

APPLICATION FORM FOR LIC MF ULIS



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 (EUIN)	Time Stamp No.
ARN-4464	VIKRAM S. BAGADTHEY				E0372737	

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 inappropriateness, 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.

SIGN HERE
First/Sole Applicant/Guardian

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

I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

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 13.)

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

02. APPLICANT DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.)

Applicant Name/Minor Name FIRST MIDDLE LAST KYC

PAN CKYC No. Date of Birth (mandatory) DD MM YY YY

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor)

FIRST MIDDLE LAST KYC

PAN CKYC No. Date of Birth (mandatory) DD MM YY YY

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

03. TAX STATUS (Please tick ✓)

Resident Individual NRI-NRO NRI-NRE Minor through guardian

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

FIRST APPLICANT/ GUARDIAN (in case of minor) Private Sector Public Sector Government Service Business Professional Retired Housewife

Student Forex Dealer Agriculturist Other..... (please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor) Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore OR Net Worth

Net worth (Mandatory for Non-Individual ₹ as on DD MM YY YY (Not older than 1 year)

FOR FEMALE INVESTOR [Please tick (✓)] Independent Income (Insurance Purpose only)

Woman who claims to have an independent income is required to submit her proof of income and her average gross income of last three Assessment Years should be more than the total Regular Annual Instalment(s), for insurance cover above ₹ 5 lakhs.

For Individual applicant details

- I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/Karta/Trustee/Whole time Directors) please mention Yes No
- I am Related to Politically Exposed Person Yes No
- Not Applicable Yes No

05. GENDER [Please tick (✓)]

Male Female Transgender

06. MODE OF HOLDING

Single

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

Landmark City State Pincode Country

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication. Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)]

Account Statement Annual Report

09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id (EMAIL Id to be written in BLOCK letters)

Tel No.: (Resi) (STD Code) (Off) (STD Code)

I declare that Email address and Mobile number provided in this form belongs to (tick one option) Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address.

SIGN HERE
First/Sole Applicant/Guardian**10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)**

Landmark City State PO Box No. Country

11. FATCA Detail (Mandatory)Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? Please tick as applicable and if yes, provide the below mentioned information mandatory. Yes NoSole/First Applicant/Guardian Yes No Country of Birth County of Citizenship/NationalityAre you a US Specified Person? Yes No Please provide Tax Payer Id.

Country of Tax Residency* (other than India) Taxpayer Identification No.

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* 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.

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

Account No. Name of the Bank

Type of A/c SB Current NRE NRO FCNR 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)

13. 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	Plan	Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number (for Cheque/DD)
LIC MF Unit Linked Insurance Scheme		<input checked="" type="checkbox"/> Dividend Reinvestment			

*All purchases are subject to realization of fund (Refer to Instruction No. 10) Account Type (Please tick (u))

Type of A/c SB Current NRE NRO FCNR Others Please specify

(I) REGULAR CONTRIBUTION	(II) SINGLE PREMIUM
Term <input type="checkbox"/> 10 years (default) <input type="checkbox"/> 15 years <input type="checkbox"/> Reducing Cover* <input type="checkbox"/> Uniform Cover	Term <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years
Target Amount : ₹	Target Amount : ₹
In words	In words
Mode of Contribution <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly	
In Case of SIP <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Contribution Amount : ₹	
In words	

*If the insurance cover option is not chosen, reducing cover option will be considered as default cover.

14. 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			

15. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf, only in case of minor)

Name of the POA holder

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

POA holder should not be same as nominee

16. HEALTH DECLARATION

1. Are you already a member of LIC MF ULIS? If yes, please give the total of target amount for such earlier memberships inforce:

2. Have you ever suffered from any major disease(s)? If yes, give details:

3. Do you have any physical deformity or are you handicapped? If yes, give details:

4. Have you had any serious illness or major operations for the last 5 years? If yes, give details:

5. Whether any proposal of your life insurance to the LIC of India or any other life insurer has ever been deferred/declined? If yes, give details:

17. 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 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.

Date :	⊗ SIGN HERE First/Sole Applicant/Guardian	⊗ SIGN HERE Signature with Name, Designation / Code of AMC Official / ARN Holder
Place :		

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF Unit Linked Insurance Scheme 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.customercare@kfintech.com
Website: www.kfintech.com