

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.

Application No.

KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

| | | | | |
|----------|-----------------|---------------------|---|----------------------------|
| ARN Code | Sub-broker Code | Sub-broker ARN Code | Employee Unique Identification Number (EUIIN) | Time Stamp No |
| 15114 | | | E023534 | <i>For office use only</i> |

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)

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

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.)

| | | | | |
|------------------------------|---|--------|------|--------------------------------|
| Sole/First Applicant 's Name | FIRST | MIDDLE | LAST | KYC : <input type="checkbox"/> |
| DOB <input type="text"/> | DOB is mandatory in case of unit holder is minor. Proof attached. Please (√) <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"/> |
|--|---|--|

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"/> | KYC <input type="checkbox"/> | Relationship with minor Please (√) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian |
|---------------------------|------------------------------|--|

3. TAX STATUS (Please tick (√))

| | | | | | | | | |
|--|----------------------------------|------------------------------------|--|---|------------------------------|---|---------------------------------|---|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> FIIs | <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"/> Trust | <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> Bank & 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 | <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 | <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"/> (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 <input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention) <input type="checkbox"/> I am Related to Politically Exposed <input type="checkbox"/> 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 |
|---|--|--|

5. MODE OF HOLDOING [Please tick (√)] Joint Single Anyone of Survivor (Default option is Anyone of Survivor)

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

| | | | | |
|----------|------|-------|------------------------------|---------|
| Landmark | City | State | Pincode <input type="text"/> | Country |
|----------|------|-------|------------------------------|---------|



(TO BE FILLED IN BY THE INVESTOR)

ACKNOWLEDGEMENT SLIP

APP. No

| | |
|---|---|
| Received an application for purchase of units of LIC Nomura MF _____ (Scheme Name with option) from Mr/Mrs/M/s. _____ (Name of the investor) _____ alongwith 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 |
|---|---|

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) | |

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 FACTA details form

Do 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 e 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 | | 1 | |

* 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 shoulder 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 <i>Ps specify</i> | 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 (refer Instruction 2 & 3) | Plan / Option | Amount Invested (Rs.) | DD Charges | Net Amount Paid (Rs.) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch and Account Number |
| LIC Nomura MF | | | | | | |

*All purchases are subject to relaiation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)) SB Current NRE NRO FCNR Others (Per Specify)

13. Option for Switch

| | | | | |
|------------------|---------------|---------|--------|---|
| Switch in To | LIC Nomura MF | Plan | | Option |
| | | Regular | Direct | Growth /Dividend / Div Reinvestment /Div Payout |
| Amount: Rs _____ | | | | |
| From Scheme Name | | Plan | | Option |
| | | Regular | Direct | Growth /Dividend / Div Reinvestment /Div Payout |
| Folio No. | | | | |
| Amount : Rs. | | Units: | | |

14. NOMINATION DETAILS (Refer Instruction No. 16)

I/We wish to nominate I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

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

To register multiple nominee please fill separate Nomination Form

15. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

| | |
|------------------------|--|
| Name of the POA holder | Attached <input type="checkbox"/> KYC Letter (Mandatory) |
| PAN of the PoA holder | <input type="checkbox"/> Notarized copy of PoA |

16. 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.

| | | | |
|---------------|--|-------------------------------|------------------------------|
| 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@licnomuramf.com

Website : www.licnomuramf.com

DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Do you want Units in Demat Form (Please (✓)) <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please provide the below details | | | | | | | | | | | | | | | | | | | | | |
| National Securities Depository Limited (NSDL) | | Central Depository Services (India) Limited (CDSL) | | | | | | | | | | | | | | | | | | | | | |
| Depository Participant Name _____ | | Depository Participant Name _____ | | | | | | | | | | | | | | | | | | | | | |
| DP ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | Target ID No. _____ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Documents of the scheme wherein Systematic Investment Plan is opted and also the instructions on the SIP given overleaf. I/We have neither received nor been induced by any rebate or gift, directly, in making the investment. I/We hereby authorise the fund to act as per the details above. I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI. 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.

| | | | |
|------------------|--|--|---|
| SIGNATURE | Sole/First Applicant <table border="1" style="display: inline-table; width: 150px; height: 30px;"></table> | Second Applicant <table border="1" style="display: inline-table; width: 150px; height: 30px;"></table> | Third Applicant <table border="1" style="display: inline-table; width: 150px; height: 30px;"></table> |
|------------------|--|--|---|

