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Ref: CO/CRM/945 /23

September 19, 2014

To,
All Zonal Managers,
All Regional Managers (CRM)
All Sr/Divisional Managers,
M.D.C., Audit & Inspection

Re : Premium Payment facility through LIC Nomura Mutual Fund Accounts through Bill Pay type process.

This has reference to CO-CRM Circular CO/CRM/894/23 dated March 21, 2013 regarding the new mode of Alternate Premium Channel Collection – Premium collection facility through LIC Nomura Mutual Fund. LIC enabled premium payment through LIC Nomura Mutual Fund accounts where customer gives standing instructions to debit his LICNMF account for LIC premium payment. Process of premium payment was on the lines of Direct Debit Process.

The above facility is now modified to Bill Pay (EBPP) type process. This premium payment facility is referred as **APPS (Auto Premium Payment Service)** by LICNMF. Process flow and terms and conditions for APPS are described below:

1. As per LIC Nomura MF guidelines, LICNMF investors can opt for this facility for paying premium on the **life of self** or for **minor where the policy is proposed by him/her only**. In case of Mutual Fund account in joint names, policy should be on the life of First investor.
2. Following are to be submitted along with the mandate form for availing this facility:
 - a. Photocopy of PAN Card.
 - b. Photocopy of first page of policy bond or policy status report or First Premium receipt for DOB verification.
 - c. Valid email-id must be mentioned in the mandate form where e-receipt for the premium payment can be sent.
3. Mandate forms for APPS will be available with LICNMF office or their Marketing officials. Same will also be made available on LICNMF website – www.licnomuramf.com.
4. Policyholders will have option to choose debit date from “Due Date” or “last date of grace period – 5 days” in the APPS Mandate form.
5. As in case of existing Bill Pay conditions, ULIP, HI plan policies and Mly mode policies cannot be registered under APPS. Premium for lapsed and SSS policies also cannot be paid using this facility.
6. Mandate form for APPS is to be submitted at LICNMF office only. FORMS ARE NOT TO BE SUBMITTED AT LIC BRANCH OFFICES.

7. LICNMF office will validate the form and send soft data for registration to LIC at PCMC Mumbai.
8. PCMC will send the invoice to LICNMF office on due date and LICNMF will send the payment to PCMC by debiting the MF accounts on the specified dates.
9. For the payments received, accounting will be done by PCMC and e-receipts will be sent to the registered email-id. No physical receipt will be issued.
10. In case any payment received is not accounted due to double payment, difference in premium or some other reason, same will be refunded to the policy holder's bank account registered with LICNMF.

Branches are requested to inform the same to the field staff. If any mandate form for premium payment through LICNMF account is received by the Branch, the Policy holder/Agent may be informed regarding the new process and need not register at the Branch.

Sample Mandate form is attached for information.

Executive Director (CRM)

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
 State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person* (Please see instruction **H**) at the end

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: - - Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details


Name

Code

Emp. Branch

[Institution Stamp]

COMMON APPLICATION FORM

 LIC MUTUAL FUND	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.	Application No.
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KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

ARN / RIA Code	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIN)	Time Stamp No
ARN-32141			E047160	<i>For office use only</i>

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

"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." (please tick (✓)) and sign

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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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.	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)	(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is Rs. 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.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 4.)

Folio No. <input type="text"/>	The details in our records under the folio number mentioned alongside will apply for this application
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2. 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 : <input type="checkbox"/>
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>

First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>
DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory)	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory)	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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
PAN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KYC <input type="checkbox"/> CKYC No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian		
DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory) Relationship with minor Please (✓)		

3. TAX STATUS (Please tick (✓))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Fils	<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"/> NRI-NRE	<input type="checkbox"/> FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company	<input type="checkbox"/> LLP

4. 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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others(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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others(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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others(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
	Net worth (Mandatory for Non-Individual Rs. _____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention)	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No
	None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. MODE OF HOLDING [Please tick (✓)] Joint Single Anyone or Survivor (Default option is Joint)

