

SYSTEMATIC TRANSFER PLAN (STP)



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. _____

ARN* / RIA Code / PMRN	Sub-broker ARN Code	Employee Unique Identification Number (EUIIN)	Sub-broker code	RM Code
				INTERNAL

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser 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**

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 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, provided by the employee/relationship manager/sales 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/Power of Attorney Holder	⊗ SIGN HERE Second Applicant	⊗ SIGN HERE Third Applicant
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1 Applicant Details Folio No.

Sole/1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN **1st Applicant** **2nd Holder PAN** **2nd Applicant** **3rd Holder PAN** **3rd Applicant**

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer).

From Scheme LIC MF

Option (tick ✓) Growth Dividend Reinvestment Dividend Payout Dividend Frequency

Plan Direct Regular

To Scheme LIC MF

Option (tick ✓) Growth Dividend Reinvestment Dividend Payout Dividend Frequency

Plan Direct Regular

(Please tick ✓ any one) Ref. Instruction 5

<input type="checkbox"/> Systematic Transfer Plan (STP) (Ref. Instruction 5)	<input type="checkbox"/> Capital Appreciation Systematic Transfer Plan (CA STP) (Ref Instruction 6)
Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Daily All Business days <input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input type="text"/> <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> (Any date between 1st to 28th) <input type="checkbox"/> Quarterly	Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Monthly* <input type="checkbox"/> 15th*** <input type="checkbox"/> Quarterly
Transfer Instalment ₹ <input type="text"/>	Transfer Period From <input type="text"/> <input type="text"/> (First Instalment) (Last Instalment)

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. 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 Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/we confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us

Date : <input type="text"/>	⊗ SIGN HERE First/Sole Applicant/Guardian/ Power of Attorney Holder	⊗ SIGN HERE Second Unit Holder	⊗ SIGN HERE Third Unit Holder
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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)	
	Received from Mr/Mrs/M/s. _____	'STP' application for transfer of Units;	ISC Signature, Stamp & Date
	from Scheme / Plan / Option _____	Date <input type="text"/>	
	to Scheme / Plan / Option _____		

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@kfintech.com
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.customer@kfintech.com
Website: www.kfintech.com