

COMMON APPLICATION FORM



Investors must read the Key Information Memorandum, the instructions and prospectus before investing in LIC Mutual Fund. The Application Form should be completed in English and in BLOCK LETTERS only.

Application No.

KEY PARTNER/ARN HOLDER INFORMATION (Investors applying under Direct Plan must enter Direct in ARN Code column.) (Refer Instruction 2 & 3)

| | | | | |
|----------------|-----------------|---------------------|---|---------------------|
| ARN / RIA Code | Sub-broker Code | Sub-broker ARN Code | Employee Unique Identification Number (EUIIN) | Time Stamp No |
| ARN-162514 | | | | For office use only |

Declaration for execution of transaction (where EUIIN is left blank) (Refer Instruction No. 3)
 I/We hereby declare that the EUIIN has been intentionally left blank by me/us as this is an execution of transaction with any interaction or advice by the employee/representative/manager/sales person of the distributor notwithstanding the advice of the distributor, if any, provided by the employee/representative/manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (Please tick (✓) and sign)

| | | |
|--|-------------------------------|------------------------------|
| SIGN HERE First/ Sole Applicant/ Guardian | SIGN HERE Second Applicant | SIGN HERE Third Applicant |
|--|-------------------------------|------------------------------|

TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

| | |
|--|--|
| I declare that I am a First time investor across Mutual Funds. | I declare that I am an existing investor in Mutual Funds. |
| (Rs. 150 deductible as Transaction Charge and "ayab" of the Distributor) | (Rs. 100 deductible as Transaction Charge and "ayab" of the Distributor) |

In case of purchase/subscribing a unit of Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as a "ayab" from the purchase/subscribing unit and "ayab" of the Distributor. Units will be issued against the balance amount invested. Unit not issued shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing units, with PAN & KYC validation "ease" in section 1 and "ceed" in section 4.)

| | |
|-----------|--|
| Folio No. | The details in your records under the folio number entered alongside will apply for this application |
|-----------|--|

2. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information – If left blank the application is liable to be rejected.)

| | | | | |
|-----------------------------------|-------|--------|------|--------------------------------|
| First Applicant's Name/Minor Name | FIRST | MIDDLE | LAST | KYC : <input type="checkbox"/> |
| Second Applicant's Name | FIRST | MIDDLE | LAST | KYC : <input type="checkbox"/> |
| Third Applicant's Name | FIRST | MIDDLE | LAST | KYC : <input type="checkbox"/> |

| | | |
|------------------------------------|-------------------------------------|------------------------------------|
| First Applicant PAN : CKYC No.: | Second Applicant PAN : CKYC No.: | Third Applicant PAN : CKYC No.: |
| DOB D D M M Y Y Y Y (mandatory) | DOB D D M M Y Y Y Y (mandatory) | DOB D D M M Y Y Y Y (mandatory) |

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

| | | |
|---|--|------------------------------------|
| FIRST | MIDDLE | LAST |
| PAN: _____ KYC <input type="checkbox"/> CKYC No.: _____ | Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian | Relationship with minor Please (✓) |
| DOB D D M M Y Y Y Y (mandatory) | | |

3. TAX STATUS (Please tick (✓))

| |
|---|
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> Fils <input type="checkbox"/> NRI-NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club/Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body <input type="checkbox"/> Bank |
| <input type="checkbox"/> Trust <input type="checkbox"/> NRI-NRE <input type="checkbox"/> FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> FPI <input type="checkbox"/> Others <input type="checkbox"/> Company <input type="checkbox"/> LLP |

4. KYC Details (Mandatory) Occupation Please tick (✓)

| | | | |
|---|------------------------|--------------------------------|---|
| FIRST APPLICANT/ GUARDIAN (in case of minor) | Private Sector Student | Public Sector Former Dealer | Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife |
| SECOND APPLICANT | Private Sector Student | Public Sector Former Dealer | Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife |
| THIRD APPLICANT | Private Sector Student | Public Sector Former Dealer | Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife |

GROSS ANNUAL INCOME [Please tick (✓)]

| | |
|--|--|
| FIRST APPLICANT GUARDIAN (in case of minor) | Net Worth (Mandatory for Non-Individual Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year) |
| SECOND APPLICANT | Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Cr ^{re} <input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year) |
| THIRD APPLICANT | Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Cr ^{re} <input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year) |

| | | |
|---|--|--|
| For Individual <input type="checkbox"/> I am Politically Exposed Person (As a "ayab" for authorized signatories/Pratt/Karta/Trustee/Whistle Directors) please mention I am Related to Politically Exposed Person Not Applicable | For Non-Individual Investors (Companies, Trust, Partnership etc.) Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If Not "ease" attach "andatory Ultimate Beneficial Ownership" (UBO) Declaration) Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

5. MODE OF HOLDING [Please tick (✓)] Joint Single Any "Survivor" (Default option is Joint)

6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

| | | | | |
|----------|------|-------|---------|---------|
| Landmark | City | State | Pincode | Country |
|----------|------|-------|---------|---------|

7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

| | |
|---------------------------|------------------|
| Email Id (Please Specify) | Mobile No. |
| Tel no (Resi) (STD Code) | (Off) (STD Code) |



ARN-97751

(TO BE FILLED IN BY THE INVESTOR)

