SYSTEMATIC WITHDRAWAL PLAN (SWP) LIC MUTUAL FUND Sub-Broker Code Sub-Broker / ARN Code Employee Unique Identification Number (EUIN) **ARN Code** "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." INVESTOR'S INFORMATION Mr / Mrs **Existing Folio Number** PAN Enclosed PAN Proof KYC Acknowledgment letter E-mail ID SWP DETAILS# (To be submitted atleast 15 days before 1st due date. Please (\(\sigma\)) the appropriate option) **SWP From Scheme** Plan Regular Direct Growth (Only Growth option is available for SWP) Option Fixed Amount ₹ Capital Appreciation Withdrawal Frequency Monthly (minimum 6) ☐ Quarterly (minimum 4) ☐ 1st (fixed Amount) ☐ 15th (Capital Appreciation) SWP Date* Withdrawal Period From To *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. **DECLARATION AND SIGNATURES** Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing of scheme. If We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose or contravention of the functions or Directives of the purpose or the contravention of the function of the To be signed by All Applicants if mode of operation is "Joint" SYSTEMATIC WITHDRAWAL PLAN (SWP) Date U LIC MUTUAL FUND **ARN Code** Employee Unique Identification Number (EUIN) Sub-Broker Code Sub-Broker / ARN Code "1/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.' INVESTOR'S INFORMATION Mr / Mrs **Existing Folio Number** PAN Enclosed PAN Proof KYC Acknowledgment letter E-mail ID **SWP DETAILS*** (To be submitted atleast 15 days before 1st due date. Please (\(\sigma\)) the appropriate option) **SWP From Scheme** Plan Regular Direct Option Growth (Only Growth option is available for SWP) Fixed Amount ₹ Capital Appreciation Withdrawal Frequency Monthly (minimum 6) Quarterly (minimum 4) Withdrawal Period From То SWP Date* ☐ 1st (fixed Amount) ☐ 15th (Capital Appreciation) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. **DECLARATION AND SIGNATURES** Having read and understood the content of the SID / SAI of the scheme, I.we hereby apply for units of the scheme, I have read and understood the terms, conditions, details, rules and regulations governing of scheme, I.We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of contravention of any Act, rules, Regulations, Notifications or Directives of the provisions of the force Tax Act, Anii Money Laundering Laws, Anii Corruption Laws or any other applicable laws are designed by the Source of the force that the amount invested in the Scheme, in great the scheme, in state of the saidsfaction of the Mutual Fund, (Wive hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAY prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The AFN holder has disclosed to melus all the commissions of real or any other mode, payable to him for the different competing Schemes or various Mutual Fund. Scheme is being or one visc.