

COMMON APPLICATION FORM



Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / ARN HOLDER INFORMATION

(Investors applying under Direct Plan must mention "Direct" in ARN Code column.)

Application No.

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.

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 distributors.

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

Please tick (✓) and sign "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."

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

⊗ SIGN HERE First/Sole Applicant/Guardian/POA	⊗ SIGN HERE Second Applicant/POA	⊗ SIGN HERE Third Applicant/POA
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01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

Folio No. The details in our records under the folio number mentioned alongside will apply for this application

02. 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

PAN CKYC No. Date of Birth (mandatory)

Second Applicant's Name FIRST MIDDLE LAST KYC

PAN CKYC No. Date of Birth (mandatory)

Third Applicant's Name FIRST MIDDLE LAST KYC

PAN CKYC No. Date of Birth (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 KYC

PAN CKYC No. Date of Birth (mandatory)

Relationship with minor Please (✓) Father Mother Court Appointed Legal Guardian If the nominee is minor then kindly submit the relevant relationship proof (mandatory).

03. TAX STATUS (Please tick ✓)

Resident Individual NRI Minor PIO QFI Sole Proprietor FIs HUF Club/Society Body Corporate Bank

Trust FI FPI Government Body Partnership Firm Private Sector Public Sector LLP Others Please specify

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

FIRST APPLICANT/ GUARDIAN (in case of minor) Private Sector Public Sector Government Service Business Professional Retired Housewife Student Forex Dealer Agriculturist Other (please specify)

SECOND APPLICANT Private Sector Public Sector Government Service Business Professional Retired Housewife Student Forex Dealer Agriculturist Other (please specify)

THIRD APPLICANT Private Sector Public Sector Government Service Business Professional Retired Housewife Student Forex Dealer Agriculturist Other (please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor) Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on (Not older than 1 year)

Net worth (Mandatory for Non-Individual) as on (Not older than 1 year)

SECOND APPLICANT Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on (Not older than 1 year)

THIRD APPLICANT Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on (Not older than 1 year)

For Individual

I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time 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 No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Yes No

Foreign Exchange / Money Changer Services Yes No

Gaming / Gambling / Lottery / Casino Services Yes No

Money Lending / Pawning Yes No

None of the above Yes No

14. INVESTMENT DETAILS [Please tick (✓)] (If this section is left blank, only folio will be created)

Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

*Cheque/DD Favouring Scheme Name/Cash (refer Instruction 2 & 3)	Plan/Option	Amount Invested ()	Cheque/DD No./UTR No (in case of NEFT/RTGS) TSL No. (in case of CASH) UMRN No (in case of OTM)	Bank and Branch & Account Number	For Cash
LIC MF	Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option				Deposited in Bank Branch Code

*All purchases are subject to reliazation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.

Type of A/c SB Current NRE NRO FCNR Others Please specify

16. LEGAL ENTITY IDENTIFIER DETAILS

LEI No: Validity Period of LEI: D D M M Y Y Y Y

Legal Entity Identifier is mandatory for all non-individuals and it should be quoted in any financial transactions of Rs.50 Crores and above routed through RTGS/NEFT w.e.f 1st April 2021.

17. NOMINATION DETAILS

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS (If the nominee is minor then kindly submit the relevant relationship proof (mandatory)).

	Nominee Name and Address	Guardian Name (in case of Minor)	Date of Birth (of Minor)	Type of Guardian (Mandatory - Please tick ✓ the relevant box)	Allocation % (% total to be 100)	Nominee / Guardian Signature
Nominee 1				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		
Nominee 2				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		
Nominee 3				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian		

OR

I/WE DO NOT WISH TO NOMINATE

FOR OPTING OUT: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

⊗ SIGN HERE First/Sole Applicant/Guardian	⊗ SIGN HERE Second Applicant	⊗ SIGN HERE Third Applicant
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18. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder

PAN of the POA holder Attached KYC Letter (Mandatory) Notarized copy of POA

19. DECLARATION & SIGNATURE/S

a) Having read & understood 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.

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.

Date :	⊗ SIGN HERE First/Sole Applicant/Guardian/POA Holder	⊗ SIGN HERE Second Applicant/POA Holder	⊗ SIGN HERE Third Applicant/POA Holder
Place :			

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF (Scheme Name with option)
from Mr/Mrs/M/s. (Name of the investor) alongwith
Cheque/Draft No./UMRN No. Date D D M M Y Y Y Y Bank
Branch Drawn on For `
Bank Charges (in cases of Draft) of ` Date D D M M Y Y Y Y

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

SIP REGISTRATION CUM MANDATE FORM (OTM/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

New SIP SIP Cancellation (Please ✓ as appropriate)

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.

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

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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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

Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)			
				Start Date	End Date	Amount	Frequency	Upto Date	
LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="text"/> <input type="text"/> (Any date from 1 st to 28 th of a given month, Default date is 10th) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	(Multiples of ` 1 thereafter)* Please refer Instruction No. ix (d) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

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. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN (First cheque is not mandatory, if you have opted for SIP through registered OTM)

05. SIP THROUGH FIRST CHEQUE

Cheque No. Cheque Amount in Rs. Cheque Date:

Bank Name Branch City

06. DECLARATION & SIGNATURE/S

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"/> Date : <input checked="" type="checkbox"/> Place : SIGN HERE First/Sole Applicant/Guardian/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA Holder
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ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

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

Date SIP Mandate Form OTM/PDC

ONE TIME MANDATE (OTM) FORM



Application No. _____

Name of Applicant _____

PAN No. _____ Mobile No. _____

Email ID _____

Bank Name _____

Account No. _____

Dated DDMMYYYY Place _____

SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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- I/We declare that the particulars furnished here are correct. I/We authorize LIC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/We request you to make provisions for me/us and/or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be first unit holder in folio/s and one of the holder in the below mentioned bank account.

UMRN _____ Bank use _____ Date DDMMYYYY

Utility Code _____ Bank use _____ Create Modify Cancel

Sponsor Bank Code _____ Bank use _____ I/We authorize LIC Mutual Fund

To debit (tick ✓) SB CA CC SB-NRE SB-NRO OTHER

Bank a/c Number _____

With Bank _____ Name of the customers bank _____ IFSC/MICR _____

an amount of Rupees _____ ₹ _____

Debit Type Fixed Amount Maximum Amount

Frequency Monthly Quarterly Half Yearly Yearly As & when Presented

Reference 1 _____ PAN No. _____ Reference 2 _____ All Schemes of LIC Mutual Fund

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.

Form DDMMYYYY Maximum period of validity of this mandate is 40 years only

To DDMMYYYY

Maximum period of validity of this mandate is 40 years only Phone No. _____

SIGN HERE Signature of primary account holder	SIGN HERE Signature of account holder	SIGN HERE Signature of account holder
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Name as in bank records	Name as in bank records	Name as in bank records
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MANDATORY FIELDS : • Instrument Date • Account Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name _____

PAN No. _____

Stamp & Signature