

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.

Time Stamp

Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUIIN	Branch Code
ARN-118251				

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 EUIIN is not furnished: I/We confirm that the EUIIN 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
---	--	--

OTM DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

	UMRN <input style="width: 80%; border: none; border-bottom: 1px solid black;" type="text"/>	Office use only <input style="width: 80%; border: none; border-bottom: 1px solid black;" type="text"/>	Date <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 15px; height: 15px;">D</td><td style="border: 1px solid black; width: 15px; height: 15px;">D</td><td style="border: 1px solid black; width: 15px; height: 15px;">M</td><td style="border: 1px solid black; width: 15px; height: 15px;">M</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Utility Code Create Modify Cancel

Sponsor Bank Code I/We hereby authorize

to debit (✓) SB CA CC SB-NRE SB-NRO Other Bank A/c No.

With Bank Bank Name IFSC/ MICR

an amount of Rupees Amount in words ₹

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

Reference 1 Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

Period From <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 15px; height: 15px;">D</td><td style="border: 1px solid black; width: 15px; height: 15px;">D</td><td style="border: 1px solid black; width: 15px; height: 15px;">M</td><td style="border: 1px solid black; width: 15px; height: 15px;">M</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td><td style="border: 1px solid black; width: 15px; height: 15px;">Y</td></tr> <tr><td style="border: 1px solid black;">3</td><td style="border: 1px solid black;">1</td><td style="border: 1px solid black;">1</td><td style="border: 1px solid black;">2</td><td style="border: 1px solid black;">2</td><td style="border: 1px solid black;">0</td><td style="border: 1px solid black;">9</td><td style="border: 1px solid black;">9</td></tr> </table> To <input style="width: 150px;" type="text"/> or <input checked="" type="checkbox"/> Until Cancelled	D	D	M	M	Y	Y	Y	Y	3	1	1	2	2	0	9	9	Signature of First Account Holder <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> 1. Name as in Bank Records	Signature of Second Account Holder <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> 2. Name as in Bank Records	Signature of Third Account Holder <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> 3. Name as in Bank Records
D	D	M	M	Y	Y	Y	Y												
3	1	1	2	2	0	9	9												

APPLICANT INFORMATION

Name of Sole/1st Unit Holder

First Name	Middle Name	Last Name
------------	-------------	-----------

 Folio No.

PAN/PEKRN**

KIN*

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

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* IDCW@ Payout IDCW@ Reinvestment

@Note: IDCW stands for 'Income Distribution cum Capital Withdrawal option'. The amounts can be distributed out of investors' capital (Equalization Reserve), which is part of the sale price that represents realized gains, as may be declared by the Trustees at its discretion from time to time (subject to the availability of distributable surplus as calculated in accordance with the Regulations).

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 7th 10th* 15th 20th 25th 28th All eight 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 ₹

Top Up to continue till SIP amount reaches^A ₹ OR Top Up to continue till #

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Top Up Frequency (Please ✓ any one) Half Yearly Yearly*

^A 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

Note: Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.

DECLARATION, CONSENT & 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.

I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of L&T Financial Services for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

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
--	---	--