SYSTEMATIC WITHD	RAWAL PLAN (SW	P)			\wedge	
Date D D M M	YY				(w	LIC MUTUAL FUN
ARN Code	Sub-Broker Code Sub-Broker / ARN Code		Employee Unique Identification Number (EUIN)			
132061				E352389		
			t/SoleApplicant/ Guardian	Second Applicant	Third Applicant	Power of Attorney Holde
Mr / Mrs						
Existing Folio Number						
PAN			Enclosed	PAN Proof KY	C Acknowledgment I	etter
E-mail ID						
SWP DETAILS# (To	be submitted atlea	st 15 days before 1 st due	date. Please (() the appropriate opt	ion)	
SWP From Scheme						
Plan	Regular	Direct				
Option	Growth (Only Gro	wth option is available for S	WP)			
Fixed Amount ₹		gures ₹		in words		
Capital Appreciation	n Withd	rawal Frequency Monthl	y (minimum 6)	Quarterly (minimum	4)	
V/we hereby authorize the Mutual Fund, to re e commissions (trail commission or any othe	deem the funds invested in the Scheme, r mode), payable to him for the different co	ules, Regulations, Notifications or Directives of the pretry in making this investment. I/We confirm that the inf avour of the applicant, at the applicable NAV prevempeting Schemes of various Mutual Funds amongst	iling on the date of such redempt	ion and undertake such other action with suc mended to me/ us.	h funds that may be required by the law) The ARN holder has disclosed to me/u
First / Sole Applicar	it / Guardian	Second Applicant		Third Applicant		POA Holder
		To be signed by All App	licants if mode of ope	ration is "Joint"		
Date D M M ARN Code	Sub-Broker Code	Sub-Broker / ARN Code	Employee Uni	que Identification Num	\ \/	LIC MUTUAL FUN
7000 but 5000	1 b b b 2 d	11				
"I/We hereby confirm that the EUIN xecuted without any interaction or ad istributor/sub broker or notwithstand mployee/relationship manager/sales p INVESTOR'S INFO	vice by the employee/relationship ding the advice of in-appropriate erson of the distributor/sub broker."	manager/sales person of the above FIFS	t/SoleApplicant/ Guardian	Second Applicant	Third Applicant	Power of Attorney Holde
Vir / Mrs						
Existing Folio Number						
PAN			Enclosed	PAN Proof KY	C Acknowledgment I	etter
-mail ID						
SWP DETAILS* (To	be submitted atlea	st 15 days before 1st due	date. Please (✓) the appropriate opt	ion)	
SWP From Scheme						
Plan	Regular	Direct				
Option	Growth (Only Gro	wth option is available for S	WP)			
Fixed Amount ₹	in f	gures ₹		in words		
Capital Appreciation	n Withd	rawal Frequency Monthl	y (minimum 6)	Quarterly (minimum	4)	
Withdrawal Period From the event that such a DECLARATION AND	a day is a holiday, the	To SWP D withdrawal would be affected		☐ 1 st (fixed Amount) ☐ siness day.	15 th (Capital Appre	eciation)
laving read and understood the content of the ource only and does not involve designed for me. I/we have not received nor have been ind W/we hereby authorize the Mutual Fund, to re	e SID / SAI of the scheme, I/we hereby a the purpose of contravention of any Act, uced by any rebate or gifts, directly or ind deem the funds invested in the Scheme,	oply for units of the scheme. I have read and underst rules, Regulations, Notifications or Directives of the pr rectly in making this investment. I/We confirm that the in favour of the applicant, at the applicable NAV preve impeting Schemes of various Mutual Funds amongst	rovisions of the Income Tax Act, A funds invested in the Scheme, le illing on the date of such redempt	.nti Money Laundering Laws, Anti Corruption gally belongs to me/us. In event "Know Your I ion and undertake such other action with suc	Laws or any other applicable laws enac Customer" process is not completed by	ted by the Government of India from tim me/us to the satisfaction of the Mutual Fi
First / Sole Applican	nt / Guardian	Second Applicant		Third Applicant		POA Holder