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.)

Application No.		

ARN* / RIA Code / PMRN	ARN / RIA / P	PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-153155						E-271894	
#By mentioning RIA code (Registered Investr By mentioning PMRN code (Portfolio Manage Declaration for "execution-only" transaction	nent Adviser), I/we authorize you er's Registration Number), I/we au (only where EUIN box is left bla	to share the investmer uthorize you to share w ink). * I/We hereby cor	nt Adviser the details of my rith the SEBI-Registered P ofirm that the EUIN box h	/our transactions in the sche ortfolio Manager the details of as been intentionally left bla	me(s) of LIC Mutual of my/our transactio ank by me/us as thi		ny interaction or advice by the
\otimes		8			8		
SIGN HI First/Sole Applica			SIGN I Second A			SIGN HERE Third Applicant	i
01. EXISTING UNIT HOLDE		ou have existing	folio, with PAN & K	YC validation please	fill in section 1	and proceed to section 4.)	
Folio No.						entioned alongside will apply for this a	pplication
02. APPLICANT(S) DETAILS	S (In case of Minor, there	shall be no joint	t holders) (Mandato	ry information - If left	blank the app	lication is liable to be rejected.)	
First Applicant's Name (as pe	r PAN (Mandatory))	FIR	ST	MIDDLE		LAST	кус
PAN	CI	KYC No.				Date of Birth (mandatory)	MYYYY
Second Applicant's Name (as	s per PAN (Mandatory))	FIR	ST	MIDDLE		LAST	кус
PAN	CI	KYC No.				Date of Birth (mandatory)	MYYYY
Third Applicant's Name (as po	er PAN (Mandatory))	FIR	ST	MIDDLE		LAST	кус
PAN	CI	KYC No.				Date of Birth	MVVVV
			nnlicant is a Minor)	/ NAME OF CONT	ACT PERSO	(mandatory) N - DESIGNATION (in case of no	on-individual Investors
FIRST	7,7, (MIDDLE			LAST	кус
PAN	CI	KYC No.				Date of Birth	MVVVV
Relationship with minor Plea			Mother	Court Appointed	d Logol Guer	(mandatory) If the nominee is minor	then kindly submit
03. KYC Details (Mandatory	, ,		Wottlei	Court Appointed	u Legai Guai	the relevant relationshi	proof (mandatory).
	Private Sector	Public Se	ctor Gover	nment Service	Business	Professional Reti	red Housewife
FIRST APPLICANT/ GUARDIAN (in case of minor)	Student	Forex Dea		ılturist	Other		(please specify)
		Public Se			Business	Professional Reti	
SECOND APPLICANT	Private Sector			nment Service		Professional Reti	
	Student	Forex Dea		ulturist	Other		(please specify)
THIRD APPLICANT	Private Sector	Public Se	ctor Gover	nment Service	Business	Professional Reti	red Housewife
	Student	Forex Dea	aler Agricu	ılturist	Other		(please specify)
GROSS ANNUAL INCOME [P	· ,-	151000	F 10 I and	40.05 Land	05 Lana 4 Cus	>1 Cross OD Not Worth	
FIRST APPLICANT/ GUARDIAN (in case of minor)	Below 1 Lac			10-25 Lacs > 2	25 Lacs-1 Cro		(Not older
	Net worth (Mandatory		dual ₹			as on D D M M Y	than 1 year)
SECOND APPLICANT	Below 1 Lac 1-5 La	> 5-10 I	Lacs > 10-25	Lacs > 25 Lacs	s-1 Crore	>1 Crore As on D D M M	(Not older than 1 year
	Below 1 Lac 1-5 La					>1 Crore As on D D M M	(Not older than 1 year
For Individual I am Politically Exposed P	ercon			(Companies, Trus		pany or Controlled by	Yes No
(Also applicable for authorized Karta/Trustee/Whole time Dire	signatories/Promoters/	a Listed Com	npany (If No please	attach mandatory Ultin		Ownership (UBO) Declaration)	
	F I D		nange / Money Ch mbling / Lottery /	· ·			Yes No
I am Related to Politically	Exposed Person	_	ing / Pawning	Casino Services			Yes No
Not Applicable		None of the a					Yes No

