

COMMON APPLICATION FORM

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 (EUIIN) | Time Stamp No. |
|------------------------|---------------------|-----------------|---------------------|---------|---|----------------|
| | | | | | | |

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. 3)

Please tick (✓) ☐ and sign*/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."

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the Investment Advisor 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.

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian/POA | <input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA | <input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA |
|--|---|--|

TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

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. (For Fresh Investor : Rs 150 deductible as Transaction Charge and payable to the Distributor; For Existing Investor: Rs 100 deductible as Transaction Charge and payable to the Distributor)

01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

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 | If the unit holder is minor then kindly submit the relevant relationship proof (mandatory). | | |

03. TAX STATUS (Please tick ✓)

| | | | | | | | | | | |
|--|------------------------------|--------------------------------|--|---|--|--|------------------------------|---------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> NRI | <input type="checkbox"/> Minor | <input type="checkbox"/> PIO | <input type="checkbox"/> QFI | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> FIs | <input type="checkbox"/> HUF | <input type="checkbox"/> Club/Society | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Trust | <input type="checkbox"/> FI | <input type="checkbox"/> FPI | <input type="checkbox"/> Government Body | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> LLP | <input type="checkbox"/> Others | Please specify | |

04. KYC Details (Mandatory) Occupation Please tick (✓) (Refer Instruction No. 22)

| | | | | | | | |
|---|---|--|---|--|---------------------------------------|----------------------------------|------------------------------------|
| 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 | As on | <input type="text"/> | (Not older than 1 year) |
| | 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 | As on | <input type="text"/> | (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 | As on | <input type="text"/> | (Not older than 1 year) |

For Individual

☐ I am Politically Exposed Person
(Also applicable for authorized signatories/Promoters/
Karta/Trustee/Whole time Directors) please mention)

☐ I am Related to Politically Exposed Person

☐ Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

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)

Foreign Exchange / Money Changer Services

Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning

None of the above

Yes No

Yes No

Yes No

Yes No

Yes No

☐ Male ☐ Female ☐ Transgender


☒ Joint ☐ Single ☐ Anyone or Survivor (Default option is Joint)

Landmark City State Pincode Country

☐ Account Statement ☐ Annual Report (Please tick ✓)

| | | | | | | | |
|-------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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)

 SIGN HERE
First/Sole Applicant/Guardian

| Landmark | City | State | Country (Mandatory) |
|----------|------|-------|---------------------|
|----------|------|-------|---------------------|

(OR) PO Box No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 Country (Mandatory)

| | NSDL | CDSL |
|------------------------|------|------|
| DP Name | | |
| DP ID | | |
| Beneficiary Account No | | |

| 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 OR POA <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 a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a 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) (Mandatory) | Taxpayer Identification No. (Mandatory) | Country of Tax Residency* (other than India) (Mandatory) | Taxpayer Identification No. (Mandatory) | Country of Tax Residency* (other than India) (Mandatory) | Taxpayer Identification No. (Mandatory) |
| 1 | | 1 | | 1 | |
| 2 | | 2 | | 2 | |
| 3 | | 3 | | 3 | |

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|-----------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|---------------------------------|----------------|--|--|--|--|--|--|------------------|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Account No. | | | | | | | | | | | | | | | Name of the Bank | | | | | | | | | | | | | | |
| Type of A/c | | <input type="checkbox"/> SB | <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | <input type="checkbox"/> Others | Please specify | | | | | | | | | | Branch | | | | | | | | | | | |
| Bank City | | | | | IFSC code** | | | | | | | | | | MICR No. | | | | | | | | | | | | | | |

Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

14. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)

Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name.
Please write appropriate scheme name as well as the Plan / Option / Sub Option.

| *Cheque/DD Favouring Scheme Name/Cash (refer Instruction 2 & 3) | Plan/Option | Amount Invested (₹) | Cheque/DD No./UTR No (in case of NEFT/RTGS) TSL No. (in case of CASH) UMRN No (in case of OTM) | Bank and Branch & Account Number | For Cash |
|---|--|---------------------|--|----------------------------------|-------------------|
| LIC MF | 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 | | | | Deposited in Bank |
| | | | | | Branch Code |

*All purchases are subject to reliazation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.

Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____ Please specify _____

16. LEGAL ENTITY IDENTIFIER DETAILS

LEI No: _____ Validity Period of LEI: D D M M Y Y Y Y

Legal Entity Identifier is mandatory for all non-individuals and it should be quoted in any financial transactions of Rs.50 Crores and above routed through RTGS/NEFT w.e.f 1st April 2021.

17. NOMINATION DETAILS (Refer Instruction No. 15)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS (If the nominee is minor then kindly submit the relevant relationship proof (mandatory)).

| | 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 | | |

OR

| | | | |
|---|--|---|--|
| <input type="checkbox"/> I/WE DO NOT WISH TO NOMINATE | <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 |
|---|--|---|--|

FOR NOMINATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

18. 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 POA ☐

19. 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 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 20).

FOR INVESTMENT BY CASH : I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

| | | | |
|-------------------------------|---|--|---|
| 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 |
|-------------------------------|---|--|---|

ACKNOWLEDGMENT SLIP

Application No. _____

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF _____ (Scheme Name with option)
from Mr/Mrs/Ms. _____ (Name of the investor) _____ alongwith
Cheque/Draft No./UMRN No. _____ Date D D M M Y Y Y Y
Branch _____ Drawn on _____ For ₹ _____
Bank Charges (in cases of Draft) of ₹ _____ Date D D M M Y Y Y Y

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.