SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)

LIC MUTUAL FUND

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-272753					E513200	

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 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.

⊗	⊗	⊗
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".

☐ **SIP with first Cheque** ☐ **SIP without Cheque** ☐ **SIP through Post Dated Cheque** ☐ **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)		
				Start Date	End Date	Amount	Frequency	Upto Date
LIC MF **Plan:** Please tick (✓) ☐ Direct ☐ Regular **Option:** Please tick (✓) ☐ Growth ☐ Payout of Income Distribution cum capital withdrawal option ☐ Reinvestment of Income Distribution cum capital withdrawal option		D D (Any date from 1st to 28th of a given month, Default date is 10th) ☐ 15th LIC MF ULIS	☐ Daily ☐ Monthly (Default) ☐ Quarterly	From M M Y Y Y Y	To M M Y Y Y Y (Maximum period is allowed only 40 yrs)	` (Multiples of ` 1 thereafter)* Please refer Instruction No. ix (d)	☐ Half Yearly ☐ Yearly (Default)	M M Y Y Y Y (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:** D D M M Y Y Y Y

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 :	⊗	⊗	⊗
	SIGN HERE First/Sole Applicant/Guardian/POA Holder	SIGN HERE Second Applicant/POA Holder	SIGN HERE Third 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** .....

Date D D M M Y Y Y Y ☐ **SIP Mandate Form** ☐ **OTM/PDC**

Corporate Office:
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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.customercare@kfintech.com
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