04. GENDER	[Please tic	k (√)]																		
Male		Female		Transge	ender															
05. MODE OF	HOLDING	[Please	tick (√)]																	
Joint		Single	•		Anyone	or Sur	vivor (E	Default	option	is Join	t)									
06. TAX STAT	•	<u> </u>																		
Resident In		NRI	Mino			QFI	Sole	Propri	etor	FII	s H	IUF		Club	o/Societ	у	Body	/ Corpora	ate	Bank
Trust	FI F	PI	Governme	ent Body	Pa	artnershi	p Firm		Private	e Secto	or P	Public	c Secto	or	LLF		Other		Please sp	ecify
Second Applica				- DI		251	0-1-	D						011	- 10: - 1		D - 4	. 0	[DI-
Resident In		NRI	Mino			QFI		Propri	L	FII		IUF			o/Societ			/ Corpora	ate	Bank
Trust	FI F	PI	Governme	ent Body	Pa	rtnershi	p Firm		Private	e Secto	or P	Public	c Secto	or	LLF	<u> </u>	Other	rs	Please sp	ecify
Third Applican														1			ı			
Resident In	ndividual	NRI	Mino	r PIC		QFI	Sole	Propri	etor	FII	s H	IUF		Club	o/Societ	у	Body	/ Corpora	ate	Bank
Trust	FI F	PI	Governme	ent Body	Pa	artnershi	p Firm		Private	e Secto	or P	ublic	c Secto	or	LLF	• 🔲	Other	rs	Please sp	ecify
07. MAILING	ADDRESS	OF FIRS	T / SOLE	APPLICA	1AM) TN	NDATOF	RY)													
Landmark		City			State						incode					Count	ry			
08. GO GREE																	ner-le	ess com	munica	ntion
Default commun					-	-	•									ccount S	•			al Report
09. CONTACT	T DETAILS	OF SOLE	FIRST A	PPLICAN	T (EMA	AL Id to	be writ	tten in l	BLOC	Cletters	s)									
Email Id								(M			ase tick √ vant box)		SE		SP	DC		DS	DP	GD
Mobile No.								(M			ase tick ✓		SE		SP	DC		DS	DP	GD
Tel No.: (Resi)	(STD Code	e)				(Off) (S	STD C	ode)			,			Мо	bile No					
	that Email														8					
• • •	for usage of cation will be				•									estor		Firet/		SN HER Applicant		an
	address (0								•							1 1130	00107	тррпсан	Oddrai	all
Landmark			City			State					Countr	y (ℕ	landat	ory)						
OR PO Box I				Country																
11. DEMAT A	CCOUNT D	ETAILS*	(Optional -	refer instr	uction 13 NSD	<u>' </u>										CSDL				
DP Name					NOD	_										OODL				
DP ID																				
Beneficiary Ac	count No																			
12. FATCA De	etail (For In	idividuals	& HUF (Mandator	y) Non I	ndividu	al inve	estors	should	d mano	latorily fi	II se	parate	FAT	CA det	ails for	m			
Are you a tax resid		•	,	•	•				es where	Nou are			. ,.	en C	ard Holde	er / Tax R	esiden	t in the res	spective	countries.
Sole/First Ap			Yes	No			Applic	Г	Ye		No					oplican		Yes	No	
Country of Birth					Countr	y of Birt	h						Co	untry	of Birth					
County of Citize	nship/Natio	nality			County	of Citiz	enship	o/Natio	nality				Coi	unty	of Citize	enship/N	lationa	ality		
Are you e US S	pecified Per	rson?	Yes	No	Are yo	u e US s	Specifi	ied Per	son?	Y	es N	lo	Are	you	e US S	pecified	l Pers	on?	Yes	No
Please provide	Tax Payer I	d			Please	provide	e Tax P	Payer Id	i				Ple	ase	provide	Tax Pay	/er ld.			
Country of Tax F (other than India		Taxpaye	r Identifica	ation No.		y of Tax than Ind		lency*	Тахра	ıyer Ide	entification	No.			of Tax nan Indi	Resider a)	ıcy* -	Taxpayer	Identif	cation No.
1					1								1							
2					2								2							
* Please indicate a	II countries in	which you	are a reside	ent for tax p	urpose an	d associa	ated Tax	Rayer	ndentifi	cation n	umber.									
13. BANK AC	COUNT DE	TAILS O	F THE FIF	RST APPL	ICANT,	As per S	EBI Re	gulatio	ns it's r	nandate	ory for inve	estor	s to pro	ovide	bank ac	count de	tails			
Account No.										N	ame of th	е Ва	ank							
Type of A/c	SB	Current	NRI	E NI	30	FCNR		Others	S				(PI	ease	specify) Bran	ch			
Bank City				IFS	C code*	*								ı	MICR N	о.				

