

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.)
*Mandatory

Application No. _____

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

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 EUIIN box is left blank)

Please tick (✓) and sign*/I/We hereby confirm that the EUIIN 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 with the Investment Advisor 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	⊗ SIGN HERE Third Applicant
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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 13.)

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

02. INVESTMENT DETAILS

Application for Lumpsum SIP with cheque SIP without Cheque

Unit Holding Option Physical Mode Demat Mode The Depository Participant (DP) details are compulsory if the investor wishes to hold the units in DEMAT mode.

Mode of Holding Single Joint (Default*) Anyone or Survivor

(In case of Demat Purchase Mode of Holding should be same as in Demat Account)

*In the case of applications made in joint names without specifying the mode of holding, it will be deemed as 'Joint' and processed accordingly.

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

NSDL DP ID No. Beneficiary Account No. | N | _____ CDSL Target ID No. _____

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slips (DIS)

03. 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 (as per PAN (Mandatory)) FIRST MIDDLE LAST New KYC

PAN / PEKRN _____ Date of Birth/ Incorporation (mandatory) (As per PAN) D D M M Y Y Y Y

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

FIRST MIDDLE LAST New KYC

PAN / PEKRN _____ Date of Birth (mandatory) (As per PAN) D D M M Y Y Y Y

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

Second Applicant's Name (as per PAN (Mandatory)) FIRST MIDDLE LAST New KYC

PAN / PEKRN _____ Date of Birth (mandatory) (As per PAN) D D M M Y Y Y Y

Third Applicant's Name (as per PAN (Mandatory)) FIRST MIDDLE LAST New KYC

PAN / PEKRN _____ Date of Birth (mandatory) (As per PAN) D D M M Y Y Y Y

04. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction 5b)

Name of the POA holder _____

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

05. ADDITIONAL KYC DETAILS (Please tick ✓) (mandatory)

Tax Status details for **	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for**	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>				Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO/OCI				Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership				Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank				Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> AOP <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> FPI				Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> QFI <input type="checkbox"/> Government Body				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Others (Please specify) _____				Others (Please specify)	_____	_____	_____	_____

11. LEGAL ENTITY IDENTIFIER DETAILS

LEI No:

Validity Period of LEI:

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.

12. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 20)

The below information is required for all applicant(s)/guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant	Third Applicant
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

^In case Tax Identification Number is not available, kindly provide its functional equivalent.

13. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 8) (If this section is left blank, only folio will be created)

Scheme: LIC MF

Plan: Regular Direct **Option:** Growth (Default) **IDCW-Reinvestment **IDCW-Payout

* applicable for select debt and hybrid scheme. please refer SID. In the absence of a specified investment frequency in the applications, the default frequency as per the Scheme's SID will be applied.

** IDCW - Income Distribution cum capital withdrawal option

14. PAYMENT DETAILS [Please tick (✓)] (Refer Instruction 8)

The cheque should be drawn in favour of "LIC MF _____ (Scheme name)", you may refer the SID for additional information.

Mode of Payment [Please (✓)] RTGS / NEFT / Fund Transfer / Others _____ DD Cheque (Non MICR or Outstation Cheque will not be accepted) AOTM KOTM Cash

Cheque/UTR/RTGS No. Date Gross Amount (₹)

Bank Details: Same as above (Please tick (✓) if yes) Different from above (Please tick (✓) if it is different from above and fill in the details below)

Drawn on Bank / Branch & City

Account No. Account Type [Please (✓)] SB Current NRO NRE FCNR

UMRN No.

Name as per bank

Mode of holding as per bank Single Joint Anyone or Survivor

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to enable future transaction through OTM.

15 A. NOMINATION DETAILS (Please note that where the sole/1st applicant is a minor, no nomination is allowed)

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

Particulars	1st Nominee	2nd Nominee	3rd Nominee																								
Name (mandatory)																											
Share of Nominee (%) (mandatory)																											
Relationship with Applicant (mandatory) Please tick (✓)	<input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Others (Mandatory to Specify)	<input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Others (Mandatory to Specify)	<input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Others (Mandatory to Specify)																								
Postal Address (mandatory)																											
Mobile Number (mandatory)																											
Email (mandatory)																											
Identity Number (PAN / Driving Licence / Last 4 Digit of Aadhar / Passport) (mandatory)																											
Date of Birth (in case nominee is a minor) (mandatory)	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Guardian Name (in case nominee is a minor)																											

15 B. NOMINEE INFORMATION ON STATEMENT OF HOLDING (MANDATORY)

I / we want the details of my / our nominee to be printed in the statement of account, provided to me/us by the AMC as follows: Please tick (✓)

Name of nominee(s) **OR** Nomination: Yes/No

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) in my / our MF Folio and understand the issues involved in non-appointment 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 / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

15 C. SIGNATURES (MANDATORY)

Name(s) of holder(s)	Name	Signature as per mode of holding/ Thumb Impression	Signature of Two Witness	Name of witness & Address (Wherever applicable)*
Sole/First Holder (Mr./Ms.)		⊗	⊗	
Second Holder (Mr./Ms.)		⊗	⊗	
Third Holder (Mr./Ms.)		⊗	⊗	

*(Required if the account holder uses a thumb impression instead of a wet signature)

15 D. ADDITIONAL CONDITIONS (IF APPLICABLE)

Joint Accounts - Transmission of Assets

Scenario	Description
Transmission of Account / Folio to Demise of One or More Joint Holders	Surviving holder(s) through name deletion: The surviving holder(s) shall inherit the assets as owners.
Demise of All Joint Holders Simultaneously - Having Nominee	Nominee: The Nominee will receive the assets.
Demise of All Joint Holders Simultaneously - Not Having Nominee	Legal heir(s) of the youngest holder: The assets will be inherited by the legal heir(s) of the youngest holder

16. DECLARATION & SIGNATURE/S

a) Having read & understood the contents of the Scheme Information Document of the 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 neither 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 extant regulatory provisions regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN.

e) I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company

I/We hereby confirm that I/We have not been offered/ Communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/Its distributor for investment

FOR INVESTMENT BY CASH : I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

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

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



Cheque/Draft No./UMRN No.	Bank
Branch	Drawn on
Date <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	For ₹

ISC Signature, Stamp & Date

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