SIP/MICRO SIP - EQUITY SCHEMES (SIPs upto Rs. 50,000 per year, per investor)



Please read instructions before filling the Form

(Only empanelled Distributors			Application No.:	
	s/Brokers will be permitted to distri	bute Units)	FOR OFFICE USE ONLY	
Distributor/Broker ARN	Sub-Broke	er Code		
ARN -0988				
Ipfront commission shall be paid direc				
ased on the investors' assessment of listributor.	various factors including the se	rvice rendered by the		
ADDITIONNE'S DEDSONAL DET	All S (Please fill in block k	atters. Use one bo	x for one alphabet leaving one box bla	nk hetween two words)
		tters. Ose one box		iik between two worus)
Folio No. (In case of Existing Investor))		Form No. (In case of New Investor)	
Only for MICRO SIP * a) Standard Identification Instru	r uments (please √) □ Voter	Identity Card: □ Dri	ving License; □ Government/Defense Identifi	cation_card: □ Passport: □ Card
reputed employer	,	, ,	,	, , ,
b) Proof of Address (N.A. if the			•	(please specif
9	*		N holder mentionining the ARN number or att	
	="		olders with PAN are required to follow PA Unitholders without PAN are required to	
(a)&(b) above.	ittoried on page no. 10 or	tilis Kilvi. IIIvestors/	ommoders without PAN are required to	submit document mentioned
SIP/MICRO SIP INVESTMENT D	DETAILS (Please see the R	eady Reckoner tak	ole on page no. 20)	
I/We would like to enrol for Systemat	tic Investment Plan under L&T M	Iutual Fund subject to t	erms and conditions of the Scheme/Plan and subs	sequent amendments thereto.
Scheme Name				
Option (Please ✓)	ive** O Dividend	Dividend Facility (Pl	ease ✔)	yout (** Default Option / Facility
Enrolment Period Months	From MMYYYYTO	M M Y Y Y Y SIP/N	MICRO SIPs Date : \square 5 th or \square 15 th or \square 25 th or \square	30th (28th for the month of February)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIP/MICRO SIP PAYMENT DETA	AILS			
Amount per Instalment (Rs.)		Number of Ins	talments Total Amount (Rs.)	
		nimum of Rs. 500 or in m	ultiples of Rs. 500 thereafter for 12 months or Rs. 1,0	00 and in multiples of Rs. 500 thereaft
for 6 months in case of L&T Tax Saver Fi	·und).			
Payment Mechanism (Please ✓ any	y one only)			
		•	ed and submit it together with the Cheque for first SIP.	
Cheques (Please provide the Chequ	ues details below) All Cheques sho	uid be drawn in tavour of	Scheme name and crossed 'account payee only	~.
Total number of Cheque	Cheque No. From			
Drawn on Bank				
Branch			City	
I/We do not have any existing MICRO SIF	Ps which together with the current	application resulting in a	ggregate investments exceeding Rs. 50,000 in a year other mode), payable to him for the different competi	
amongst which the Scheme is being reco	all the commissions (in the form of ommended to me/us.	trail commission or any	other mode), payable to him for the different competi	ng Schemes of various Mutual Funds fr
Data	5			
Date	TURES			
Date	GNATURES			
Date	Sole / First A	pplicant / Guardian	Second Applicant	Third Applicant
Date	Sole / First At	oplicant / Guardian	Second Applicant (N.A. if the first App	
Date	Sole / First Ap	oplicant / Guardian		
Date	Sole / First Ap	oplicant / Guardian		
Date	Sole / First Af	oplicant / Guardian		••
Date	Sole / First A	oplicant / Guardian		••
Date	Sole / First Al	pplicant / Guardian		
Date	Sole / First A	pplicant / Guardian		••
Date	Sole / First A	pplicant / Guardian		••
Date	Sole / First A	pplicant / Guardian		
			(N.A. if the first App	
Date ACKNOWLEDGEMENT SLI				
			(N.A. if the first App	••
— — — — — ACKNOWLEDGEMENT SLI	IP (To be filled by the Ap		(N.A. if the first App	••
ACKNOWLEDGEMENT SLII Received from Mr./Ms./M/s an application for SIP enrolment of	IP (To be filled by the Aport of the Scheme	oplicant)	(N.A. if the first App	
ACKNOWLEDGEMENT SLII Received from Mr./Ms./M/s_ an application for SIP enrolment of Option (Please ✓) ○ Cumulative	IP (To be filled by the Aport of the Scheme	oplicant)	(N.A. if the first App	
ACKNOWLEDGEMENT SLII Received from Mr./Ms./M/s an application for SIP enrolment of	IP (To be filled by the Aport of the Scheme	oplicant)	(N.A. if the first App	
ACKNOWLEDGEMENT SLII Received from Mr./Ms./M/s_ an application for SIP enrolment of Option (Please ✓) ○ Cumulative	IP (To be filled by the Aport the Scheme	oplicant) Dividend Facility ((N.A. if the first App Application No.: Please ✓)	licant is a minor)
ACKNOWLEDGEMENT SLII Received from Mr./Ms./M/s an application for SIP enrolment of Option (Please ✓) ○ Cumulative **Default option / facility □ Total Cheque □□ Cheque No	IP (To be filled by the Aport of the Scheme	oplicant) Dividend Facility ((N.A. if the first App Application No.: Please ✓)	licant is a minor)

