

# 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	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
ARN: 30862	Sub-Distributor Code	E:046606		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.

<p><b>Transaction Charges</b></p> <p>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/-</p>	<p><b>Investor's Declaration where EUIN is not furnished</b></p> <p>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.</p>
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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)

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

<p><b>First Instalment Details:</b></p> <p>Instrument No. _____ Instrument Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account Type (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others</p> <p>Drawn On _____ Bank Name _____</p> <p>Bank Branch _____ Bank City _____</p>	<p><b>SIP Amount</b> ₹ _____ (Minimum 500 for Equity schemes &amp; 1000 for Non Equity schemes)</p> <p><b>SIP Debit Date (✓)</b> <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</p> <p><b>SIP Frequency (✓)</b> <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly</p> <p><b>SIP Period</b> <input type="checkbox"/> Until Cancelled OR</p> <p>From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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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 Frequency  Half Yearly  Yearly\*

Top Up to continue till SIP amount reaches^ ₹ \_\_\_\_\_ OR

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

or  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.

## GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

**1. Applicant Information:** Please furnish the Folio Number, Name and PAN of Sole / First Applicant Section 1 of the Form. Your investment would be processed in the specified folio.

Your personal information and bank account details would apply to this investment as well.

Please provide the Mobile Number and E-Mail Address of the Sole / First Applicant in the form in case of Individuals and Key Contact in case of Non Individuals. This would help us seamlessly communicate with you on your investments.

**2. SIP & Investment Details:**

a. Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document.

b. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.

c. Micro SIP: As per AMFI notification and guidelines issued on July 4, 2009, SIPs or lumpsum purchases by eligible investors in a rolling 12 month period or in a financial year not exceeding Rs. 50,000 shall be exempt from the requirement of PAN. From January 1, 2012, KYC is mandatory for all holders of Micro investments.

- The exemption of PAN requirement is only available to individuals.
  - In case of investments held jointly, the first holder must not possess a PAN.
  - Eligible investors may invest through SIP or lumpsum purchase without providing PAN subject to the threshold amount as mentioned above.
  - Eligible investors should attach a copy of KYC acknowledgment letter quoting PAN exempt KYC Reference No. (PEKRN) along with the application form.
- d. Third Party Payments for investments are not accepted except in the below cases :
- Payments made by Parents/Grand Parents/related persons on behalf of a minor in consideration of natural love and affection for value not exceeding Rs 50,000
  - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re imbursements.

- Custodian on behalf of an FPI or Client made by Custodian.
- Payment by an AMC to its empanelled distributor on account of commission/incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.

In the above cases, necessary declaration / banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

e. Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals. Top Up facility will not be available for investments where Auto Debit period has not been indicated by the investor.

f. Your investment cheque should be crossed "Account Payee only" and drawn favouring the scheme name where the investment is in a specific scheme

g. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.

Payments made by Cash/Money Order/Postal Order, Non- MICR cheques Outstation cheques are not accepted.

**3. Declarations & Signatures:**

Unit holders need to sign here in accordance to the Mode of Holding provided to us and as per the mode of holding in the bank account in the same sequence and manner in the relevant boxes provided in the form.

**4. Debit Mandate:**

- a. Please fill all the required details in the Debit Mandate Form for NACH/ECS/Auto Debit. The sole/first holder must be one of the holders in the bank account..
- b. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- c. The 9 digit MICR code and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

CHECK LIST FOR SIP INVESTMENT FORM	
Application No./Folio No. quoted on the Form	<input type="checkbox"/>
Name of the Sole/First Holder furnished in the Form	<input type="checkbox"/>
SIP details listed below are furnished <input type="checkbox"/> SIP installment amount <input type="checkbox"/> No. of SIP installments <input type="checkbox"/> SIP date <input type="checkbox"/> SIP frequency <input type="checkbox"/> SIP period <input type="checkbox"/> SIP Scheme	<input type="checkbox"/>
Complete Bank details are furnished in the form <input type="checkbox"/> Name of the Sole/1 <sup>st</sup> Holder of the Bank Account <input type="checkbox"/> Bank A/c No <input type="checkbox"/> MICR <input type="checkbox"/> IFSC	<input type="checkbox"/>
All holders have signed in accordance with the Mode of Holding as provided to us at the relevant place	<input type="checkbox"/>
All Bank Account Holders have signed in the same manner and sequence as their Bank Account in the relevant place	<input type="checkbox"/>

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**

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