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)

THIRD APPLICANT



Application No.	
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If the nominee is minor then kindly submit the relevant relationship proof (mandatory).

14. BANK ACCOUNT	DETA	ILS OF	THE	FIRS	T APPLI	CANT (ref	er inst	ructio	n 8) As	per SE	BI Reg	gulations it's r	man	datory for investors to p	rovide bank accou	ınt details												
Account No.												Name of the	е Ва	ınk														
Type of A/c SB	С	urrent	1	NRE	NR	) F	CNR		Others	S				(Please specify) E	ranch													
Bank City					IFSC	code**								MICR No.														
Refer Instruction 8 (Mandato please ensure that the bank										bank a	accoun	t where the inv	/estn	nent is made) For unit hold	ders opting to hold u	units in demat form,												
15. INVESTMENT AN									,																			
First Instalment Details: Please write appropriate										d")																		
Scheme Nar	mes				PI	an/Option	1		I	Amo nvest	ount ed (₹)	(in TSL	case No.	e/DD No./UTR No e of NEFT/RTGS) (in case of CASH) o ( in case of OTM)		nd Branch int Number												
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*IDCW Payout Option: Pay				ution c	um capita	withdrawa	al optic									drawal option.												
*All purchases are subject t In case of multiple SIPs, mu													ıs A\	ranable under LIC MF Ch	iiuren Giit Fund.													
16. SIP DETAILS (Please SIP with first Check		any or	ne)		- علمانيدر 100	ut Chequ	10			ID 4L	rough	Post Dated	CL	oguo Cir	through regist	orod OTM												
Scheme Name / Plan / Opt	ion SI	P Install		SII	P Date	Freque	ncy	Е				ease ✓ one)		•	EP - UP Facility (O													
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Growth				1 <sup>st</sup> to	28 <sup>th</sup> of en month)	Mont (Defa		From	YY	ΥΥ	OR (Spec	ify Date)		(Multiples of ₹ 1 thereafte Please refer Instruction N	o. Yearly	(Mention End Date) (Default is SIP												
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17. SIP THROUGH RE	GIST	ERED (	ONE 1	IME	MANDAT	E (OTM)									, .													
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19. 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 PO
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 aundering 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 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 disc

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	SIGN HERE	SIGN HERE
	First/Sole Applicant/Guardian	Second Applicant	Third Applicant

## ONE TIME MANDATE (OTM) FORM



																							Application No.											
Name of App	licant			T																														
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SIGN HERE First/Sole Applicant/Guardian										SIGN HERE																SN H								
		Second Applicant  Third Applicant  We authorize LIC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and																																
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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. 9€-----

MANDATORY FIELDS: • Instrument Date • Acount 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** 

LIC MUTUAL FUND

PAN No.