

## COMMON APPLICATION FORM

|                                       |                      |   |                |
|---------------------------------------|----------------------|---|----------------|
| <b>Name of the Authorised Centre:</b> |                      | <b>FOR OFFICE USE ONLY</b>  |                |
|                                       | <b>AGENT/ BROKER</b> | <b>SUB-BROKER CODE<br/>(IF any)</b>   | <b>RM CODE</b> |
| ARN No.                               | <b>ARN-34120</b>     |   |                |
| NAME                                  |                      | 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 |                |
| Tel. No.                              |                      |   |                |

**(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)**  
(FILL IN ALL THE PARTICULARS IN CAPITAL LETTERS. DO NOT SPLIT THE WORD, USE NEXT LINE)

**A. EXISTING UNITHOLDERS INFORMATION :** (If you have existing folio, please fill in your Folio Number /Account Number complete details in section G and proceed to section N., Refer Instruction No. 3.)  
Folio No./Account No.

Date of Birth  
(Compulsory for ULIS & Minor)\*  
       
DD MM YY  
(\*please refer instruction no.23)

**B. Name of Sole /First Applicant**

**C. Name of Parent or Guardian in case Sole/ First Applicant is a Minor**

**D.i) Address in full of Sole /First Applicant /Parent or Guardian of Minor(Strike off whichever is not applicable)**

PIN       STATE       TEL. NO.   
MOBILE NO.       E-mail -ID

**D.ii) Foreign Address of Non-Resident Indian (NRI)**

**E. Name of the Second Applicant**

**F. Name of the Third Applicant**

**G. PAN AND KYC COMPLIANCE STATUS DETAILS ( Mandatory)**

|                                       | PAN * (Refer instruction No. 8) |                      |                      |                      | KYC Compliance ** (if Yes, attach proof)                 |  |
|---------------------------------------|---------------------------------|----------------------|----------------------|----------------------|--|--|
| First/Sole Applicant/<br>Guardian *** | <input type="text"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Second Applicant                      | <input type="text"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Applicant                       | <input type="text"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*Attach PAN Proof, If PAN is already validated, don't attach any proof, \*\* Refer instruction No. 10, \*\*\* If the Sole/ First Applicants is a minor, then state detail of guardian

**H. Mode of Holding**

1 Single  
 2 Joint  
 3 Anyone or Survivor(s)

**I. Occupation of Sole/ First Applicant/Parent or Guardian of Minor.**

1. Professional  
 2. Service  
 3. Business  
 4. Agriculture  
 5. Housewife  
 6. Retired  
 7. Student  
 8. Others

**J. Status of Sole /First Applicant** (Please tick whichever is applicable)

1 Resident Individual    2 Karta of HUF    3 Minor through Guardian    4 Company    5 Body Corporate    6 Trust    7 Society  
 8 Association of Persons/Body of Individuals    9 Bank & FIs    10 NRI -Repatriable    11 NRI- Non- Repatriable    12 Others.

**K. BANK ACCOUNT DETAILS:** (Please note that as per SEBI Regulations, it is mandatory for investors to provide their bank account details)

Name of the Bank \_\_\_\_\_ Name of the Branch \_\_\_\_\_  
Account No. \_\_\_\_\_ Bank City \_\_\_\_\_ Pin Code \_\_\_\_\_  
Type of A/c.  Current    Saving    NRO    NRE    FCNR    NRSR    OTHERS  
9 Digit Code No. of the Bank appearing in MICR Band for ECS PAYMENT   
RTGS: IFSC CODE   
E-mail Communication (refer instruction no.24) I/we wish to receive the Statement of Account via  E-mail  Physical

**L. PAYMENT OF DIVIDEND /REMPION** (Please refer instructions no. 22 & 25)

**M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION** (Refer Instruction No. 6&7)

| Name of Authorised Signatory/ Attestor | Designation/ Occupation | Signature |
|--|-------------------------|-----------|
| 1. _____                               | 1. _____                | 1. _____  |
| 2. _____                               | 2. _____                | 2. _____  |

| N. INVESTMENT<br>DETAILS | Scheme Name    | Plan  | Option  |
|--------------------------|----------------|---|---|
|                          | For G-Sec Fund | Regular <input type="checkbox"/> PF <input type="checkbox"/>  | Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. reinvestment <input type="checkbox"/><br>DIV. PAYOUT/REINVESTMENT MODE (Refer Inst. 25)<br>for LICMF Income Plus Fund, Savings Plus Fund and Floating Rate Fund |
|                          | For Index Fund | Sensex <input type="checkbox"/> Nifty <input type="checkbox"/><br>Sensex Advantage <input type="checkbox"/> | for MIPs<br>Monthly <input type="checkbox"/> Daily <input type="checkbox"/><br>Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/><br>Yearly <input type="checkbox"/> Monthly <input type="checkbox"/>                     |

