

# SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form Application should be submitted atleast 30 days before the 1st debit

## DISTRIBUTOR INFORMATION

| Distributor Code | Sub - Broker Code | Sub - Broker Code | Employee Unique*           | E-Code | RIA Code                   |
|------------------|-------------------|-------------------|----------------------------|--------|----------------------------|
| ARN-             | ARN-              | INTERNAL CODE     | IDENTIFICATION NO. (EUIIN) |        | ONLY FOR DIRECT INVESTMENT |

\*Investors should mention the EUIIN of the person who has advised the investor if left blanks, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIIN 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". 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. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> SIGN HERE<br>First/Sole Applicant/Guardian/Power of Attorney Holder | <input checked="" type="checkbox"/> SIGN HERE<br>Second Applicant | <input checked="" type="checkbox"/> SIGN HERE<br>Third Applicant |
|---|---|--|

All sections to be filled in English and BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form. All columns marked\* are mandatory.

### 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

#### SIP Initial payment details

| Cheque No. | Cheque Date | Net Amount ₹ | Bank Name | Branch | City |
|------------|-------------|--------------|-----------|--------|------|
|            |             |              |           |        |      |

Scheme Name: LIC MF

Plan: Please tick(✓)  Direct  Regular  Option: Please tick(✓)  Growth  IDCW Reinvestment  IDCW payout

|  |  |   |
|--|--|---|
| Amount/Each SIP Amount<br>₹ <input type="text"/> | SIP Date<br>D D (Any date from 1st to 28th of a given month, Default date is 10th) | Frequency<br><input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly |
|--|--|---|

Installment Period: From Date D D M M Y Y Y Y To Date D D M M Y Y Y Y (SIP period should not exceed 40 years)

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.

### LIC MF STEP UP (Optional) (Please ✓ to avail this facility) STEP UP AMOUNT

Upto Date D D M M Y Y Y Y SIP STEP UP  Frequency:  Half Yearly  Yearly (Default)

### 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. UMRN DETAILS

Use Existing AOTM  Use Existing KOTM UMRN No.

Bank Name  Bank Account No.

### 05. DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\* DATE : \_\_\_/\_\_\_/\_\_\_ PLACE : \_\_\_\_\_

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.

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> SIGN HERE<br>First/Sole Applicant/Guardian/Power of Attorney Holder | <input checked="" type="checkbox"/> SIGN HERE<br>Second Applicant | <input checked="" type="checkbox"/> SIGN HERE<br>Third Applicant |
|---|---|--|

## One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit



UMRN  OFFICE USE ONLY  Date D D M M Y Y Y Y

Utility Code   Create  Modify  Cancel

Sponsor Bank Code  I/We authorize  LIC Mutual Fund

To debit (✓)  SB  CA  CC  NRE  NRO  Others  Bank A/c No.

With Bank  IFSC/MICR

an amount of Rupees  ₹

Debit Type  Fixed Amount  Maximum Amount Frequency  Monthly  Quarterly  Half Yearly  Yearly  As & when presented

Reference Folio No./App No.  Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

From  To  Maximum period of validity of this mandate is 40 years only.

Maximum period of validity of this mandate is 40 years only.  Signature of Primary Bank Account Holder  Signature of Account Holder  Signature of Account Holder

Phone No.  1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records