SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)



ors subscribing to the scheme through SIP must co 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. Identification Number (EUIN) **ARN Code** Code 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 RIAcode (Registered InvestmentAdviser). I/we authorize you to share the investmentAdviser 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. Ø First/Sole Applicant/Guardian Second Applicant Third Applicant 01. INVESTOR NAME AND DETAILS Existing unit holders: Please mention your Folio Number, New applicants; Please/mention Common Application No Folio 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 (Please ✓ one) (Please ✓ one) Amount (`) LIC ME Start Date End Date Amount Frequency Unto Date Daily (Any date from 1st to 28th of a given month, Default Plan: Please tick (✓) Direct Regular Half Yearly Monthly Option: Please tick () (Multiples of `1 thereafter)* date is 10th) (Mention End Date) Growth Please refer Instruction No. (Default is SIP ix (d) (Default) (Maximum period is End Date) Payout of Income Distribution cum capital withdrawal option allowed only 40 yrs) 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 To Account type 04. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM) (First cheque is not mandatory, if you have opted UMRN for SIP through registered OTM) SIP THROUGH FIRST CHEQUE 05. Cheque No Cheque Amount in Rs Cheque Date: Bank Name City 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 providers and bank are authorized to process transactions by debiting my/our bank account through Direct befort NACH acting, if the transaction is delayed or not enected for reasons of incomplete or incorrect information, in whe 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 8 8 8 Date: Place Third Applicant/POA Holder First/Sole Applicant/Guardian/POA Holder Second Applicant/POA Holder **ACKNOWLEDGMENT SLIP** Application No. (TO BE FILLED IN BY THE INVESTOR) 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

Corporate Office

Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.

Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service_licmf@kfintech.com

Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents

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

Website: www.kfintec