

Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the General Instructions & Checklist for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code ARN-87761 ARN-	Sub-Distributor ARN E075033	EUIN	Branch Code	Relationship Manager's Name
Sub-Distributor Code				Mobile +91-
				E-mail

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/-	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.
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If this is the first time, you are investing in any mutual fund, please tick here ☐

☒ Sole/1st Applicant ☒ 2nd Applicant ☒ 3rd Applicant

1. APPLICANT INFORMATION (Mandatory. If left blank, the application is liable to be rejected)

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

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

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

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

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

<input type="checkbox"/> New SIP Registration <input type="checkbox"/> SIP Renewal <input type="checkbox"/> Update new bank details for SIP Debits (If selected, move to Section 4)	Scheme Name L&T _____ Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment First Instalment Details: Instrument No. _____ Instrument Date <input type="text" value="DDMMYYYY"/> Account Type (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others Drawn On _____ Bank Name _____ Bank Branch _____ Bank City _____	Dividend Frequency _____ SIP Amount ₹ _____ (Minimum 500 for Equity schemes & 1000 for Non Equity schemes) SIP Debit Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All five dates SIP Frequency (✓) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly SIP Period <input type="checkbox"/> Until Cancelled OR From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>
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(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.)

Reason for your SIP (✓) ☐ Children's education ☐ Children's marriage ☐ House ☐ Car ☐ Retirement

☐ 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 Frequency ☐ Half Yearly ☐ Yearly*

Top Up to continue till # (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top-Up amount will cease

** PEKRN required for Micro investments upto Rs. 50,000 in a year

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 checked="" type="checkbox"/> Sole/First Applicant/Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

UMRN _____ Office use only _____ Date

Tick (✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code _____ Office use only _____ Utility Code _____ Office use only _____

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 _____ 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 To

☐ Until Cancelled

1. _____ Signature of First Account Holder

2. _____ Signature of Second Account Holder

3. _____ 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.