

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

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