

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 (EUIN)	Time Stamp No.

#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 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.

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

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

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

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					<input type="text"/> (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 (✓)] <input type="checkbox"/> Account Statement <input type="checkbox"/> 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) <input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD			
Mobile No.	(Mandatory - Please tick ✓ the relevant box) <input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD			
Tel No.: (Resi) (STD Code)	(Off) (STD Code)	Mobile No.		
<input type="checkbox"/> 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.				<div>SIGN HERE</div> <div>First/Sole Applicant/Guardian</div>
10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)				

Landmark	City	State	PO Box No.	Country
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)
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. NOMINATION DETAILS (Refer Instruction No. 15)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

OR

I/WE DO NOT WISH TO NOMINATE

	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		

If the nominee is minor then kindly submit the relevant relationship proof (mandatory).

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

Name of the POA holder

PAN of the POA holder

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Attached

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KYC Letter (Mandatory)

☐

Notarized copy of POA

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 nor 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 :	⊗	⊗	⊗
Place :	SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

ONE TIME MANDATE (OTM) FORM



Application No. _____

Name of Applicant _____

PAN No. _____ Mobile No. _____

Email ID _____

Bank Name _____

Account No. _____

Dated

D	D	M	M	Y	Y	Y	Y
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 Place _____

<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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- I / We declare that the particulars furnished here are correct. I / We authorize LIC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and / or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/We request you to make provisions for me / us and / or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and / or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be one of the holder in the below mentioned bank account.

UMRN _____ Bank use _____ Dated

D	D	M	M	Y	Y	Y	Y
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Tick (✓) CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL <input checked="" type="checkbox"/>	Sponsor Bank Code _____ Bank use _____ Utility Code _____ Bank use _____ I/We hereby authorize LIC Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other Bank a/c number _____
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with Bank **Name of customers bank** **IFSC** _____ or **MICR** _____

an amount of Rupees _____ ₹ _____

Frequency ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented **Debit Type** ☒ Fixed Amount ☒ Maximum Amount

Reference 1 **PAN No.** _____ **Phone No.** _____

Reference 2 **All Schemes of LIC Mutual Fund** **Email ID** _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD		Signature Primary Account holder	Signature Second Account holder	Signature Third Account holder								
From	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	1. _____	2. _____	3. _____
D	D	M	M	Y	Y	Y	Y					
To	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Name as in bank records	Name as in bank records	Name as in bank records
D	D	M	M	Y	Y	Y	Y					
Or	<input type="checkbox"/> Until Cancelled											

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions 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 or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name _____

PAN No. _____

Stamp & Signature