## SYSTEMATIC TRANSFER PLAN



Investor must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form.

Enrolment Form No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)							FOR OFFICE USE ON	
ARN/RIA Code <sup>‡</sup>	ARN/RIA Name	Sub-broker code	Sub broker ARN code	RM code	Employee Ur	nique Identification Number (EUIN)	(TIME STAMP)	
ARN-87761						E075033		
Declaration for "executing the second of the	ion-only' transactior he EUIN box has been le above distributors bro er or notwithstanding th	n (only where EUIN intentionally left blank oker or notwithstanding e advice of in-appropira	box is left blank) k by me/us as this transac g the advice of in-appropria atenerss, if any, provide by	tion is execut teness, if any, the employee/	ransactions in ed without an provided by th relationship m	Oate: D D M N  the scheme(s) of LIC M  y interaction or advice by the employee/relationship manager/ales persons of the	utual Fund. the employee/relations anager/sales person of distributor/sub broker.	
stematic transfer Plan (ST	P) and the relevant Sch has disclosed to me/us	neme(s) and hereby ap s all the commissions (	ply for enrolment under the in the for of trail commission	Systematic T	ransfer Plan o	nents and the terms & cond r the following Scheme(s) C ble to him/them for the differ	options(s). The ARN ho	
Sign Here			Sign Here			Sign Here		
First / Sole Unit Holder / Guardian			Second Unit Holder			Third Unit Holder		
lease $(\checkmark)$ any one.	NEW REG	GISTRATION		CANCELI	LATION			
Folio No. of 'Transferor' S	Scheme (for existing Ur	nit holder) / Application	n No. (for new investor)					
Name of the Applicant					KYC # (Please (/	) СКУ		
Name of Fi	irst/Sole Applicant	PAN# or PEKRN# Aadhaar No						
Name of Guardian in cas	e First/Sole Applicant	is a minoPAN# or PEKRN# Aadhaar No						
Name of Second Applicant		PAN# or PEKRN# Aadhaar No						
Name of Third Applicant		PAN# or PEKRN# Aadhaar No						
Please attach Proof. If PA Name of 'Transferor' Sch		eady validated, please	don't attach any proof.  Scheme			Plan	Option	
Name of 'Transferee' Sch	neme/Plan/Option		Scheme			Plan	Option	
Plan (Please √ any o	,	Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9)  Amount			Capital Appreciation Systematics Transfer Plan (CAST			
STP Date (Please √o	ne) 1st**	7 <sup>th</sup> 10 <sup>th</sup> 15	5 <sup>th</sup> 21 <sup>st</sup> 25 <sup>th</sup> 2	28 <sup>th</sup> 15 <sup>t</sup>	th***			
Frequency (Please√a	any one) Daily	/ Weekly	Monthly* Quarterly	,   M	onthly*	Quarterly		
Enrolment Period	From M	IM Y Y Y	To M M	YYYY	7	•		
n case of multiple registr Refer Instruction No. 7	**Refer Instruction No coordance with Aadhaar Act, 2016 and	o. 9 ***Refer Instruc	ction No. 10 ollecting, storing and usage (ii) validating / au	thenticating and (ii) upda	ating my/our Aadhaar nu	umber(s) in accordance with the Aadhaar Act, and Transfer Agent (RTA) for the purpose of up	2016 (and regulations made there under	
AN.					and well i togoddl e			
		Signature(s) should	Second Un be as it appears on the holding is joint, all Unit	Application			т ноіder . — — — —	
		ACKNOWLEDG	EMENT SLIP (To be fi	lled in by th	ne Unit hold	er)		
Date		LIC MUTUAL FUND				Enrolment Form No./Folio No.	SC Stamp & Signatur	
Received from Mr./Ms./M	l/s.			STP' application	on for transfer			
from Scheme / Plan / Opt	tion							
to Scheme / Plan / Option	n							