Request Form for change in status from Minor to Major



Date D D M M Y Y Y Y								
The Trustees								
LIC Mutual Fund Asset Management Limited								
1. Application Details (unit holder who is requesting for change of status from MINOR to MAJOR)								
Name Mr./Ms.								
Date of Birth D D M M Y Y Y P PAN No.								
Tax Status Resident Individual NRI PIO Other (Please Specify)								
KYC Detail (Please tick ✓ whichever is applicable) KYC Acknowledgement attached KYC form attached C - KYC Identification no.								
Name of the Guardian Mr. / Ms.								
Relationship with the applicant: [please (\sqrt) tick whichever is applicable]								
Father Mother Court Appointed Guardian								
I, the above applicant, hereby request you to change my status from Minor to Major in the following Folio/s and delete the Guardian's name therein								
since I have become a major, and update the details provided herein in your records.								
2. Folio No(s).								
1. 3. 3.								
4. 5. 6.								
7. 8. 9.								
3. Contact details of the Applicant (Mandatory)								
Mobile No. Tel. No. STD								
Mobile No. provided pertains to Self Spouse Dependent children Dependent Sibling Dependent Parents								
Email Address (Email ID in CAPITAL letters only)								
Mobile No. provided pertains to Self Spouse Dependent children Dependent Sibling Dependent Parents								
4. Address of the Applicant (Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)								
Address Line 1								
Address Line 2								
City State PIN								
5. Overseas address (Overseas address is mandatory for NRI applicants in addition to mailing address in India)								
Overseas address (Overseas address is mandatory for NRI applicants in addition to maining address in india)								
Landmark City State Country (Mandatory)								
OR PO Box No. Country (Mandatory)								
6. Bank Account Details of the Major (Mandatory)								
Please attach & tick ✓ Cancelled cheque with applicant's name printed OR Applicant's Bank Statement / Passbook								
Name of Bank A/C type (✓) SB Current NRO NRE FCNR								
Name of Balik Niko Nike Tolik								
Account No. Bank Branch								
Account No. Bank Branch Branch City Pin IFSC Code* MICR Code**								
Account No. Bank Branch Branch City Pin IFSC Code* MICR Code** (**9 - digit number)								
Account No. Bank Branch Branch City Pin IFSC Code* MICR Code** (*11 Character Code) (**9 - digit number) 7. Additional KYC information (Please tick whichever is applicable) (Mandatory) Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist								
Account No. Branch City Pin IFSC Code* (*11 Character Code) (**9 - digit number) 7. Additional KYC information (Please tick								
Account No. Bank Branch Branch City Pin IFSC Code* MICR Code** (*11 Character Code) (**9 - digit number) 7. Additional KYC information (Please tick whichever is applicable) (Mandatory) Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist								

Mutual Fund Investments Are Subject To Market Risks, Read All Scheme Related Documents Carefully.

8. FATCA and CRS information (Ma	ndatory)						
Country of Birth	Place of Birth		Nationality Nationality				
Are you a tax resident of any country other than In-	dia? Yes	No					
If Yes, please mention all the countries in which identification type in the column below	n you are resident for	ax purposes and the a	associated Taxpayer Identification Number and its				
Country	Tax-Payer Iden	tification Number	Identification Type				
9. Nomination (Please tick (✓) one of	the options below) (Mandatory)					
I wish to make a nomination and hereby nomina Units held in my folio in the event of my death. I DO NOT wish to make a nomination	te the person/s more pa	rticularly described in the	Nomination Form enclosed herewith, to receive the				
	of nominee(s) and furthe	r are aware that in case of	nutual fund units held in my / our mutual fund folio and f death of all the account holder(s), my / our legal heirs ed on the value of assets held in the mutual fund folio.				
10. Declaration and Signature of the	Applicant						
provide any other additional information as may be re	e and correct to the bea A informed about any c equired by the AMC / RT	st of my knowledge and b hanges / modification to t A.	he above information in future and also undertake to				
I hereby authorize LIC Mutual Fund and its AMC / RTA to share / disclose any of the information provided by me, including any changes in respect there of to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify / validate my bank account details. I also authorize the Mutual Fund & its AMC / RTA to provide / share any of the information provided by me including any holdings in the Mutual Fund to any governmental or statutory or judicial authorities / agencies as required by law without any obligation of informing me of the same.							
My signature here in below has been attested by the Guardian on record My bankers Notary / JMFC							
Place :							
Date:			SIGN HERE Signature of Applicant				
11. Signature Attesation							
			oise)				
(To be attested by the Guardian (as registered in or a Notary or Judicial Magistrate First Class ().							
Name of the Guardian / Stamp of the N	,,,		ature of the applicant duly attested by me				
			Signature				
@ Alternatively, please attach banker's certificate / attestation in the prescribed form as per Annexure1							
12. Documents enclosed							
Copy of PAN Card of applicant							
KYC Acknowledgment OR KYC form of applicant							
Cancelled cheque with applicant's name pre-printed OR Application's Bank Statement/Passbook							
Nomination Form							
Annexure 1 - Bankers Attestation of signature	of the applicant						

