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**For Nomination by ARMFA**

ARMFA Details

Name : ARN Code : Address :

To

LIC Mutual Fund Asset Management Limited

Dear Sir,

I/we do hereby nominate the following person in whom on my/our death, the amount payable to me/us in respect of the commission pertaining to the units canvassed by me/us specified below shall vest and to whom such amount shall then be payable.

NOMINEE: Shri/Smt/Kumari

Signature :

Address:

#(Date of birth, if minor)

# The above nominee is a minor whose guardian’s name, signature and address are as under. Guardian : Shri/Smt

Signature

Address :

Relationship with Nominee:

#This nomination is in substitution of the nomination dated and registered in your books which nomination shall stand cancelled on registration of this nomination.

*# (Delete/strike off if not applicable)*

Place:

Date: Signature of Distributor