

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.) (Refer Instruction 2 & 3)

Application No. _____

| ARN* / RIA Code / PMRN | ARN / RIA / PM Name | Sub-broker Code | Sub-broker ARN Code | RM Code | Employee Unique Identification Number (EUIIN) | Time Stamp No. |
|------------------------|---------------------|-----------------|---------------------|---------|---|----------------|
| ARN 112272 | | | | | E-159868 | |

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. 3)

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. (please tick (✓)) and sign

#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.

| | | |
|--|---|--|
| <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 |
|--|---|--|

TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

| | |
|--|---|
| <input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor) | <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor) |
|--|---|

In case the purchase/ subscription amount is ₹ 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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 | | | | <input type="checkbox"/> |
| CKYC No. | | | | |
| Date of Birth (mandatory) | | | | |
| Second Applicant's Name | | | | <input type="checkbox"/> |
| PAN | | | | <input type="checkbox"/> |
| CKYC No. | | | | |
| Date of Birth (mandatory) | | | | |
| Third Applicant's Name | | | | <input type="checkbox"/> |
| PAN | | | | <input type="checkbox"/> |
| 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 | | | | <input type="checkbox"/> |
| CKYC No. | | | | |
| Date of Birth (mandatory) | | | | |

Relationship with minor Please (✓) Father Mother Court Appointed Legal Guardian

03. TAX STATUS (Please tick ✓)

| | | | | | | | | | | |
|--|------------------------------|----------------------------------|------------------------------|---------------------------------------|--|---|---|--|---|--|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> FIs | <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> HUF | <input type="checkbox"/> Club/Society | <input type="checkbox"/> PIO | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Minor | <input type="checkbox"/> Government Body | <input type="checkbox"/> Bank | |
| <input type="checkbox"/> Trust | <input type="checkbox"/> FI | <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> FPI | <input type="checkbox"/> QFI | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Others | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> LLP | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector |

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

| | | | | | | | |
|---|---|--|---|---|---------------------------------------|----------------------------------|------------------------------------|
| FIRST APPLICANT/ GUARDIAN (in case of minor) | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Other (please specify) | | | |
| SECOND APPLICANT | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Other (please specify) | | | |
| THIRD APPLICANT | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Other (please specify) | | | |

GROSS ANNUAL INCOME [Please tick (✓)]

| | | | | | | |
|---|---|-----------------------------------|--------------------------------------|---------------------------------------|--|--|
| FIRST APPLICANT/ GUARDIAN (in case of minor) | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> > 5-10 Lacs | <input type="checkbox"/> > 10-25 Lacs | <input type="checkbox"/> > 25 Lacs-1 Crore | <input type="checkbox"/> >1 Crore OR Net Worth |
| | Net worth (Mandatory for Non-Individual ₹ as on DDMMYYYY (Not older than 1 year)) | | | | | |
| SECOND APPLICANT | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> > 5-10 Lacs | <input type="checkbox"/> > 10-25 Lacs | <input type="checkbox"/> > 25 Lacs-1 Crore | <input type="checkbox"/> >1 Crore OR Net Worth (Not older than 1 year) |
| THIRD APPLICANT | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> > 5-10 Lacs | <input type="checkbox"/> > 10-25 Lacs | <input type="checkbox"/> > 25 Lacs-1 Crore | <input type="checkbox"/> >1 Crore OR Net Worth (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)

Foreign Exchange / Money Changer Services

Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning

None of the above

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (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) | Bank and Branch and Account Number (for Cheque/DD) | For Cash |
|---|--|---------------------|--|--|-------------------|
| LIC MF | <input type="checkbox"/> Growth | | | | Deposited in Bank |
| | <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option | | | | Branch Code |
| | <input type="checkbox"/> Reinvestment of income Distribution cum capital withdrawal option | | | | |

*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

15. 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.

16. NOMINATION DETAILS (Refer Instruction No. 15)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE

| | Nominee Name and Address | Guardian Name (in case of Minor) | Allocation % | Nominee / Guardian Signature |
|-----------|--------------------------|----------------------------------|--------------|------------------------------|
| Nominee 1 | | | | |
| Nominee 2 | | | | |
| Nominee 3 | | | 100% | |

17. 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

18. 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 nor 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 (refer instruction no 20).

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

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./Payment Instrument No. Date Bank
 Branch Drawn on For ₹
 Bank Charges (in cases of Draft) of ₹ Date

ISC Signature, Stamp & Date

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

Corporate Office:
 Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
 Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
 Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
 KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
 Nanakramguda | Serilingampally Mandal | Hyderabad - 500032 .
 Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com
 Website: www.kfintech.com