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination



Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Please read the instructions	carefully before filling	ng up this form			
Name of 1 st Holder	Mr./Ms	FIRST		MIDDLE	LAST
Name of 2 nd Holder	Mr./Ms	FIRST		MIDDLE	LAST
Name of 3 rd Holder	Mr./Ms	FIRST		MIDDLE	LAST
Nominate the person(/ our death and/or	(s) more particularl	y described hereunde	er to receive the	-	o/s listed below in the event of
	n(s) made by me		-	its held by me/ us in the	e Folio/s listed below
6r.# 1			Folio No		
2					
3					
4					
1. Nominee Details					
lame of the 1 st Nomine	e FIRST	MIDDI	.E	LAST	% of Allocation
AN of the Nominee/Gua	ırdian*		Da	te of Birth of Nominee*	
lame of the Guardian *	FIRST	MIDDI	E	LAST	
Buardian's Relationship	with Nominee	Mother	Father	Legal Guardian	
roof of relationship	Birth Certificate	School Leaving	Certificate	Passport O	thers
ddress:					
City:		State:			PIN
ame of the 2 nd Nomine	e FIRST	MIDDI	.E	LAST	% of Allocation
AN of the Nominee/Gua	ırdian*		Da	te of Birth of Nominee*	
ame of the Guardian *	FIRST	MIDDI	1	LAST	
Suardian's Relationship	7	Mother	Father	Legal Guardian	
roof of relationship	Birth Certificate	School Leaving	Certificate	Passport O	thers
Address:					
City:		State:			PIN
ame of the 3 rd Nomine	e FIRST	MIDDI	.E	LAST	% of Allocation
AN of the Nominee/Gua	ırdian*		Da	te of Birth of Nominee*	
ame of the Guardian *	FIRST	MIDDI	1	LAST	
uardian's Relationship	with Nominee	Mother	Father	Legal Guardian	
roof of relationship	Birth Certificate	School Leaving	Certificate	Passport O	thers
Address:					
City: oplicable in case the Nomir	nee is a Minor (Also	State:	of the minor's hi	th certificate)	PIN
· _	· · · · · · · · · · · · · · · · · · ·	<u> </u>		pes not wish to nomina	te anyone)
 R NOMINATION : I / We hereby	confirm that I / We do no	ot wish to appoint any nomi e aware that in case of dea	nee(s) for my mutuath of all the accou	nal fund units held in my / our m nt holder(s), my / our legal he	nutual fund folio and understand the iss eirs would need to submit all the requ
Declaration and Sig	nature of Unitho	lders			
					abide by the same. The instructi
ntained herein supercedes a	ali previous nominatio		spector the follo	(s) mentioned above. ⊗	
SIGN HERI					SIGN HERE
Signature of 1st u	nitholder	Signature of 2	2nd unitholder	Sign	ature of 3rd unitholder

03. Instructions:

- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- · Nomination is not allowed in a folio of a Minor unitholder.
- If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In
 case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals,
 adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the
 nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee
 is not mentioned, the allocation/claim settlement shall be made equally amongst all the nominees.
- In case of nomination is made for LICMF Unit Linked Insurance Scheme only one nomination can be registered.
- · Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- · Nomination shall stand rescinded upon the transfer of units.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund /
 Trustees against the legal heir(s).
- Cancellation of Nomination: Request for cancellation of Nomination made can be made only by the unitholders. The
 nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to
 transfer/transmit the units in favour of the Nominee.
- Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

Website: www.kfintech.com

Banker's Attestation of signature of the applicant



Annexure-1

(where aggregate value of investment under all folios is up to ₹ 2 lakhs)

{To be issued on the Bank's Letter Head

Œ

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

			Date D D M M Y Y Y Y				
TO WHOMSOEVER IT MAY CONCERN							
This is to certify that Mr. / Ms	FIRST	MIDDLE	LAST				
Back Account Details:							
Account No.							
Bank Name							
A/c. Type (√) SB Current NF	RO NRE NF	RNR Others (Pl. s	pecify)				
11-digit IFSC		9-digit MICR No).				
Name of bank branch							
His/her address, as per our Bank records, is	s as follows:						
Address Line 1:							
Address Line 2:	PIN	State	Э				
Signature Verification by Bankers							
Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records.		Signature of the	e client				
Date D D M M Y Y Y							
	Siç	nature of the bank offic	cial with Bank's Seal				
Name* of the attesting Bank Official							
Designation*							
Employee Code*							
Telephone Number*							

^{*} Mandatory