

Systematic Investment Plan (SIP) Form



L&T Mutual Fund

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

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
ARN- 16709	Sub-Distributor Code	E039709		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.

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

(Sole/First Applicant/Guardian)

(Second Applicant)

(Third 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 _____ 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)

New SIP Registration SIP Renewal Update new bank details for SIP Debits (If selected, move to Section 4)

Scheme Name L&T _____

Option (Growth* Dividend Payout Dividend Reinvestment

Dividend Frequency (wherever applicable) Monthly* Quarterly Annual*

First Instalment Details:

Instrument No. _____

Instrument Date

Account Type (Savings Current NRE NRO Others

Drawn On _____

SIP Amount

₹ _____
(Minimum 500 for Equity schemes & 1000 for Non Equity schemes)

SIP Debit Date ()

1st 5th 10th* 15th 25th
 All five dates

SIP Frequency ()

Monthly* Quarterly

SIP Period

From To
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.)

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

SIP Top Up (Optional)

Top Up Amount ₹ _____ Amount in multiples of ₹ 500 only _____ Top Up Frequency Half Yearly Yearly*

*Default option if not selected

*Available in select schemes only

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	Second Applicant (Not applicable if first applicant is minor)	Third Applicant (Not applicable if first applicant is minor)

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. _____ Phone No. _____

Period From

To

or Until Cancelled

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1. _____ Name as per Bank Records

Name & Sign as per Bank Records

2. _____ Name as per Bank Records

Name & Sign as per Bank Records

3. _____ Name as per Bank Records

Name & Sign as per Bank Records