

Multi-Scheme SIP Investment 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-				
	Sub-Distributor Code			Mobile +91- <input type="text"/>
				E-mail <input type="text"/>

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.

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 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. MULTI SIP INVESTMENT DETAILS (Mandatory. If Left Blank, the application is liable to be rejected). (Minimum no. of Schemes should be 2)

Scheme 1 L&T <input type="text"/>	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency <input type="text"/>	SIP Amount ₹ <input type="text"/>
Scheme 2 L&T <input type="text"/>	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency <input type="text"/>	SIP Amount ₹ <input type="text"/>
Scheme 3 L&T <input type="text"/>	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency <input type="text"/>	SIP Amount ₹ <input type="text"/>

First Instalment Details: (Please issue cheque favouring "L&T MF Multi Scheme SIP")

Instrument No. Instrument Date Account Type (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ OthersDrawn On Bank Name Bank Branch Bank City

Total SIP Amount

₹
(Minimum 500 per Equity scheme & 1000 per Non Equity schemes)SIP Debit Date (✓ any one) ☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 25thSIP Period From To

* Default option if not selected

^^ Maximum period of 20 years

In case of discrepancy in the SIP Period, the period mentioned in the Debit Mandate will be considered.

Initial cheque amount should be equal to Total SIP Amount.

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 direct debit/participation in ECS. 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)

☐ Sole/First Applicant/Guardian☐ Second Applicant☐ Third Applicant

4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

	UMRN <input type="text"/>	Office use only <input type="text"/>	Date <input type="text"/>
Tick (✓)	Sponsor Bank Code <input type="text"/>	Office use only <input type="text"/>	Utility Code <input type="text"/>
<input type="checkbox"/> CREATE	I/We hereby authorize <input type="text"/>	L&T Mutual Fund	to debit (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
<input type="checkbox"/> MODIFY			
<input type="checkbox"/> CANCEL			
Bank A/c No. <input type="text"/>			
With Bank <input type="text"/>	Bank Name <input type="text"/>	IFSC <input type="text"/>	or MICR <input type="text"/>
an amount of Rs <input type="text"/>	Amount in words <input type="text"/>	₹ <input type="text"/>	
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> As & when presented	Debit Type <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount		
Scheme <input type="text"/>	Any one Scheme	Email Id <input type="text"/>	
Folio No. <input type="text"/>		Mobile No. +91- <input type="text"/>	

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
or <input type="checkbox"/> Until Cancelled	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

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.