

Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

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|--------------------------------------|--|--|---------------------|----------------------|------------------------|------------|-------------|
| Distributor/RIA Code 24863 | | | Sub-Distributor ARN | Sub-Distributor Code | EUIN E043887 | Time Stamp | Branch Code |
|--------------------------------------|--|--|---------------------|----------------------|------------------------|------------|-------------|

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-. If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUIN is not furnished: I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

| | | |
|---|--|--|
| <input type="checkbox"/> Sole/1st Applicant | <input type="checkbox"/> 2nd Applicant | <input type="checkbox"/> 3rd Applicant |
|---|--|--|

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder: First Name _____ Middle Name _____ Last Name _____ Folio No. _____

PAN/PEKRN** _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

Aadhaar No. _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

KIN* _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

Date of Birth* (1st Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth* (2nd Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth* (3rd Unit Holder) [D][D][M][M][Y][Y][Y][Y]

Mobile No. +91- _____ E-mail ID _____

2. SIP & INVESTMENT DETAILS (Mandatory. If left blank, the application is liable to be rejected)

New SIP Registration SIP Renewal Update new OTM debit mandate for already registered SIP (If selected, move to Section 4) OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN) _____

Debit Bank Name _____ Account No. _____

Scheme Name L&T _____

Option (✓) Growth* Dividend Payout Dividend Reinvestment Bonus^ **Dividend Frequency** _____

First Instalment Details: Instrument No. _____ Instrument Date [D][D][M][M][Y][Y][Y][Y] **Account Type** (✓) Savings Current NRE NRO Others _____

Drawn On _____ Bank Name _____ Bank Branch _____ Bank City _____

SIP Amount ₹ _____ SIP Frequency Monthly* Quarterly

SIP Debit Date 1st 5th 10th* 15th 20th 25th All six dates **SIP Period** From [M][M][Y][Y][Y][Y] To [M][M][Y][Y][Y][Y] OR Until Cancelled

(Note: Minimum gap of 30 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.) (For SIP amount Minimum 500 for Equity schemes & 1000 for Non Equity schemes) ^{^Available in select schemes only}

Reason for your SIP (✓) Children's Education Children's Marriage House Car Retirement Others

SIP Top Up (Optional) - Available only for investments effected through Auto Debit. **Top Up Amount** ₹ _____ ^{Amount in multiples of ₹ 500 only}

Top Up to continue till SIP amount reaches^ ₹ _____ OR **Top Up to continue till** # [D][D][M][M][Y][Y][Y][Y] **Top Up Frequency** (Please ✓ any one) Half Yearly Yearly*

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. *Default option if not selected

3. DECLARATION & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of L&T Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in ECS/ACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold L&T Mutual Fund, their Investment Manager - L&T Investment Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform L&T Investment Management Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE/S AS PER L&T MUTUAL FUND (To be signed as per Mode of Holding)

| | | |
|--|---|--|
| <input type="checkbox"/> Sole/First Applicant/Guardian | <input type="checkbox"/> Second Applicant | <input type="checkbox"/> Third Applicant |
|--|---|--|

4. OTM DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

UMRN _____ Office use only _____ Date [D][D][M][M][Y][Y][Y][Y]

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code **CITI000PIGW** Utility Code **CITI00002000000037**

I/We hereby authorize **L&T Mutual Fund** to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No. _____

With Bank _____ Bank Name _____ IFSC _____ or MICR _____

an amount of Rs _____ Amount in words _____ ₹ _____

Frequency Monthly Quarterly Half Yearly As & when presented **Debit Type** Fixed Amount Maximum Amount

Scheme **All schemes of L&T Mutual Fund** Email Id _____

Folio No. _____ Mobile No. +91- _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

| | | | | | |
|--------------------------------------|-----------------------------|--|--|---|--|
| Period From [D][D][M][M][Y][Y][Y][Y] | To [3][1][1][2][2][0][9][9] | or <input checked="" type="checkbox"/> Until Cancelled | <input type="checkbox"/> Signature of First Account Holder | <input type="checkbox"/> Signature of Second Account Holder | <input type="checkbox"/> Signature of Third Account Holder |
| | | | 1. Name as per Bank Records | 2. Name as per Bank Records | 3. Name as per Bank Records |

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.