



COMMON APPLICATION FORM

SERIAL NO. CAF

A. Name of the Authorised centre :

| | | |
|----------------|-----------------|--------------------------|
| AGENT / BROKER | | SUB-BROKER CODE (if any) |
| LICMF Code | | |
| ARN No. | ARN-3852 | |
| NAME | | |
| TEL. NO. | | |

FOR OFFICE USE ONLY

(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)

B. Name of Sole / First Applicant _____ Date of Birth (Compulsory for ULIS & Minor) DD MM YY

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

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

CITY _____ PIN _____ TEL. NO. _____

MOBILE NO. _____ EMAIL-ID _____

E. Name of Second Applicant _____

F. Name of Third Applicant _____

G. PAN/GIR No. (1st Applicant) _____ Circle/Ward/District _____
(See Instruction No. 8)

PAN/GIR No. (2nd Applicant) _____ Circle/Ward/District _____

PAN/GIR No. (3rd Applicant) _____ Circle/Ward/District _____

H. MODE OF HOLDING

1 Single
 2 Joint
 3 First Holder or Survivor(s)
 4 Any one or Survivor(s)

I. Occupation of Sole / First Applicant / Parent of Guardian of minor

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

MAPIN NO. _____

J. I/We are applying as (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. FIRST APPLICANT'S BANK DETAILS : (This information is mandatory) (Please see Instruction No. 9) Bank Name and Address _____

Type of A/c. Current Saving NRO NRE FCNR NRSR A/c.No. _____

L. PAYMENT OF DIVIDEND / REDEMPTION

Please select the mode of payment for dividend/redemption as mentioned below. LIC Mutual Fund / AMC will endeavour to use ECS or Direct Credit or Warrant / Draft mode for payment of dividend/redemption but retains the right to use any other mode of payment as deemed appropriate kindly fill necessary Bank Detail below. Please read the Instructions.

ECS (Electronic Clearing Service) Direct Credit Warrant / Draft

ELECTRONIC CLEARING SERVICE (ECS)

ECS allows credit of dividend/redemption proceeds into unitholders bank account if their bank branch is covered under ECS as per the RBI regulations.

9 Digit Code Number of the _____

Bank appearing on the MICR Band in the cheque issued by the Bank

I/We hereby declare that the particulars given are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold LIC Mutual Fund or Jeevan Bima Sahayog Asset Management Company responsible. I have read the intimation letter and agree to discharge my responsibility as a participant under the scheme. Please attached copy of Blank / Cancelled cheque.

DIRECT CREDIT OF DIVIDEND / REDEMPTION

If you have an account in any of the following banks you can opt for direct credit of dividend/redemption to your bank account. I authorise LICMF to credit my dividend / redemption amount to my account maintained with the following bank (Please ✓):

Corporation Bank HDFC Bank ICICI Bank UTI Bank

I/We understand that the instruction to the bank for direct credit will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards dividend/redemption proceeds. In case of bank not crediting my bank account with/without assigning any reasons thereof or if the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would not hold LIC Mutual Fund responsible. I/We understand that the Mutual Fund reserves the right to issue a demand draft/payable at par cheque instead of direct credit which will be in the beneficial interest of the investors.

M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 5 & 6)

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



(TO BE FILLED IN BY THE APPLICANT)

ACKNOWLEDGEMENT SLIP

SERIAL NO. CAF

Received an application for Purchase of Units of LICMF _____ (Scheme Name with option)

From _____ (Name of the Investor) alongwith

Cash/Cheque/Draft No. _____ Dated _____ Drawn on _____

_____ for Rs. _____ excluding

Bank charges (in cases of Draft) of Rs. _____ Date _____

Signature, Stamp & Date

| | | | | | |
|---------------------------|--------------------|--|---|--|---|
| INVESTMENT DETAILS | Scheme Name | Plan | Option | Payment mode | For Office Use |
| | | For G-Sec Fund Regular <input type="checkbox"/> PF <input type="checkbox"/> For Index Fund Sensex <input type="checkbox"/> Nifty <input type="checkbox"/> Sensex Advantage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. Reinvestment <input type="checkbox"/> | Cheque/ Cash Cheque No. _____ Amount: _____ DD Charge: _____ Drawn on bank & branch: _____ | PIF NO. _____ LODG. DATE _____ LODG. BANK _____ |

| | | |
|------------------|-------------------------|-----------|
| SWITCH IN | Switch-out scheme Name: | Folio No. |
| | Option: Growth/Dividend | Units |

| NOMINATION FORM | |
|---|----------|
| Nominee's Full Name (Mr./Ms.) | |
| Nominee's Address | |
| PIN | TEL. NO. |
| Name of Parent/Guardian (in case Nominee is a Minor) | |
| Date of Birth of Nominee (if Minor) | |
| Address of Parent/Guardian | |
| PIN | TEL. NO. |
| EMAIL-ID | |

ADDITIONAL INFORMATION FOR LICMF ULIS ONLY

| | |
|---|---|
| TERM : 1) 10 Years <input type="checkbox"/> 2) 15 Years <input type="checkbox"/> TARGET AMOUNT : In Figures _____ In Words : _____ MODE OF CONTRIBUTION : Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> CONTRIBUTION AMOUNT : In Figures _____ In Words : _____ | <p style="text-align: center;">(ii) SINGLE PREMIUM</p> TERM : 1) 5 Years <input type="checkbox"/> 2) 10 Years <input type="checkbox"/> AMOUNT : In Figures : _____ AMOUNT : In Words : _____ |
|---|---|

| HEALTH QUESTIONNAIRE | |
|---|---|
| Do you have a regular income ?.....[Yes / No] | Are you at present in sound health ?.....[Yes / No] |
| Have you very suffered from any of the following ?.....[Yes / No] | |
| Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer <input type="checkbox"/> | |
| 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 LICMF ULIS ? [Yes / No] If Yes Please give the total of Target amounts under both option for such earlier memberships in force : | |
| Declaration by 1st Applicant : | |
| 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 option of the LICMF ULIS scheme including the one now being applied for do not exceed Rs. 5 lakhs | |
| I also herby 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 Life Insurance Corporation of India has ever been adversely treated. | |
| 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 LICMF ULIS scheme of LIC Mutual Fund. | |
| Date : _____ | Place : _____ |
| | Signature of first applicant |

| DECLARATION | | | |
|--|---|---|---------------------------------------|
| To, LIC Mutual Fund Dear Sirs, | | | |
| Having read and understood the Offer Document and conditions of LIC Mutual Fund - Common ApplicationForm. 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 included by any rebate or gifts, directlt 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" | | | |
| (Non Resident 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 from funds in my/our Non-resident External / FCNR account. | | | |
| I undertake to comply with SEBI (Central Database of Market Participants) Regulations 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI. | | | |
| Date : _____ | | | |
| Place : _____ | | | |
| SIGNATURE OF APPLICANTS } | _____ | _____ | _____ |
| | First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory Holder | Second Applicant/ Power of Attorney Holder | Third Applicant/ Power of Attorney |

Registrars for LIC Mutual Fund
M/s. Karvy Computershare Pvt. Ltd.
"Karvy House", 21 Avenue 4, Street No. 1,
Banjara Hills, Hyderabad - 500 034.
Tel. 23394166 / 23312454 / 23320231
Fax : 23371720 / 55664551

All Future communications in connection with this application 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.