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 DETA								
First Instalment Details: (Please issue cons	solidate cheque	favouring "LIC	Mutual Fur	nd") Please			as the Plan / Op	tion / Sub option.
Scheme Names	Pla	an/Option		Amount Invested (₹)	(in ca	jue/DD No./UTR No ase of NEFT/RTGS) lo. (in case of CASH) No (in case of OTM)		d Branch nt Number
	Growth	DCW Pay	out*			,		
	Growth	Investment**	out*					
		-Investment**	Jour					
	Growth	DCW Pay	out*					
	Growth	IDCW Pay	out*					
		-Investment**						
	Growth	DCW Pay	out*					
*IDCW Payout Option: Payout of Income Distrib *All purchases are subject to reliazation of fund (In case of multiple SIPs, multiple UMRNs are no	ution cum capital Refer to Instructio	on No. 10), Defai	ult Option is 0	Growth, Only (Frowth Option is			lrawal option.
15. SIP DETAILS (Please ✓ any one)								
SIP with first Cheque	SIP withou			SIP through	Post Dated C	heque SIP	through registe	ered OTM
Scheme Name / Plan / Option SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrolln	nent Period (P	lease ✓ one)	LIC MF STE	P - UP Facility (Op	tional)
LIC MF		,	Start D	ate	End Date	Amount	Frequency	Upto Date
	(Any date from	Daily				*		
Plan: Please tick () Direct Regular Option: Please tick ()	1 st to 28 th of a given month)	Monthly (Default)	From	То		₹ Please refer Instruction No	Half Yearly	(Mention End Date)
Growth	☐ 15 th LIC	Quarterly	MMYY	Y Y M M	I Y Y Y Y	VIII(d)	Yearly (Default)	(Default is SIP End Date)
Payout of Income Distribution cum capital withdrawal option	MF ULIS				imum period is ed only 40 yrs)			,,
Reinvestment of Income Distribution cum capital withdrawal option								
LIC MF	D D							
Plan. Please Direct Dot-	(Any date from	Daily	From	т.		₹	Half Yearly	MMYYYY
Plan: Please tick (*) Please tick (*) Regular	a given month)	Monthly (Default)	From M M Y Y	To MIN	I Y Y Y Y	Please refer Instruction No VIII(d)	Yearly	(Mention End Date) (Default is SIP
Growth	15 th LIC	Quarterly			imum period is		(Default)	End Date)
Payout of Income Distribution cum capital withdrawal option Reinvestment of Income Distribution cum capital withdrawal option	☐ MF ULIS			allow	ed only 40 yrs)			
LIC MF	D D	D-11						
Please Discret Daniela	(Any date from 1 st to 28 th of	Daily	From	То		₹	Half Yearly	M M Y Y Y
Plan: Please tick (✓) Plan: Please tick (✓) Regular	a given month)	Monthly (Default)	MMYY	YYY	Y Y Y Y	Please refer Instruction No VIII(d)	Yearly	(Mention End Date) (Default is SIP
Growth Payout of Income Distribution	15" LIC	Quarterly			imum period is ed only 40 yrs)		(Default)	End Date)
Reinvestment of Income Distribution cum capital withdrawal option Reinvestment of Income Distribution cum capital withdrawal option	☐ MF ULIS			allow	ed only 40 yrs)			
LIC MF	D D	Daily						
Plan: Please Direct Regular	(Any date from 1 st to 28 th of	Monthly	From	То		₹ Please refer Instruction No	Half Yearly	M M Y Y Y Y
Option: Please tick (✓)	a given month)	(Default)	MMYY	YY	IYYYY	VIII(d)	Yearly (Default)	(Mention End Date) (Default is SIP
Growth Payout of Income Distribution	☐ 15 th LIC MF ULIS	Quarterly			imum period is ed only 40 yrs)		(Boldan)	End Date)
cum capital withdrawal option Reinvestment of Income Distribution cum capital withdrawal option					,			
LIC MF	(Any date from	Daily				=		
Plan: Please tick (*) Direct Regular	(Any date from	Monthly	From	То		₹ Please refer Instruction No	Half Yearly	(Mention End Date)
Option: Please tick (✓)	a given month)	(Default)	MMYY	YYY	I Y Y Y Y	VIII(d)	Yearly (Default)	(Default is SIP End Date)
Growth Payout of Income Distribution cum capital withdrawal option	15 th LIC MF ULIS	Quarterly			imum period is ed only 40 yrs)			_iid Date)
Reinvestment of Income Distribution cum capital withdrawal option								
*Default SIP date is 10 th . Please tick (✓), D	ofault Option is	Growth Only	Growth On	tion is Avails	ble under LIC	ME Children Gift Fund 3	* Ac par NDCI (Circular dated 20th
December, 2023, mandate can be for maximum					iore unuel LIC	wii Gillidieli Gill Fulid.	VO her MLOL	ziroulai ualeu 29ll
46 CID TUDOUGU PEOUETRE		- (OTM)						
16. SIP THROUGH REGISTERED ONE T	IIME MANDAII	= (OTM)		(F	irst cheque is r	not mandatory, if you hav	e opted	
UMRN						egistered OTM)		
17. SIP THROUGH POST DATED CHEC	QUES							
No. of cheques enclosed including first of	cheque	Dr	awn on Ba	nk and Brar	ıch			
Account type		Cheque No.	. should be	in continue	ous series Fi	rom	То	
<u>.</u> .					-			
AR POATRON	TIONERETAIN	`						
18. POA (Power of Attorney) REGISTRA	ATION DETAILS	(Refer Instruct	ion overleaf)				
Name of the POA holder								
PAN of the POA holder					Attached	KYC Letter (Mandato	ory) Nota	rized copy of POA