ACKNOWLEDGEMENT SLIP

APP. No

| | |
|---|-----------------------------|
| Received an application for purchase of units of LIC MF _____ (Scheme Name with option) from Mr/Mrs/M/s. _____ (Name of the investor) a/c with _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For _____ Bank Charges (in case of Draft) of _____ Date _____ | Time Stamp No. |
| Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument. | ISC Signature, Stamp & Date |

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| | | | | | |
|---|--|---|--|---|--|
| 8. Overseas address (Overseas address is 'andati'ry f'r NRI / FII a'nticants in additi'n t' 'ai'ing address in India) | | | | | |
| Landmark | City | State | Pincode | Country | |
| 9. DEMAT ACCOUNT DETAILS* - (O'ti'na' - refer instructi'n 14) | | | | | |
| NSDL | | | CDSL | | |
| DP NAME | | | | | |
| DP ID | | | | | |
| Beneiciary Acc'unt N' | | | | | |
| 10. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form | | | | | |
| D' y'u have any'n-Indian C'untry (ies) f' Birth/ Citizenship/ Nati'na'ity and Tax Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No *P'ease tick as a'nticab'e and if yes, r'vide the be'w'enti'ned inf'r'ati'n l'andati'ry). | | | | | |
| Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | | 2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No | | 3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country of Birth | | Country of Birth | | Country of Birth | |
| Country of Citizenship/ Nationality | | Country of Citizenship/ Nationality | | Country of Citizenship/ Nationality | |
| Are y'u e US S'ecied Pers'n? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are y'u a US S'ecied Pers'n? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are y'u a US S'ecied Pers'n? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| "ease r'vide Tax Payer Id. | | "ease r'vide Tax Payer Id. | | "ease r'vide Tax Payer Id. | |
| C'untry f' Tax Residency* (other than India) | Tax'ayer Identiicati'n N'. | C'untry f' Tax Residency* (other than India) | Tax'ayer Identiicati'n N'. | C'untry f' Tax Residency* (other than India) | Tax'ayer Identiicati'n N'. |
| 1 | | 1 | | 1 | |
| 2 | | 2 | | 2 | |
| *P'ease indicate a' c'untries in which y'u are a resident f'r tax'ur'ase and ass'ciated Tax Payer Identiicati'n n'ber. In case f' ass'ciati'n with POA, the POA h' dersh'u'd i' f'r t' r'vide the ab've deta'is andati'ry. | | | | | |
| 11. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instructi'n 8) As *er SEBI Regu'ati'ns it is 'andati'ry f'r invest'rs t' r'vide their bank acc'unt deta'is | | | | | |
| Account No. | | | Name of the Bank | | |
| Type of A/c <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others | Branch | | Bank City | | |
| Please specify | | | | | |
| IFSC c'de** | MICR no | | Refer Instructi'n 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank acc'unt where the invest'ent is 'ade) F'r unit h' dersh' 'ting t' h' d units in de'at f'r, "ease ensure that the bank acc'unt is 'enti'ned here. (**Mandat'ry t' credit via NEFT/RTGS) | | |
| 12. INVESTMENT DETAILS [Please tick (✓)] (Refer Instructi'n N'. 2, 3 & 10) (If this secti'n is 'eft b'ank, 'n'y f'i' wi' be created) | | | | | |
| Se'arate cheque/de'and draft 'ust be issued f'r each Invest'ent, drawn in fav'ur f' res'ective sche'e na'e. P'ease write a' r' r'iate sche'e na'e as we' as the P'an/O'ti'n/Sub O'ti'n. | | | | | |
| * Cheque / DD Fav'uring Sche'e Na'e / Cash (refer Instructi'n 2 & 3) | Plan/Option | Amount Invested (Rs.) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH) | Bank and Branch and Account Number (for Cheque /DD) | For Cash |
| LIC MF | | | | | Deposited in Bank |
| | | | | | Branch Code |
| *A' urchases are subject' re'azitati'n f'fund (Refer t' Instructi'n N'. 10) Account Type (Please tick (✓)) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please Specify) | | | | | |
| 13. NOMINATION DETAILS (Refer Instruction No. 16) | | | | | |
| <input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish t' n'inate (sign here) _____ 1st A'nticant Signature (Mandat'ry) | | | | | |
| Nominee Name and Address | | Guardian Name (in case of Minor) | Allocation % | N'inee / Guardian Signature | |
| Nominee 1 | | | | | |
| N'inee 2 | | | | | |
| N'inee 3 | | | | | |
| | | | 100% | | |
| 14. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instructi'n 'ver'eaf) | | | | | |
| Name of the POA holder | | | Attached <input type="checkbox"/> KYC Letter (Mandat'ry) | | |
| PAN of the PoA holder | | | <input type="checkbox"/> Notarized copy of PoA | | |
| 15. DECLARATION & SIGNATURE/S | | | | | |
| a) Having read & understand the contents of the Scheme Information Document of the Scheme & reinvestment scheme. I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & 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 belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I/We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality/ Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) 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. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir/05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me /us. | | | | | |
| FOR INVESTMENT BY CASH: I have not invested in LIC Mutual Fund more than Rs. 50,000/- in cash including the current investment during the current financial year. | | | | | |
| Date : _____ | SIGN HERE First Applicant/ Guardian | | SIGN HERE Second Applicant | | SIGN HERE Third Applicant |
| P'ace : _____ | | | | | |
| For any queries please contact our nearest Investor Service Centre or | | | | | |
| Call Toll Free Number 1800-258-5678 | | | Email : service@licmf.com | | |
| Website : www.licmf.com | | | | | |