SIP REGISTRATION CUM MANDATE FORM (NACH/DIRECT DEBIT/PDC)



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

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-111310					E-156922	

#By mantioning RIA code (Pagistered Investment Adviser) I live authorize you to share the investment Adviser the details of mylour transactions in the scheme(s) of LIC Mutual Fund

By mentioning PMRN code (Portfolio Mar Declaration for "execution-only" transac employee/relationship manager/sales pe advisory fees on this transaction.	nager's Registration Nation (only where EUI)	lumber), I/we authorize	you to share with the S	at the EUIN box has bee	Manager the details of my/our tr n intentionally left blank by me/o	ansactions in the scheme(s) of LIC Mu us as this is an "execution-only" tran	saction without any is	nteraction or advice by the ibutor has not charged an	
⊗			⊗			⊗			
	HERE			SIGN HERI		SIGN HERE			
First/Sole Applicant/Guardian			Second Applicant			Third Applicant various factors including the service rendered by the distributor			
					nvestors' assessment of v	various factors including the se	ervice rendered b	y the distributor	
TRANSACTION CHARGES FOR In case the subscription amount i mutual fund investor) will be deduced	s ₹ 10,000/- or mo	ore and if your Distr	ibutor has opted to	o receive Transaction			₹ 100/- (for invest	or other than first tim	
01. INVESTOR NAME AN	ND DETAILS								
Folio No.				Existing unit holde	ers: Please mention your Fo	olio Number. New applicants: P	lease/mention Co	mmon Application No	
First Applicant's Name/Mir	nor Name							кус	
02. SIP DETAILS (Please	e ✓ any one)	For multiple S	chemes please	e use the "Multip	ole SIP Common App	lication Form".			
SIP with first Cheque		SIP wit	hout Cheque		SIP through Pos	st Dated Cheque			
Scheme Name / Plan / Option	cheme Name / Plan / Option SIP Installment Amount (₹)		Frequency (Please ✓ one)	Enrollment Pe	riod (Please ✓ one)	LIC MF STEP - UP Facility (C		otional)	
LIC MF		DD		Start Date	End Date	Amount	Frequency	Upto Date	
		(Any date from 1st	Daily						
		to 28 th of a given month, Default	Monthly	From	Perpetual (Default)	·	Half Yearly	M M Y Y Y	
Growth		date is 10th)	(Default)	MMYYYY	(Specify Date)	(Multiples of ₹ 1 thereafter)* Please refer Instruction No.	Yearly	(Mention End Date) (Default is SIP	
Payout of Income Distribution cum capital withdrawal option		45 th 110	Quarterly		MMYYYY	ix (d)	(Default)	End Date)	
Reinvestment of income Distrib cum capital withdrawal option	ution	15 th LIC MF ULIS	quarterly						
Please tick (✓), Default Opti	on is Growth. (Only Growth Op	ion is Available	under LIC MF CI	nildren Gift Fund.	I			
UMRN						sting SIP investor and wish e			
03. SIP THROUGH POST	T DATED CHE	QUES							
No. of cheques enclosed i	ncluding first	cheque	Dr	awn on Bank an	d Branch				
Account type			Cheque No.	. should be in co	ntinuous series Fro	om	То		
04. LEGAL ENTITY IDEN	TIFIER DETAI	LS							
LEI No:						Validity Period of LEI:	D D M I	Л Ү Ү Ү Ү	
Legal Entity Identifier is man April 2021.	idatory for all no	on-individuals an	d it should be qu	uoted in any financ	ial transactions of Rs.5	50 Crores and above route	d through RTG	3/NEFT w.e.f 1st	
05. DECLARATION & SIG	SNATURE/S								
I/We hereby declare that the particular providers and bank are authorized to prot hold the user institution responsible SIP installments in rolling 12 months commissions (in the form of trail com understood and agreed to the terms a for which I/We have signed and endor provided by me/us in this Application F	process transactions le. I/We will also info period or financial mission or any othe and conditions and co sed the Mandate Fo	s by debiting my/our b orm LIC Mutual Fund/l year i.e. April to Mar er mode), payable to ontents of the SID, SA orm. I/We hereby acco	ank account through RTA about any chanc ch does not exceed nim for the different I, KIM and Addenda	Direct Debit / NACH fac ges in my/our bank acco Rs. 50,000/- (Rupees competing Schemes of a issued from time to tim	cility. If the transaction is delay bunt. I/We confirm that the agg Fifty Thousand) (applicable to various Mutual Funds from a e of the respective Scheme(s	ed or not effected for reasons of inc gregate of the lump sum investmen for "Micro investments" only). The amongst which the Scheme is bein) of LIC Mutual Fund. I/We hereby	complete or incorrect t (fresh purchase & ARN holder has d ng recommended to authorize the bank t	t information, I/We wou additional purchase) an isclosed to me/us all th o me/us. I/We have read to honour such paymen	
	8			8		8			
Date:									
Place :		SIGN HER			SIGN HERE	SIGN HE			
	Firs	First/Sole Applicant/Guardian			Second Applicant	Third Applicant		ant	
ACKNOWLEDGMENT	ACKNOWLEDGMENT SLIP Application No.				(TO BE FILLED IN BY THE INVESTOR)			LIC MUTUAL FUN	
SIP through Auto Debit (I	NACH / PDC)								
Folio No./Application No.			R	eceived from: M	r./ Ms. /M/s				
Date D D M M Y Y Y	Y	SIP Mandate	Form	NACH/PDC/A	uto Debit Form				

Corporate Office: