

SIP REGISTRATION CUM MANDATE FORM (OTM/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

☐ New SIP ☐ SIP Cancellation (Please ✓ as appropriate)

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.
ARN-181211					E528682	

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 RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

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".

<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque	<input type="checkbox"/> SIP through registered OTM		
Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)	LIC MF STEP - UP Facility (Optional)
LIC MF		<input checked="" type="checkbox"/> DD (Any date from 1 st to 28 th of a given month, Default date is 10 th)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Start Date: From To (Maximum period is allowed only 40 yrs)	Amount: Frequency: Upto Date:
Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> 15 th LIC MF ULIS			Please refer Instruction No. VIII(d) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) (Mention End Date) (Default is SIP End Date)

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.

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. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN (First cheque is not mandatory, if you have opted for SIP through registered OTM)

05. SIP THROUGH FIRST CHEQUE

Cheque No. Cheque Amount in Rs. Cheque Date:

Bank Name Branch City

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 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.

Date : Place :	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA Holder
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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 OTM/PDC

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

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

Place



SIGN HERE
First/Sole Applicant/Guardian



SIGN HERE
Second Applicant



SIGN HERE
Third Applicant

- 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 first unit holder in folio/s and one of the holder in the below mentioned bank account.



UMRN

Bank use

Date

D D M M Y Y Y Y

Utility Code

Bank use

☒ Create

☒ Modify

☒ Cancel

Sponsor Bank Code

Bank use

I/We authorize LIC Mutual Fund

To debit (tick ✓)

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NRO

☐ OTHER

Bank a/c Number

With Bank

Name of the customers bank

IFSC/MICR

an amount of Rupees

₹

Debit Type

☒

Fixed Amount

☒

Maximum Amount

Frequency

☒

Monthly

☒

Quarterly

☒

Half Yearly

☒

Yearly

☒

As & when Presented

Reference 1

PAN No.

Reference 2

All Schemes of LIC Mutual Fund

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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

Form

D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

To

D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Phone No.



SIGN HERE
Signature of primary account holder



SIGN HERE
Signature of account holder



SIGN HERE
Signature of account holder

Name as in bank records

Name as in bank records

Name as in bank records

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 • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service_lcmf@kfintech.com
Website: www.lcmf.com | Toll Free: 1800-258-5678

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