**ACKNOWLEDGEMENT SLIP  
COMMON APPLICATION FORM** SERIAL NO. CAF

Received an application for purchase of units of LICMF \_\_\_\_\_ (Scheme Name with option)  
from Mr/Mrs/M/s. \_\_\_\_\_ (Name of the Investor) alongwith  
Cheque /Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_  
For Rs. \_\_\_\_\_ excluding  
Bank Charges(in cases of Draft) of Rs. \_\_\_\_\_ Date \_\_\_\_\_

**Signature, Stamp & Date**

|                    |   |  |                                 |
|--------------------|---|--|---------------------------------|
| C. PAYMENT DETAILS | Cheque/DD No. <input type="text"/>  | Amount of investment(i) <input type="text"/> | PIF NO. <input type="text"/>    |
|                    | Date <input type="text"/>   | DD Charges if any (ii) <input type="text"/>  | LODG. DATE <input type="text"/> |
|                    | Bank <input type="text"/>   | Net Amount Paid (i-ii) <input type="text"/>  | LODG. BANK <input type="text"/> |
|                    | Type of A/c. <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS |  |                                 |

|              |  |                                |
|--------------|--|--------------------------------|
| P. SWITCH IN | Switch- out Scheme Name: <input type="text"/>  | Folio No. <input type="text"/> |
|              | Option: Growth / Dividend <input type="text"/> | Units <input type="text"/>     |

| Q. NOMINATION FORM   |                              |                                |  |
|--|------------------------------|--------------------------------|--|
| Nominee's Full Name (Mr./Mrs) <input type="text"/>                         |                              |                                |  |
| Nominee's Address <input type="text"/>                                     |                              |                                |  |
| PIN <input type="text"/>   | TEL. NO <input type="text"/> | E-MAIL ID <input type="text"/> |  |
| Second Nominee's Full Name(Mr./Mrs) <input type="text"/>                   |                              |                                |  |
| Third Nominee's Full Name(Mr./Mrs) <input type="text"/>                    |                              |                                |  |
| Name of Parent /Guardian (in case Nominee is a Minor) <input type="text"/> |                              |                                | Date of Birth of Nominee (If Minor) <input type="text"/> |
| Address of Parent/ Guardian <input type="text"/>                           |                              |                                | DD MM YY   |
| PIN <input type="text"/>   | TEL. NO <input type="text"/> | E-MAIL ID <input type="text"/> |  |

| R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY  |   |
|--|---|
| (i) <b>REGULAR PREMIUM</b><br>TERM : <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER<br>TARGET AMOUNT : Rs. <input type="text"/><br>(Rs. <input type="text"/> )<br>MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/><br>CONTRIBUTION AMOUNT : Rs. <input type="text"/><br>(Rs. <input type="text"/> ) | (ii) <b>SINGLE PREMIUM</b><br>TERM: <input type="checkbox"/> 5Years <input type="checkbox"/> 10Years<br>TARGET AMOUNT : RS. <input type="text"/><br>(Rs. <input type="text"/> ) |

| HEALTH QUESTIONAIRE   |                                    |
|---|------------------------------------|
| Do you have a regular income (YES/NO) At present are you of sound health? (YES/NO)  |                                    |
| Have you ever suffered from any of the following diseases?  |                                    |
| Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer (Yes/No.)   |                                    |
| Do you have any Physical Deformity or Handicap (YES/NO)? If YES, please give the following details.   |                                    |
| 1. Date of Occurrence   | 2. Extent of Deformity             |
| 3. Present Condition.   |                                    |
| Are you already a member of LIC MF ULIS? (YES/NO) If yes please give the total of Target Amounts under both options for such earlier Memberships in force:  |                                    |
| <b>Declaration by Applicant:</b>  |                                    |
| Having read and understood the provisions of LICMF ULIS Scheme, I agree to abide by the same and hereby apply for the Membership of the scheme as a citizen of India. I declare that the Total Target Amounts of all my Memberships under both options of ULIS scheme, including the one being applied for, do not exceed Rs. 15 lakhs. I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of insurance to my life to the LIC of India or any other Life Insurer has ever been deferred/declined. |                                    |
| I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to the LIC MF ULIS Scheme of LIC Mutual Fund.  |                                    |
| * In case of monthly mode Due Date is 15th of every month and 12 PDCs have to be given in the beginning of the each year  |                                    |
| Date : <input type="text"/>   | Place <input type="text"/>         |
| Signature of First Applicant. <input type="text"/>  |                                    |
| The applicant has completed and signed the application in my presence. From his/her appearance and to the best of my judgment, I find that he /she is in good health and eligible for insurance.  |                                    |
| Signature of Authorised Witness <input type="text"/>  | Date : <input type="text"/>        |
| Place <input type="text"/>  |                                    |
| Name of Authorised Witness <input type="text"/>   | Official Seal <input type="text"/> |
| Status : ( AMC Official/Karvy Official /ARN Holder)   |                                    |

