

# 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.
ARN-106392 BLUECHIP STOCKS					E-107715	

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"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month, Default date is 10th) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/>	(Multiples of ` 1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> M M Y Y Y Y (Mention End Date) (Default is SIP End Date)

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.

Date : .....	<input checked="" type="checkbox"/> 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 \_\_\_\_\_

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input type="checkbox"/> SIGN HERE Second Applicant	<input type="checkbox"/> 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 \_\_\_\_\_ Date DDMMYYYY

Utility Code \_\_\_\_\_  Create  Modify  Cancel

Sponsor Bank Code \_\_\_\_\_ I/We authorize LIC Mutual Fund

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

Bank a/c Number \_\_\_\_\_

With Bank \_\_\_\_\_ IFSC/MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

Debit Type  Fixed Amount  Maximum Amount

Frequency  Monthly  Quarterly  Half Yearly  Yearly  As & when Presented

Reference 1 \_\_\_\_\_ Reference 2 \_\_\_\_\_

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. \_\_\_\_\_

<input checked="" type="checkbox"/> SIGN HERE Signature of primary account holder	<input type="checkbox"/> SIGN HERE Signature of account holder	<input type="checkbox"/> 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 \_\_\_\_\_