

SYSTEMATIC TRANSFER PLAN



Investor must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form.

Enrolment Form No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)					FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code*	ARN/RIA Name	Sub-broker code	Sub broker ARN code	RM code	Employee Unique Identification Number (EUN)
ARN-257030					E 479794

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Declaration for "execution-only" transaction (only where EUN box is left blank)

I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales persons of the distributor/sub broker.

I/We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & condition mentioned overleaf of Systematic transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrolment under the Systematic Transfer Plan or the following Scheme(s) Options(s). The ARN holder (AMF) registered Distributor) has disclosed to me/us all the commissions (in the for of trail commission or any other mode). payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Sign Here First / Sole Unit Holder / Guardian	Sign Here Second Unit Holder	Sign Here Third Unit Holder
--------------------------------------------------	---------------------------------	--------------------------------

Please (✓) any one.

☐ NEW REGISTRATION

☐ CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant	PAN# or PEKRN# Aadhaar No.	KYC # (Please ✓)	CKYC																																								
Name of First/Sole Applicant	PAN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> or PEKRN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Aadhaar No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name of Guardian in case First/Sole Applicant is a minor	PAN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> or PEKRN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Aadhaar No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name of Second Applicant	PAN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> or PEKRN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Aadhaar No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name of Third Applicant	PAN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> or PEKRN# <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Aadhaar No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof.

Name of 'Transferor' Scheme/Plan/Option	Scheme	Plan	Option
Name of 'Transferee' Scheme/Plan/Option	Scheme	Plan	Option

Plan (Please ✓ any one)	<input type="checkbox"/> Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9) Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/> Capital Appreciation Systematics Transfer Plan (CASTP) (Refer Instruction No.10)		
STP Date (Please ✓ one)	<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"/> 15 th ***												
Frequency (Please ✓ any one)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly												
Enrolment Period	From <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	To <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y									
M	M	Y	Y	Y	Y									

In case of multiple registrations, please fill up separate Enrolment Forms.

*Refer Instruction No. 7 **Refer Instruction No. 9 ***Refer Instruction No. 10

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

SIGNATURE(S)

First / Sole Unit Holder / Guardian

Second Unit Holder

Third Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
(In case the mode of holding is joint, all Unit holders are required to sign.)

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

LIC MUTUAL FUND		Enrolment Form No./Folio No.
Date		ISC Stamp & Signature
Received from Mr./Ms./M/s.		<div>'STP' application for transfer of Units;</div>
from Scheme / Plan / Option		
to Scheme / Plan / Option		