And the of Birth (in poar scritives is a minor) Death of Birth (in poar	Particulars		`		ı	ationship proof (mandatory)).
to of Birth (s) see rentetes is eminor) ardian Name (in operation) we is entirely ardian Name (in operation) we is entirely ardian Name (in operation) we is entirely formation with the common of the control of th		1	st Nominee	2nd Nominee		3rd Nominee
Adress IWE DO NOT WISH TO NOMINATE	ame					
Address Interest Countries Countrie	AN					
increase in the property of the substance of the substanc	ate of Birth (in case nominee is	a minor)	M Y Y Y Y	D D M M Y Y	YYD	D M M Y Y Y
products of Suardian GR WEE DO NOT WISH TO NOMINATE ROFING OUT: I / We hereby confirm that I / We do not wish to appoint any nomineu(s) in my / our MF Folio and understand the issues involved in non-appointmeninee(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 information for date seads to the case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents in information for date seads held in my / our MF Folio, which may also include documents issued by Court or other such competent sufforting that the requisite documents in information for classeds held in my / our MF Folio, which may also include documents issued by Court or other such competent sufforting that the requisite documents in the MF Folio. SIGN HERE S	uardian Name (in case nominee i	s a minor)				
products of Suardian GR WEE DO NOT WISH TO NOMINATE ROFING OUT: I / We hereby confirm that I / We do not wish to appoint any nomineu(s) in my / our MF Folio and understand the issues involved in non-appointmeninee(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 information for date seads to the case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents in information for date seads held in my / our MF Folio, which may also include documents issued by Court or other such competent sufforting that the requisite documents in information for classeds held in my / our MF Folio, which may also include documents issued by Court or other such competent sufforting that the requisite documents in the MF Folio. SIGN HERE S						
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IWE DO NOT WISH TO NOMINATE R OPTING OUT: I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointmentinee(s) in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio. SIGN HERE First/Sole Applicant/Guardian SIGN HERE First/Sole Applicant/Guardian/FOA Holder SIGN HERE First/Sole Applicant/						
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R OPTING OUT: I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointmeninee(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 / information for dail insested held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio. SIGN HERE First/Sole Applicant/Guardian SIGN HERE First/Sole Applicant/Guardian SIGN HERE SIGN HER				OR		
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SIGN HERE First/Sole Applicant/Guardian Second Applicant Second Applicant Sign DecLARATION & SIGNATURE/S aving 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 by the terms, conditions, ruses & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & 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 M ndering Laws, Anti Corrupion Laws or any other applicable laws enacted by the Gov. of India from time to time. I New be understood the details of the scheme & I/We 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 t, in the event "Non-Woru Customer" process is not completed by me /u so the satisfaction of the AMC. I /We hereby authorised the AMC, to redeem the funds invested in the provision of the applicant at the applicable INAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by .9 for NISt: I/We confirm that I am' we are Non Resident of Indian Nationality / Origin & Natal I/We have remitted form on broad through approved banking channe in unds in mylour Non-Resident External /Non-Resident Ordinary, I/We confirm that details provided by me/us are true & correct. O'The ARN holder has disclosed to me/us. 1/8/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that the applied corporation or any other mode), payable to him for the different competing Scheme of various Mutual Fund form any other mode), payable to him for the different competing Scheme of various Mutual Fund form grading mandatory requirement of PAN. I/We confirm that the agergerate competing scheme of various Mutual Fund formation in the scheme	minee(s) and further are aware	e that in case of death of a	ll the account holder(s), my	/ our legal heirs would need to s	ubmit all the requisite	documents / information for claim
First/Sole Applicant/Guardian Second Applicant Second Applicant Second Applicant Sip DECLARATION & SIGNATURE/S awing read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree of the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & 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, Ant M dering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to II We have understood the details of the scheme & I. We 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 belongt, in the event. Fixon Your Customer" process is not completed by me /u so to the satisfaction of the AMC. In the event with scheme by authorised the AMC, to redeem the funds invested in eme., 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 Internation of the Internation of the AMC. In the experiment of Indian Nationality / Origin & Nat II / we have returned funds from antoroad through approved banking channe in 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 a 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/N Lune 28, 2007 regarding mandatory requirement of PAN. I/We confirm that We are holding valid PAN card / Nave applied for PAN. e) The ARN holder losed to me/us all the commission or any other mode), payable to him for the different competing Scheme of va	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	•	, , , , , , , , , , , , , , , , , , , ,	•	
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PAN No.

SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily along Application should be submitted atleast 30 days before the 1st debi SIP Cancellation (Please ✓ as appropriate) New SIP Sub-broker **Employee Unique** Sub-broker ARN* / RIA Code / PMRN ARN / RIA / PM Name RM Code Time Stamp No. **ARN Code** Identification Number (EUIN) Code ARN-153155 E-271894 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 #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 SEB-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank). * I/We hereby confirm that the EUIN box has been intentionally left blank by melus as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and the distributor has not charged any advices of the above distributor and th 8 First/Sole Applicant/Guardian Third Applicant Second Applicant 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 KYC 02. SIP DETAILS (Please ✓ any one) For multiple Schemes please use the "Multiple SIP Common Application Form". SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque SIP through registered OTM SIP Installment SIP Date Frequency Enrollment Period (Please ✓ one) LIC MF STEP - UP Facility (Optional) Scheme Name / Plan / Option Amount (`) (Please ✓ one) (Please ✓ one) Start Date End Date Unto Date LIC ME Amount Frequency Daily (Any date from 1st to 28th of a given month, Default Plan: Please tick (✓) Direct Regular Half Yearly Monthly From Option: Please tick (✓) Please refer Instruction No. (Mention End Date) date is 10th) (Default) VIII(d) Growth (Default is SIP (Maximum period is allowed only 40 yrs) (Default) End Date) Payout of Income Distribution cum capital withdrawal option Quarterly 15th LIC Reinvestment of Income Distribution cum capital withdrawal option MF ULIS Please tick (<), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. **As per NPCI Circular dated 29th December, 2023, mandate can be for maximum duration of 40 years from the date of application. SIP THROUGH POST DATED CHEQUES No. of cheques enclosed including first cheque Drawn on Bank and Branch Cheque No. should be in continuous series From Account type 04. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM) (First cheque is not mandatory, if you have opted for SIP through registered OTM) 05. SIP THROUGH FIRST CHEQUE Cheque No Cheque Amount in Rs. Cheque Date: City **Bank Name** Branch 06. 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. IWe will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. IWe 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. 8 Date: Place: First/Sole Applicant/Guardian/POA Holder Second Applicant/POA Holder Third Applicant/POA Holder (TO BE FILLED IN BY THE INVESTOR) Application No. **ACKNOWLEDGMENT SLIP** LIC MUTUAL FUND SIP through Auto Debit (NACH / PDC) Folio No./Application No. Received from: Mr./ Ms. /M/s **SIP Mandate Form** OTM/PDC Date

Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020. Tels. 012-86016000 | Fax: 022-860161891 | Email ID: service_licmf@kfintech.com Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
Nanakramguda [Serilingampally Mandal | Hyderabad - 500032.
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@kfintech.com

ONE TIME MANDATE (OTM) FORM



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CKYC & KRA KYC FORM KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)



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FATCA / Foreign Tax Laws Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

	First / Sala Applicant / Guardian	
	First / Sole Applicant / Guardian	
Name		
PAN	Folio No.	
Address ¹		
City	State	Country
Pincode	Mobile	Country
Type of address given at KRA	Residential or Business V Residential V I	Business Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any count	ry other than India? Yes ✓ No ✓	
If yes, please indicate all count	ies in which you are resident for tax purposes and the assoc	ciated Tax ID Numbers below.
Country [#]	Tax Identification Number [®]	Identification Type (TIN or Other, please specify)
¹ Address would be taken as per the dat	a available in KRA database. In case of any change in addre	ess please approach KRA.
	ual is a citizen / green card holder of The USA	
"In case Tax Identification Number is n	ot available, kindly provide its functional equivalent	
	Second applicant	
Name		
PAN	Folio No.	
Address ¹		
City	State	Country
Pincode	Mobile	Country
Type of address given at KRA	Residential or Business V Residential V I	Business
City of Birth		
Country of Birth		
Are you a tax resident of any count	ry other than India? Yes ✓ No ✓	
If yes, please indicate all counti	ies in which you are resident for tax purposes and the assoc	ciated Tax ID Numbers below.
Country [#]	Tax Identification Number [®]	Identification Type (TIN or Other, please specify)
		(o. canon, produce opening)
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^{&#}x27;Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

^{*}To also include USA, where the individual is a citizen / green card holder of The USA

^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent

	Third applicant	
Name		
PAN	Folio No.	
Address ¹	Telle Ive.	
City Sta		Country
	bbile	
Type of address given at KRA	Residential or Business	Business Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country of	her than India? Yes V	
If yes, please indicate all countries in	n which you are resident for tax purposes and th	e associated Tax ID Numbers below.
Country*	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)
· · · · · · · · · · · · · · · · · · ·	ailable in KRA database. In case of any change	in address please approach KRA.
*To also include USA, where the individual is *In case Tax Identification Number is not av	s a citizen / green card noider of The USA allable, kindly provide its functional equivalent	
	Certification	
	Continuation	
I have understood the information	requirements of this Form (read along	with the FATCA Instructions) and
hereby confirm that the information	n provided by me on this Form is true, o	correct, and complete. I also confirm
that I have read and understood th	ne FATCA Terms and Conditions given	under and hereby accept the same.
Signatures		
()		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date ddmmyyyyy	Place	
	INSTRUCTIONS	

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

LIC MUTUAL FUND ASSET MANAGEMENT LTD.

Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400 020 www.licmf.com

Toll free : 1800 258 5678

Blank space for your branch or any other details.