## SIP REGISTRATION CUM MANDATE FORM



Application should be submitted atleast 30 days before the 1st debit New SIP SIP Cancellation (Please ✓ as appropriate) Sub-broker Sub-broker **Employee Unique** ARN / RIA / PM Name Time Stamp No. ARN\* / RIA Code / PMRN RM Code Identification Number (EUIN) Code **ARN Code** #By mentioning RIA code (Registered Investment Adviser). I/we authorize you to share the investment Adviser 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. 8  $\otimes$ 8 First/Sole Applicant/Guardian Second Applicant Third Applicant 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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY In case the subscription amount is ₹ 10,000/- or more and if your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. **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 without Cheque SIP with first Cheque SIP through Post Dated Cheque SIP through registered OTM SIP Date SIP Installment Frequency LIC MF STEP - UP Facility (Optional) Scheme Name / Plan / Option Enrollment Period (Please ✓ one) (Please ✓ one) (Please ✓ one) Amount (₹) LIC ME Start Date End Date Amount Frequency Upto Date Daily (Any date from 1st to 28th of a given month, Default Perpetual (Default) Half Yearly Monthly (Multiples of ₹ 1 thereafter) date is 10th) (Mention End Date) (Default) Growth (Specify Date) Please refer Instruction No Default is SIP ix (d) (Default) End Date) ayout of Income Distribution cum capital withdrawal option Quarterly 15<sup>th</sup> L IC 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. 03. 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 Account type 15. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM) (First cheque is not mandatory, if you have opted **UMRN** for SIP through registered OTM) 03. SIP THROUGH FIRST CHEQUE Cheque Date: Cheque No Cheque Amount in Rs Bank Name **Branch** City 05. 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 servi  $providers and bank are authorized to process transactions by debiting my/our bank account through \ Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would$ 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) 8 8 (X) Date: Place : First/Sole Applicant/Guardian Second Applicant Third Applicant **ACKNOWLEDGMENT SLIP** (TO BE FILLED IN BY THE INVESTOR) **Application No.** LIC MUTUAL FUND SIP through Auto Debit (NACH / PDC) Folio No./Application No. Received from: Mr./ Ms. /M/s

Corporate Office

Date

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

Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com

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

**SIP Mandate Form** 

Register & Transfer Agents

NACH/PDC/Auto Debit Form

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.kfintech