

SYSTEMATIC WITHDRAWAL PLAN (SWP)



Date

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser 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.

I/we hereby confirm that the EUIIN 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 inappropriateness, if any, provide by the employee/relationship manager/ales persons of the distributor/sub broker.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant	<input checked="" type="checkbox"/> SIGN HERE Power of Attorney Holder
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01. INVESTOR NAME AND DETAILS

Name of 1st Applicant FIRST MIDDLE LAST

Folio No./Application No. PAN

Enclosed PAN Proof KYC Acknowledgment Letter CKYC No.

E-mail ID (EMAIL Id to be written in BLOCK letters)

02. SWP DETAILS* (To be submitted atleast 15 days before 1st due date. Please (✓) the appropriate option)

Scheme Name

Plan Regular Direct Option Growth Dividend Reinvestment

Withdrawal Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Withdrawal Frequency	SWP Dates
<input type="checkbox"/> Fixed Amount (₹) in figures In words in words	<input type="checkbox"/> Monthly (minimum 6) <input type="checkbox"/> Quarterly (minimum 4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 28 th of a given month) #Default Date
<input type="checkbox"/> Capital Appreciation (AWOCA)	<input type="checkbox"/> Monthly (minimum 6) <input type="checkbox"/> Quarterly (minimum 4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 28 th of a given month) #Default Date

*In the event that such a day is a holiday, the withdrawal would be affected on the next business day. # Default date is 10th of given month.

03. DECLARATION & SIGNATURE/S

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing of scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of contravention of any Act, rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. 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 belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us.

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.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant	<input checked="" type="checkbox"/> SIGN HERE Power of Attorney Holder
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To be signed by All Applicants if mode of operation is "Joint"