SYSTEMATIC TRANSFER PLAN (STP)

LIC MUTUAL FUND

Investor must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form.

KEY PARTNER / AGENT INFORMATION
(Investors applying under Direct Plan must mention "Direct" in ARN Code column.)

Enrolment Form No.

Name & ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIN)	Time Stamp No.

#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.

Date D D M M Y Y Y Y

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 distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provide by the employee/relationship manager/ales persons of the distributor/sub broker.

I/We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & condition mentioned overleaf of Systematic transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrolment under the Systematic Transfer Plan or the following Scheme(s) Options(s). The ARN holder (AMF) registered Distributor) has disclosed to me/us all the commissions (in the for of trail commission or any other mode) payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

⊗	⊗	⊗
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

Please (✓)any one ☐ **NEW REGISTRATION** ☐ **CANCELLATION**

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant		KYC# (Please ✓)	CKYC
Name of First/Sole Applicant	**PAN# OR PEKRN#**		
Name of Guardian in case First/Sole Applicant is a minor	**PAN# OR PEKRN#**		
Name of Second Applicant	**PAN# OR PEKRN#**		
Name of Third Applicant	**PAN# OR PEKRN#**		

 # Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof.

Name of 'Transferor' Scheme/Plan/Option	Scheme	Plan	Option
Name of 'Transferee' Scheme/Plan/Option	Scheme	Plan	Option

Plan (Please ✓ any one)	☐ Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9) Amount	☐ Capital Appreciation Systematics Transfer Plan (CASTP) (Refer Instruction No.10)
STP Date (Please ✓ any one)	☐ 1st** ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th	☐ 15th***
Frequency (Please ✓ any one)	☐ Daily ☐ Weekly (Every Friday) ☐ Monthly* ☐ Quarterly	☐ Monthly* ☐ Quarterly
Enrolment Period	**From** M M Y Y Y Y **To** M M Y Y Y Y	

In case of multiple registrations, please fill up separate Enrolment Forms.
*Refer Instruction No. 7 **Refer Instruction No. 9 ***Refer Instruction No. 10

☐ I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my /our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

Date : ..... Place :	⊗	⊗	⊗
	SIGN HERE First/Sole Unit Holder/Guardian	SIGN HERE Second Unit Holder	SIGN HERE Third Unit Holder

Please note: Signature(s) should be as it appears on the Application Form and in the same order.
(In case the mode of holding is joint, all Unit holders are required to sign)

ACKNOWLEDGMENT SLIP

Enrolment Form No. / Folio No. **(TO BE FILLED IN BY THE INVESTOR)**

LIC MUTUAL FUND

Received from Mr/Mrs/M/s. ..... **'STP' application for transfer of Units;**

from Scheme / Plan / Options .....

to Scheme / Plan / Option ..... **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.

Corporate Office:
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

Register & Transfer Agents:
Karvy Fintech Pvt. Ltd., 46, Road No 4, Street No. 1, Banjara Hills, Hyderabad - 500034.
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@karvy.com
Website: www.karvyfintech.com