

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

Existing Investors mention your folio number in point no 1.

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

| Name & ARN* / RIA Code / PMRN | ARN / RIA / PM Name | Sub-broker Code | Sub-broker ARN Code | Employee Unique Identification Number (EUIIN) | Time Stamp No. |
|-------------------------------|---------------------|-----------------|---------------------|---|----------------|
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#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.

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|---|------------------------------------|-----------------------------------|
| ⊗ SIGN HERE First/Sole Applicant/Guardian | ⊗ SIGN HERE Second Applicant | ⊗ SIGN HERE Third Applicant |
|---|------------------------------------|-----------------------------------|

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".

SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

| Scheme Name / Plan / Option | SIP Installment Amount (₹) | SIP Date (Please ✓ one) <input type="checkbox"/> <input type="checkbox"/> (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS | Frequency (Please ✓ one) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly | Enrollment Period (Please ✓ one) | | LIC MF STEP - UP Facility (Optional) | | |
|-----------------------------|----------------------------|---|--|---|--|--|--|--|
| | | | | Start Date From <input type="text"/> | End Date Perpetual (Default) OR (Specify Date) <input type="text"/> | Amount ₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d) | Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) | Upto Date <input type="text"/> (Mention End Date) (Default is SIP End Date) |
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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

04. 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.

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| ⊗ Date : Place : SIGN HERE First/Sole Applicant/Guardian | ⊗ SIGN HERE Second Applicant | ⊗ SIGN HERE Third Applicant |
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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 SIP Mandate Form NACH/PDC/Auto Debit Form

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

Debit Mandate Form NACH / DIRECT DEBIT



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| CREATE <input checked="" type="checkbox"/> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODIFY <input type="checkbox"/> | Sponsor Bank Code | For office use only | | | | | | | | | | Utility Code | For office use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CANCEL <input type="checkbox"/> | I/We, hereby authorize LIC Mutual Fund | | | | | | | | | | | To debit (Please <input checked="" type="checkbox"/>) SB / CA / CC / SBNRE / SB-NRO / Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank A/C Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| with Bank | | | | | | | | | | | | | | | | | | Name of customers bank | | | | | | IFSC | | | | | | MICR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| an amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FREQUENCY | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Monthly | | | | | | <input type="checkbox"/> Quarterly | | | | | | <input type="checkbox"/> Half Yearly | | | | | | <input type="checkbox"/> Yearly | | | | | | <input checked="" type="checkbox"/> As & when presented | | | | | | DEBIT TYPE | | | | | | <input type="checkbox"/> Fixed Amount | | | | | | <input checked="" type="checkbox"/> 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 charges of the Bank

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|------|---|--|--|--|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|
| PERIOD | From | D D M M Y Y Y Y | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | |
| | To | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | Or | <input checked="" type="checkbox"/> 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.

Debit Mandate Form NACH / DIRECT DEBIT



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| CREATE <input checked="" type="checkbox"/> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODIFY <input type="checkbox"/> | Sponsor Bank Code | For office use only | | | | | | | | | | Utility Code | For office use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bank A/C Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| with Bank | | | | | | | | | | | | | | | | | | Name of customers bank | | | | | | IFSC | | | | | | MICR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| an amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FREQUENCY | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Monthly | | | | | | <input type="checkbox"/> Quarterly | | | | | | <input type="checkbox"/> Half Yearly | | | | | | <input type="checkbox"/> Yearly | | | | | | <input checked="" type="checkbox"/> As & when presented | | | | | | DEBIT TYPE | | | | | | <input type="checkbox"/> Fixed Amount | | | | | | <input checked="" type="checkbox"/> Maximum Amount | | | | | |
| Reference 1 | | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference 2 | | | | | | | | | | | | | | | | | | | | | | | | Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------|------|---|--|--|--|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|
| PERIOD | From | D D M M Y Y Y Y | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | |
| | To | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | Or | <input checked="" type="checkbox"/> Until cancelled | | | | | | 1. Name as in bank records | | | | | | 2. Name as in bank records | | | | | | 3. Name as in bank records | | | | | |

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