| DECLARATION  |  |   |  |
|--|--|---|--|
| To,<br>LIC Mutual Fund   |  |   |  |
| Dear Sirs,   |  |   |  |
| Having read and understood the Scheme Information Document and conditions of LIC Mutual Fund – Common Application Form. I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. " I/We have understood the detail of the scheme and I/We have not received or being induced by any rebate or gifts, directly or Indirectly, in making this investments". "I/We confirm that I/We have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly for subscribing to the scheme" |  |   |  |
| <b>(Non Residents Indians only) I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or form funds in my/our Non-Resident External /FCNR Account.</b>  |  |   |  |
| 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  |  |   |  |
| Date : <input type="text"/>  |  |   |  |
| Place : <input type="text"/>   | <input type="text"/>   | <input type="text"/>                          | <input type="text"/>                         |
| SIGNATURE OF APPLICANTS  | First Applicant/ Parent or Guardian/<br>Karta of HUF/Authorised Signatory Holder | Second Applicant/<br>Power of Attorney Holder | Third Applicant/<br>Power of Attorney Holder |

| CORPORATE OFFICE  | AREA OFFICES   | REGISTRARS  |
|---|--|---|
| <b>LIC Mutual Fund</b><br>4 <sup>th</sup> Floor, Industrial Assurance Building<br>Opp. Churchgate Station, Churchgate,<br>Mumbai – 400 020<br>Phone: 22812038<br>Fax: 22404039/ 22880633<br>e-mail: licmfamc@licmutual.com<br>Website : www.licmutual.com | • AHMEDABAD 9375090006 / 9924403147 • BANGALORE 9845172957 / 9972092957 / 9986500721 • BHUBANESHWAR 9438132162 / 9438081037 / 9438526420 • CHENNAI 9382315850 / 9940286305 / 9962526278 / 9940178266 • DEHRADUN 9410702598 / 9412039057 / 9410702598 • ERNAKULAM 9895036554 / 9745612888 / 9946710555 • GOA 9421151400 / 9890711551 9370643076 / 9673682722 • GUWAHATI 9435040478 / 9707021706 • HYDERABAD 9392471583 / 9900444850 / 9000550850 • INDORE 9753242050 / 9425870126 / 9981511435 • JAIPUR 9460873120 / 9829098323 / 9929095005 • KANPUR 9839923499 / 9984006600 / 9838038440 / 9918971258 / 9889085736 • KOLKATA 9432128113 / 9830689665 / 9836072229 / 9831983005 / 9474424374 / 9339531895 / 9231407611 • LUCKNOW 9415060134 / 9450661015 / 9453016072 / 9305659349 • LUDHIANA 9814703538 / 9888320209 • MADURAI 9442108039 / 9655505105 • MANGALORE 9845190466 / 9889592466 • MUMBAI - I 9324543832 / 9320012110 / 9930822601 / 9892550455 / 9930957772 / 9870775600 / 9320762764 • MUMBAI - II 9820002994 / 9702882224 / 9371617717 / 9619575895 • NAGPUR 9422113800 / 9975724030 / 9922402272 • NASHIK 992296155 / 9823366379 • NEW DELHI 9716481681 / 9818610867 / 9818630124 / 9811108744 / 9818191263 / 9891736008 / 9871814890 • PATNA 9470610695 / 9431023274 / 9431037251 / 92346400411 / 9818610867 / 9818630124 / 9811108744 / 9818191263 / 9891736008 / 9871814890 • RAIPUR 9329731077 / 9329100009 / 9407646661 • RANCHI 9470524099 / 9347688543 | <b>M/s. Karvy Computershare Pvt. Ltd.</b><br><b>Unit : LIC Mutual Fund</b><br>Karvy Plaza, House No. 8-2-596,<br>Avenue 4, Street No. 1,<br>Banjara Hills, Hyderabad-500 034.<br>Tel.: 23312454/ 44338155<br>Fax : 23388705 |

All future communications in connections with this applications should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole/First Applicant and the Application Serial Number.