

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

☐ SIP Mandate Form ☐ NACH/ECS/PDC



SIP REGISTRATION CUM MANDATE FORM (NACH / ECS / 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"/> |                     |                                               |
| ARN Code and Name of Distributor                                                                                                                                                      | Sub-Broker Code                                   | Sub-Broker ARN Code | EUIN* (Employee Unique Identification Number) |
| ARN-53321                                                                                                                                                                             |                                                   |                     | E054731                                       |

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 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 unitholders: Please mention your Folio Number.<br>New applicants: Please mention Common Application No.) |
| Name of 1st Applicant               |                                                                                                                    |
| Name of Guardian (in case of minor) |                                                                                                                    |

PAN / PER KIN DETAILS

|                            |                  |                 |
|----------------------------|------------------|-----------------|
| First Applicant / Guardian | Second Applicant | Third Applicant |
|                            |                  |                 |

|             |                                                |                                             |                                                        |                                                                                                                                                                                                                    |                                                                        |                    |                                    |
|-------------|------------------------------------------------|---------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|------------------------------------|
| SIP Details | <input type="checkbox"/> SIP with first Cheque | <input type="checkbox"/> SIP without Cheque | <input type="checkbox"/> SIP through Post Dated Cheque |                                                                                                                                                                                                                    |                                                                        |                    |                                    |
| Scheme Name | Plan                                           | Option                                      | SIP Installment Amount (Rs.)                           | SIP Date (Please ✓ one)                                                                                                                                                                                            | Frequency (Please ✓ One)                                               | Start Month / Year | End Month/Year (Default Dec. 2099) |
|             |                                                |                                             |                                                        | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | M M Y Y Y Y        | M M Y Y Y Y                        |
|             |                                                |                                             |                                                        | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | M M Y Y Y Y        | M M Y Y Y Y                        |
|             |                                                |                                             |                                                        | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | M M Y Y Y Y        | M M Y Y Y Y                        |

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 <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 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 ECS / 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.

First Applicant / Guardian

Second Applicant

Third Applicant

Debit Mandate Form NACH / ECS / DIRECT DEBIT



UMRN

Date

Sponsor Bank Code

For office use only

Utility Code

For office use only

CREATE

MODIFY

CANCEL

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

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

To

Or

☐ Until cancelled

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.