6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark	City	State	Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country
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7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id (Please Specify)	Mobile No.
Tel no (Resi) (STD Code)	(Off) (STD Code)

ACKNOWLEDGEMENT SLIP	APP. No
Received an application for purchase of units of LIC MF _____ (Scheme Name with option) from Mr/Mrs/M/s. _____ (Name of the investor) along with Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For ₹ _____ Bank Charges (in cases of Draft) of ₹ _____ Date _____ Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	Time Stamp No.
	ISC Signature, Stamp & Date

8. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)Landmark _____ City _____ State _____ Pincode Country _____**9. DEMAT ACCOUNT DETAILS*** - (Optional - refer instruction 14)

	NSDL	CDSL
DP NAME		
DP ID		
Beneficiary Account No		

10. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details formDo you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth _____	Country of Birth _____	Country of Birth _____
Country of Citizenship/ Nationality _____	Country of Citizenship/ Nationality _____	Country of Citizenship/ Nationality _____
Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____	Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____	Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____
Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____	Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____	Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.

11. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it is mandatory for investors to provide their bank account details

Account No. _____	Name of the Bank _____	
Type of A/c <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others Please specify _____	Branch _____	Bank City _____
IFSC code** _____	MICR no _____	Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

12. 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 (Rs.)	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 Deposited in Bank
LIC MF					Branch Code _____

*All purchases are subject to relaxation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)) SB Current NRE NRO FCNR Others (Please Specify) _____**13. NOMINATION DETAILS** (Refer Instruction No. 16)

<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish to nominate (sign here) _____				1st Applicant Signature (Mandatory)	
	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature	
Nominee 1					
Nominee 2					
Nominee 3			100%		

14. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)Name of the POA holder _____ Attached KYC Letter (Mandatory)
PAN of the PoA holder _____ Notarized copy of PoA**15. DECLARATION & SIGNATURE/S**

a) Having read & understand 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.

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

Date : _____	SIGN HERE First Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
Place : _____			

For any queries please contact our nearest Investor Service Centre or

Call Toll Free Number 1800-258-5678

Email : service@licmf.com

Website : www.licmf.com



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

SIP Mandate Form NACH/PDC/Auto Debit Form



SIP REGISTRATION CUM MANDATE FORM (NACH / DIRECT DEBIT/PDC)

New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Application should be submitted atleast 30 days before the 1st debit

Please SIP Registration SIP Renewal SIP Mandate Modification SIP Cancellation For Office use only: RM Code

ARN Code and Name of Distributor	Sub-Broker Code	Sub-Broker ARN Code	EUIN* (Employee Unique Identification Number)
ARN-32141 PRASANNA KUMAR			E047160

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.

SIGNATURE(S)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS

Folio No./Application No. _____	(Existing unitholders: Please mention your Folio Number. New applicants: Please mention Common Application No.)
Name of 1st Applicant _____	
Name of Guardian (in case of minor) _____	

PAN / PERKIN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
_____	_____	_____
CKYC No. _____	CKYC No. _____	CKYC No. _____

SIP Details (Please any one) SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

Scheme Name / Plan / Option	SIP Installment Amount (Rs.)	SIP Date (Please <input checked="" type="checkbox"/> one)	Frequency (Please <input checked="" type="checkbox"/> One)	Enrollment Period (Please <input checked="" type="checkbox"/> any one)	LIC MF STEP - UP Facility (Optional)			
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Start Date From: <input type="text"/>	End Date Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Amount Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/>
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/>
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/>

UMRN

If you are an existing SIP investor and wish enroll another SIP with the same bank. Please mention the UMRN No. (Please check the maximum amount given earlier)

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 <input type="text"/> To <input type="text"/>

DECLARATION : 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.

