

Folio No./ Application No. _____ Received from: Mr./ Ms. /M/s _____ Dated _____/_____/_____

SIP Mandate Form NACH/PDC



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

Application should be submitted atleast 30 days before the 1st debit

Please SIP Registration SIP Renewal SIP Mandate Modification SIP Cancellation For Office use only: RM Code

ARN Code and Name of Distributor	Sub-Broker Code	Sub-Broker ARN Code	EUIN* (Employee Unique Identification Number)
ARN-162514			

Declaration for "execution-only" transaction (only where EUIN box is left blank)

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS

Folio No./Application No.		(Existing unitholders: Please mention your Folio Number. New applicants: Please mention Common Application No.)
Name of 1st Applicant		
Name of Guardian (in case of minor)		

PAN / PERKIN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant

SIP Details (Please any one) SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

Scheme Name/Plan/Option	SIP Installment Amount (Rs.)	SIP Date (Please <input type="checkbox"/> one)	Frequency (Please <input type="checkbox"/> One)	Enrollment Period (Please <input type="checkbox"/> any one)	LIC MF STEP - UP Facility (Optional)			
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Start Date From: <input type="text"/>	End Date Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____	<input type="checkbox"/> Half Yearly (Default) <input type="checkbox"/> Yearly	<input type="text"/> (Mention End Date) (Default is SIP End Date)
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____	<input type="checkbox"/> Half Yearly (Default) <input type="checkbox"/> Yearly	<input type="text"/> (Mention End Date) (Default is SIP End Date)
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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 <input type="text"/> To <input type="text"/>

DECLARATION: 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.

First Applicant / Guardian

Second Applicant

Third Applicant



Debit Mandate Form NACH / DIRECT DEBIT

UMRN F O R O F F I C E U S E O N L Y

Date D D M M Y Y Y Y

Sponsor Bank Code For office use only Utility Code For office use only

CREATE []
MODIFY [x]
CANCEL [x]

I/We, hereby authorize LIC Mutual Fund To debit (Please []) SB/CA/CC/SBNRE/SB-NRO/Other

Bank a/c number

with Bank Name of customers bank IFSC MICR

an amount of Rupees Amount in words

FREQUENCY: [x] Monthly [x] Quarterly [x] Half Yearly [x] Yearly [] As & when presented DEBIT TYPE: [x] Fixed Amount [] Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

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 chagers of the Bank

PERIOD
From
To
Or [] Until cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.



Debit Mandate Form NACH / DIRECT DEBIT

UMRN F O R O F F I C E U S E O N L Y

Date D D M M Y Y Y Y

Sponsor Bank Code For office use only Utility Code For office use only

CREATE []
MODIFY [x]
CANCEL [x]

I/We, hereby authorize LIC Mutual Fund To debit (Please []) SB/CA/CC/SBNRE/SB-NRO/Other

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PERIOD
From
To
Or [] Until cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.