLDING [Please tick (✓)]

Joint Single Anyone or Survivor (Default option is Joint)

07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark City State Pincode Country

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication. Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)] Account Statement Annual Report

09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11) (EMAIL Id to be written in BLOCK letters)

Email Id (Mandatory - Please tick ✓ the relevant box) SE SP DC DS DP GD

Mobile No. (Mandatory - Please tick ✓ the relevant box) SE SP DC DS DP GD

Tel No.: (Resi) (STD Code) (Off) (STD Code) Mobile No.

I declare that Email address and Mobile number provided in this form belongs to Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address.

SIGN HERE
First/Sole Applicant/Guardian

10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark City State Country (Mandatory)

PO Box No. Country (Mandatory)

11. DEMAT ACCOUNT DETAILS* (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

12. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form)

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]
If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

Sole/First Applicant/Guardian	2nd Applicant	3rd Applicant
Country of Birth	Country of Birth	Country of Birth
County of Citizenship/Nationality	County of Citizenship/Nationality	County of Citizenship/Nationality
Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Tax Payer Id.	Please provide Tax Payer Id.	Please provide Tax Payer Id.
Country of Tax Residency* Taxpayer Identification No.	Country of Tax Residency* Taxpayer Identification No.	Country of Tax Residency* 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.

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No. Name of the Bank

Type of A/c SB Current NRE NRO FCNR Others (Please specify) Branch

Bank City IFSC code** MICR No.

Refer Instruction 8 (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)

14. INVESTMENT AND PAYMENT DETAILS

First Instalment Details: (Please issue consolidate cheque favouring "LIC Mutual Fund") Please write appropriate scheme name as well as the Plan / Option / Sub option.

Scheme Names	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No (in case of NEFT/RTGS) TSL No. (in case of CASH) UMRN No (in case of OTM)	Bank and Branch & Account Number
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout* <input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout* <input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout* <input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout* <input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout* <input type="checkbox"/> IDCW Re-Investment**			

*IDCW Payout Option: Payout of Income Distribution cum capital withdrawal option. **IDCW Re-Investment Option: Reinvestment of income Distribution cum capital withdrawal option.
*All purchases are subject to reliazation of fund (Refer to Instruction No. 10), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.
In case of multiple SIPs, multiple UMRNs are not allowed. Multiple SIP can be registered through Single UMRN only.

15. SIP DETAILS (Please ✓ any one)

SIP with first Cheque		SIP without Cheque		SIP through Post Dated Cheque		SIP through registered OTM		
Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)		
		DD (Any date from 1 st to 28 th of a given month)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Start Date	End Date	Amount	Frequency	Upto Date
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From MMYYYY	To MMYYYY (Maximum period is allowed only 30 yrs)	₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	MMYYYY (Mention End Date) (Default is SIP End Date)
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From MMYYYY	To MMYYYY (Maximum period is allowed only 30 yrs)	₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	MMYYYY (Mention End Date) (Default is SIP End Date)
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From MMYYYY	To MMYYYY (Maximum period is allowed only 30 yrs)	₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	MMYYYY (Mention End Date) (Default is SIP End Date)
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From MMYYYY	To MMYYYY (Maximum period is allowed only 30 yrs)	₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	MMYYYY (Mention End Date) (Default is SIP End Date)
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From MMYYYY	To MMYYYY (Maximum period is allowed only 30 yrs)	₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	MMYYYY (Mention End Date) (Default is SIP End Date)

*Default SIP date is 10th. Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. ** As per NPCI Circular dated 18th Aug' 2023, mandate can be for maximum duration of 30 years from the date of application.

16. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN _____ (First cheque is not mandatory, if you have opted for SIP through registered OTM)

17. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque _____ Drawn on Bank and Branch _____
Account type _____ Cheque No. should be in continuous series From _____ To _____

ACKNOWLEDGMENT SLIP

Application No. _____

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF _____ (Scheme Name with option)
from Mr/Mrs/M/s. _____ (Name of the investor) _____ alongwith
Cheque/Draft No./Payment Instrument No. _____ Date DDMMYYYY Bank _____
Branch _____ Drawn on _____ For ₹ _____
Bank Charges (in cases of Draft) of ₹ _____ Date DDMMYYYY

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

18. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder _____

PAN of the POA holder

Attached KYC Letter (Mandatory) Notarized copy of POA

19. NOMINATION DETAILS (Refer Instruction No. 15)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS (If the nominee is minor then kindly submit the relevant relationship proof (mandatory)).