First Applicant / Guardian

Second Applicant

Third Applicant



Auto Premium Payment Service

APPS Mandate Form



For office use only:

Area Office Name AHMEDABAD Business Centre Name: AHMEDABAD RM Code: _____ ARN Code: 32141

To,
LIC Mutual Fund

Mandate Registration Mandate Cancellation (whichever is applicable)

Folio Number : _____ **Date of Birth:** DD/MM/YYYY (mandatory)

Investor Name: _____ (as appearing in LIC MF Folio)

Name of the Policyholder: _____ (as per LIC Policy)

Guardian's name: _____ (If policy is in the name of minor)

Mobile Number: _____ **Email id:** _____ (mandatory)

PAN No.: _____ * **Attach self attested photocopy of PAN Card*

Sr. No.	Policy Number	Premium payment Mode	Premium Amount	Scheme Code (Only Growth Option Allowed) [#]	Plan (Direct/Regular)	Premium Debit Date ^{\$} (<input checked="" type="checkbox"/> Tick any one)		Document attached**
						Premium Due Date	5 days prior to last date of Grace period	
1				40				
2								
3								
4								
5								
6								
7								
8								
9								
10								

[#] Scheme Code: 36- Liquid Fund, 40- Saving Plus Fund, 72- Income Plus Fund

^{\$} If no option is selected, the default premium debit date will be premium due date.

** Attach Status report or copy of Policy document for each policy which is to be registered

Declaration and Signature:

I hereby declare that the particulars given above are correct and complete. I, being the holder of the above policy/policies, express my willingness to remit the premium/s referred to above through participation in LICMF Scheme **and hereby authorize LIC of India to raise debits on LIC MF Scheme Account towards the premium/s due.** If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of accounts etc., I would not hold LIC, LICMF, the AMC, the Trustees or Karvy responsible for the same. I understand that the first transaction after authorization may take one month time in getting the process commenced. I further declare that the policies mentioned above are on my own life/ I am guardian of the policyholder and authorized to transact on his behalf. I have read and understood the terms and conditions printed on the form and in agreement with the same.

SIGN HERE

1st unit holder/ Guardian

SIGN HERE

2nd unit older

SIGN HERE

3rd unit older

Terms and Conditions

1. This facility is allowed only to LIC MF unit holders who have invested in LIC MF Liquid Fund-Growth OR LIC MF Savings plus Fund-Growth OR LIC MF Income plus Fund-Growth.
2. The APPS mandate form should be submitted in original along with the self attested photocopy of PAN card and the first page of the policy document/ Status Report/First Premium Receipt of each policy to be registered to any of the POA's (Point of Acceptance) of LIC MF. If the same is not enclosed then the mandate form will be rejected.
3. Policy holder name in the LIC policy and first unit holder name in the folio has to be identical. No third party transfer will be allowed.
4. All existing LIC Policies except Lapsed Policies, Policies under SSS, Monthly and Single Premium Mode, ULIP and Health Insurance Policies are eligible for registration under APPS process.
5. Debit dates for all policies will be either the premium due date or 5 days prior to last date of Grace period allowed by LIC of India for respective plans and as opted for by investor in the Mandate form. If no debit date is opted for, the default debit date will be premium due date. If the debit date is non-transaction day, the debit in the folio will take place on the next working day.
6. Unit holder to submit the form to LIC MF before 30 days in advance prior to premium due date.
7. Unit holder must maintain the sufficient balance in the folio to honor premium invoice.
8. Multiple folios are not allowed for debit of single premium amount.
9. The minimum premium amount should be Rs.500/ and above .If the premium amount is less than Rs. 500 then APPS mandate will not be registered.
10. Please note that premium amount along with the charges (if any applicable) will be debited from folio.
11. Before opting the Apps option, all the premium due must be paid by unit holders.
12. If a unit holder desires to discontinue the facility, request for same should be given to the LIC MF / Registrar at least 30 days before due date.
13. In case if the amount debited from investor's account is refunded for any reason then the same will be credited by LIC of India to investor's bank account registered with LIC Mutual fund
14. In case of any assistance, please contact nearest Investor Services Centre.