(All applicants shall sign if the mode of holding is joint)

TERMS AND CONDITIONS (SIP THROUGH CHEQUE)

- SIP is available for all open ended schemes of LIC Nomura Mutual Fund. The schemes offered for SIP are subject to change from time to time. For latest status, please contact any of Investor Service Centers of LIC Nomura Mutual Fund.
- All prospective or existing investors who desire to invest under Systematic Investment Plan have to fill in a Separate Enrolment Form with details of advance cheques deposited along with a fresh application for SIP. A separate folio will be created for SIP Plan investments.
- The SIP Enrolment Form should be completed in English and in Block Letters only. Please tick (P) in the appropriate box (), where boxes have been provided. The SIP Enrolment Form complete in all respects, should be submitted at any of the Investor Service Centers (ISCs) of LIC Nomura Mutual Fund or at the Official Points of Acceptance of Transactions of Karvy Computershare Pvt. Ltd. If there is ambiguity in the details provided or if the application for SIP is incomplete or incomprehensive, SIP will be rejected and there will be no separate communication on rejection.
- Use one form for one scheme. A photocopy of the form may be used for this purpose
- Non-MICR / Outstation Post Dated Cheques will not be accepted.
- Post-dated cheques have to be deposited along with request for SIP. Multiple cheques for the same date are not allowed. The applicant shall write the -Application Number, Scheme, Option and Name of the first holder at the back of each post dated cheque.
- The cheque numbers of the post dated cheques shall be continuous without any break. If cheques are to be drawn on more than one bank then for each bank the details are to be provided.
- All Cheques are to be dated for either 1/7/10/15th of every month. The first cheque may be dated according to the date of application. However, in respect of LIC Nomura MF ULIS, the cheque date should be only 15th of the month.
- The amount of each post dated cheque should be same. Please note that there should be a minimum of 21 days gap between the SIP application date and next installment date.
- The cheque shall be drawn in favour of the respective scheme name clearly.
- The aggregate SIP investments shall not be below the minimum investment requirements for the scheme.
- After completion of accounting of the initial Post Dated advance Cheques submitted by the investor, a fresh set of advance Cheques may be tendered again under the same folio.
- The Post Dated Cheques will be deposited for collection on the designated date of the Cheque. There will be no separate intimation at that time. In case of cheque dishonor at any time when they are due for lodgment, 100/- will be debited to the investor account. This will be debited in terms of units with NAV of the day when the bank informs of the Cheque dishonor.
- The applicant shall write the application number/folio number on the back side of each advance cheque
- Separate folio will be allotted for units purchased under SIP.
- Consolidation of Folios – among SIP or SIP and non- SIP is not allowed.
- NAV of the date of the Post Dated Cheque will be applied for purchase of units. If there is no NAV on the Cheque date, the NAV of the following business day as per the rules in force at that point of time will be applied
- A minimum balance of units worth Rs. 1000/- shall be maintained at all times during the currency of the plan.
- Investors may discontinue SIP at any time by sending a clear notice of 30 days from the due date of the first unadjusted cheque. The notice in writing shall reach the designated center. On termination, the balance post dated cheques will be returned to the investor.
- Minimum SIP period and SIP amount.

| SIP Mode | Amount of Post Dated Cheques | Min. No. of Post Dated Cheques required | Min. Initial Subscription Amount |
|-----------|------------------------------|---|----------------------------------|
| Monthly | ₹ 500/- | 12 | ₹ 500/- |
| Quarterly | Minimum ₹ 2500/- | 4 | ₹ 2500/- |

are subject to changes at short notice. For details contact any of our Area Offices, Business Centers or Karvy Centers.

