

# Systematic Investment Plan Renewal Form



|                                                       |                 |             |                                                             |
|-------------------------------------------------------|-----------------|-------------|-------------------------------------------------------------|
| Distributor/Broker Code<br><b>ARN-97821</b> (mp here) | Sub-Broker Code | Branch Code | Relationship Manager's<br>Name<br>Mobile<br>Unique Ref. No. |
|-------------------------------------------------------|-----------------|-------------|-------------------------------------------------------------|

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

**Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.**

## INVESTOR DETAILS

|                     |                   |                    |                   |
|---------------------|-------------------|--------------------|-------------------|
| Sole/First Investor | First Name        | Middle Name        | Last Name         |
| Folio No.           | Scheme            |                    |                   |
| Plan                | Option            |                    |                   |
| PAN                 | First Unit Holder | Second Unit Holder | Third Unit Holder |

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

## FOR INVESTMENTS THROUGH AUTO DEBIT FACILITY

Each SIP Amount Rs. \_\_\_\_\_

Auto Debit Date (Please ✓) ☐ 1st ☐ 5th ☐ 10th\* ☐ 15th ☐ 25th ☐ All five dates

SIP Frequency ☐ Monthly\* ☐ Quarterly

Period ☐ Till I instruct discontinuation\* [OR] From MM / YYYY To MM / YYYY

(Minimum Amount and period: Rs. 1000 x 6 except for ELSS schemes, for which the minimum SIP is Rs. 500 x 6)

### Reason for your SIP

☐ Children's Education ☐ Children's Marriage ☐ House ☐ Car ☐ Retirement

\* Default option, if not selected

## PARTICULARS OF BANK ACCOUNT AND AUTHORISATION OF THE ACCOUNT HOLDER

### EXISTING BANK DETAILS

|                     |  |                                                                                                                                                                                          |  |
|---------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Account Holder Name |  |                                                                                                                                                                                          |  |
| Bank Name           |  |                                                                                                                                                                                          |  |
| Branch Name         |  |                                                                                                                                                                                          |  |
| Account Number      |  |                                                                                                                                                                                          |  |
| 9 Digit MICR Code   |  | Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO |  |

**For change of bank Mandate please fill the following details. Also furnish us copy of a preprinted cancelled Cheque of the changed bank.**

|                     |  |                                                                                                                                                                                          |  |
|---------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Account Holder Name |  |                                                                                                                                                                                          |  |
| Bank Name           |  |                                                                                                                                                                                          |  |
| Branch Name         |  |                                                                                                                                                                                          |  |
| Account Number      |  |                                                                                                                                                                                          |  |
| 9 Digit MICR Code   |  | Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO |  |

## DECLARATION

This is to inform that I/We have registered for the RBI's Electronic clearing Service (Debit Clearing) and that my payment towards my investments in L&T Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorize the representative carrying this Mandate for ECS and Auto-debit / Standing Instruction to get it verified & Executed.

First Account Holder's Signature  
(As in Bank Records)

Second Account Holder's Signature  
(As in Bank Records)

Third Account Holder's Signature  
(As in Bank Records)

**Consolidated Account Statement (CAS) shall be sent by mail/ Email to the investors for each calendar month, on or before 10th day of the succeeding month. The same shall be sent for every half year, on or before 10th day of succeeding month if no transaction has taken place during the half year.**

The SIP Auto-debit (ECS/Direct Debit) facility is offered to investors with bank accounts in any of the cities/towns where ECS/Direct Debit is available. There are 252 cities/towns as on 20th July, 2012 where this facility is available and for updates to list, please log on to our website [www.LNTMF.com](http://www.LNTMF.com).

L&T Mutual Fund reserves the right to modify this list without assigning any reason or prior notice. The cities listed on our website may be modified/removed at any time purely at the discretion of L&T Mutual Fund without providing any reason or prior notice.

**Note: Please allow minimum 30 calendar days for auto debit to register and start.**