	Nominee Name and Address	Guardian Name (in case of Minor)	Date of Birth (of Minor)	Type of Guardian (Mandatory - Please tick ✓ the relevant box)	Allocation % (% total to be 100)	Nominee / Guardian Signature
Nominee 1				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		
Nominee 2				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		
Nominee 3				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		

OR

<input type="checkbox"/> I/WE DO NOT WISH TO NOMINATE	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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FOR NOMINATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

20. SIP DECLARATION & SIGNATURE/S

a) Having read & understood 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).

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 accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no IX).

Date :	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA Holder
Place :			

SYSTEMATIC TRANSFER PLAN (STP)



Investor must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form.

KEY PARTNER / AGENT INFORMATION
(Investors applying under Direct Plan must mention "Direct" in ARN Code column.)

Enrolment Form No. _____

Name & ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-64917				E434563	

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund. By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund. Date

I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provide by the employee/relationship manager/sales persons of the distributor/sub broker.

I/we hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & condition mentioned overleaf of Systematic transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrolment under the Systematic Transfer Plan or the following Scheme(s) Option(s). The ARN holder (AMF) registered Distributor has disclosed to me/us all the commissions (in the for of trail commission or any other mode) payable to him/ them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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Please () any one NEW REGISTRATION CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant	KYC# (Please ✓)	CKYC
Name of First/Sole Applicant PAN# OR PEKRN# <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Name of Guardian in case First/Sole Applicant is a minor PAN# OR PEKRN# <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Name of Second Applicant PAN# OR PEKRN# <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Name of Third Applicant PAN# OR PEKRN# <input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof.

Name of 'Transferor' Scheme/Plan/Option	Scheme	Plan	Option
Name of 'Transferee' Scheme/Plan/Option	Scheme	Plan	Option
Plan (Please ✓ any one)	<input type="checkbox"/> Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9) Amount <input type="text"/>	<input type="checkbox"/> Capital Appreciation Systematics Transfer Plan (CASTP) (Refer Instruction No.10)	
STP Date (Please ✓ any one)	<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> 15 th ****	
Frequency (Please ✓ any one)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Every Friday) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	
Enrolment Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

In case of multiple registrations, please fill up separate Enrolment Forms.
*Refer Instruction No. 7 **Refer Instruction No. 9 ***Refer Instruction No. 10

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.

Date : _____	<input checked="" type="checkbox"/> SIGN HERE First/Sole Unit Holder/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Unit Holder	<input checked="" type="checkbox"/> SIGN HERE Third Unit Holder
Place : _____			

Please note: Signature(s) should be as it appears on the Application Form and in the same order.
(In case the mode of holding is joint, all Unit holders are required to sign)

ACKNOWLEDGMENT SLIP

Enrolment Form No. / Folio No. _____	(TO BE FILLED IN BY THE INVESTOR)	
Received from Mr/Mrs/M/s. _____	'STP' application for transfer of Units;	ISC Signature, Stamp & Date
from Scheme / Plan / Options _____		
to Scheme / Plan / Option _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.
Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020. Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com Website: www.licmf.com | Toll Free: 1800-258-5678
Register & Transfer Agents: Karvy Fintech Pvt. Ltd., 46, Road No 4, Street No. 1, Banjara Hills, Hyderabad - 500034. Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@karvy.com Website: www.karvyfintech.com

SYSTEMATIC WITHDRAWAL PLAN (SWP)



Date

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-64917					E434563	

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.
By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provide by the employee/relationship manager/sales persons of the distributor/sub broker.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant	SIGN HERE Power of Attorney Holder

01. INVESTOR NAME AND DETAILS

Name of 1st Applicant FIRST MIDDLE LAST

Folio No./Application No. PAN

Enclosed PAN Proof KYC Acknowledgment Letter CKYC No.

E-mail ID (EMAIL Id to be written in BLOCK letters)

02. SWP DETAILS* (To be submitted atleast 15 days before 1st due date. Please (✓) the appropriate option)

Scheme Name

Plan Regular Direct Option Growth Dividend Reinvestment

Withdrawal Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Withdrawal Frequency	SWP Dates
<input type="checkbox"/> Fixed Amount (₹) in figures <input type="checkbox"/> In words in words	<input type="checkbox"/> Monthly (minimum 6) <input type="checkbox"/> Quarterly (minimum 4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 28 th of a given month) #Default Date
<input type="checkbox"/> Capital Appreciation (AWOCA)	<input type="checkbox"/> Monthly (minimum 6) <input type="checkbox"/> Quarterly (minimum 4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 28 th of a given month) #Default Date

*In the event that such a day is a holiday, the withdrawal would be affected on the next business day. # Default date is 10th of given month.

03. DECLARATION & SIGNATURE/S

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing of scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of contravention of any Act, rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. 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 belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us.

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant	SIGN HERE Power of Attorney Holder

To be signed by All Applicants if mode of operation is "Joint"