- PERMANENT ACCOUNT NUMBER: SEBI has made it mandatory for all applicants including joint holders and guardian to mention his/her Permanent Account Number (PAN) irrespective of the amount of purchase (fresh, additional, SIP). In order to verify that the PAN of the applicants (in case of applications in joint names, guardian in case minor, each of the applicants) has been duly and correctly quoted therein, the applicants shall attach a photocopy of the PAN card duly attested by the distributor / agent (AMFI registered) through whom the application is effected or by Bank Manager or Notary or Investors Service Centers of LIC Nomura Mutual Fund or ISCs of Karvy. Attestation will be done after verification with the original PAN Card. Applications not accompanied with the above requirements are liable to be rejected.
- KYC to be complied as per SEBI Regulations
- In case SIP investments are made through 'Third Party Payments' i.e. payment made through an instrument issued from a bank account other than that of the first named applicant/ investor mentioned in the application form, investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' available at any of our ISCs or our website www.licnomuramf.com along with the SIP Enrolment Form
- Payment may be made by cheque drawn on any bank which is situated at and is a member of the Bankers' Clearing House located at the place where the SIP application is submitted. Outstation cheques will not be accepted and applications accompanied by such cheques are liable to be rejected. No cash, money orders or postal orders will be accepted.
- In case the name is not pre-printed on the first SIP cheque or signature on the first SIP cheque does not match, then the first named applicant/investor should submit any one of the following documents i.e. a copy of the bank passbook or a statement of bank account or a letter from the bank on its letterhead certifying that the details of the investor. For further details, please refer to the section 'Third Party Payments' under the Instructions in the Key Information Memorandum and section 'How to Apply' under Statement of Additional Information available on our website www.licnomuramf.com
- a. Investors will not hold LIC Nomura Mutual Fund / LIC Nomura MF Asset Management Company Limited (LIC Nomura MF AMC), its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
b. LIC Nomura Mutual Fund / LIC Nomura MF AMC Ltd., its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
c. LIC Nomura Mutual Fund / LIC Nomura MF AMC reserves the right to reject any application without assigning any reason thereof.
- The Trustee reserves the right to change/modify the terms and conditions of the SIP.
- Transaction charges in case of investments through Systematic Investment Plan (SIP) shall be deducted only if the total commitment (i.e. amount per SIP installment x No. of installments) amounts to Rs. 10,000/- or more. The Transaction Charges shall be deducted in 3-4 installments.

Mutual Fund Investments Are Subject To Market Risks, Read All Scheme Related Documents Carefully.

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

SIP Mandate Form NACH/ECS/PDC



SIP REGISTRATION CUM MANDATE FORM (NACH / ECS / 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 Renvwal 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) |
| | | | |

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 |
| | | |

SIP Details SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

| Scheme Name | Plan | Option | SIP Installment Amount (Rs.) | SIP Date (Please ✓ one) | Frequency (Please ✓ One) | Start Month / Year | End Month/Year (Default Dec. 2099) |
|-------------|------|--------|------------------------------|--|--|-------------------------|------------------------------------|
| | | | | <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | M M Y Y Y Y M M Y Y Y Y | |
| | | | | <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | M M Y Y Y Y M M Y Y Y Y | |
| | | | | <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | M M Y Y Y Y M M Y Y Y Y | |

SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque _____ Drawn on Bank and Branch _____
Account type _____ Cheque No. should be in contineous series From _____ To _____

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 Nomura Mutual Fund. I/We are aware that LIC Nomura Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through ECS / 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 NOMURA 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 Nomura 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

| | | | |
|--|--|---|---|
| | UMRN _____ | F o r O f f i c e U s e _____ | Date _____ |
| Sponsor Bank Code _____ | For office use only _____ | Utility Code _____ | |
| (Please ✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL | I/We, hereby authorize _____ LIC Nomura Mutual Fund | To debit (Please ✓) _____ SB/CA/CC/SB-NRE/SB-NRO/Other | |
| Bank a/c number _____ | | | |
| with Bank _____ Applicant's Bank Name | IFSC _____ | or MICR _____ | |
| an amount of Rupees _____ | In words _____ | ₹ _____ | in figures _____ |
| FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented | DEBIT TYPE : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | | |
| Folio No. _____ | Mobile No. _____ | | |
| Reference 2 _____ | Email ID _____ | | |
| PERIOD From _____ To _____ Or <input type="checkbox"/> Until cancelled | Signature of 1st Applicant _____ Name as in bank records _____ | Signature of 2nd Applicant _____ Name as in bank records _____ | Signature of 3rd Applicant _____ Name as in bank records _____ |

This is to confirm that the declaration has been carefully read, understood & made by me/us.