SIP/MICRO SIP (AUTO DEBIT FORM) (Registration cum Mandate Form)



First SIP/MICRO SIP cheque and subsequent through ECS (Debit) Clearing / Direct Debit. Investors/ Unitholders availing Auto Debit Facility are also requested to fill up the "Application Form for Equity Schemes"

DEBIT MANDATE [Electronic Clean	arıng Service (Debit	Clearing)]				
The Manager Bank Name				Name	Conv to	the user Company
Sum runne				INGINE	сору то	user company
Bank Address				Address		
City		Pin cod	e			
Telephone No.				Tel. No.		
, hereby authorise you to debit my A) Name of Bank Account Holde		ayment to L&T Mutual Fu	nd through ECS (De	ebit) clearing <i>i</i>	' Direct Debit as per t	the details given as under.
(As in Bank Records)	1011. 1015. 101/3.					
B) 9-Digit MICR Code of the Banl	k and Branch		C) Account Ty	vpe (Please ✓) Current	Savings Cash Cred
(Appearing on MICR Cheque issued by	y the bank.)					
D) Ledger No. / Ledger Folio No.						
E) A/c. No.						
Name of the Scheme		Date of effect	Di. alia	:	Amount of	Number of
ivalile of the scheme		5/15/25/30 (28th for th	Periodic e (Monthl		Instalment (Rs.)	Instalments
		month of February				
		DD / MM / YY				
		DD / MM / YY				
		/ IVIIVI / II				
DECLARATION AND SIGNATURE I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have rethe responsibility expected of me as a particular than the particular of the responsibility expected of the particular of the	n above are correct and c of incomplete or incorrect ead the option invitation I	information, I would not hold etter and agree to discharge	Certified that the part (Bank's Stamp)	ticulars furnishe	ed above are correct as p	er our records.
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have re	n above are correct and c of incomplete or incorrect ead the option invitation I	information, I would not hold etter and agree to discharge	·	ticulars furnishe		
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have re the responsibility expected of me as a pa	n above are correct and coff incomplete or incorrect ead the option invitation I riticipant under the Schem	information, I would not hold etter and agree to discharge e. (As in Bank Records)	(Bank's Stamp) Date		Signa O	ture of the Authorised
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have re the responsibility expected of me as a pa	n above are correct and coff incomplete or incorrect ead the option invitation I riticipant under the Schem	information, I would not hold etter and agree to discharge e. (As in Bank Records)	(Bank's Stamp) Date		Signa O	ture of the Authorised
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have re the responsibility expected of me as a pa	n above are correct and cof incomplete or incorrect ead the option invitation I riticipant under the Schemen ature of Customer in 3 copies, Original (To be filled by the bescheme)	information, I would not hold etter and agree to discharge e. (As in Bank Records) for Bank, One for User e Applicant)	(Bank's Stamp) Date	ner for Custo	Signa O	ture of the Authorised
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have rethe responsibility expected of me as a particular particul	n above are correct and cof incomplete or incorrect ead the option invitation I riticipant under the Schemen ature of Customer in 3 copies, Original (To be filled by the bescheme)	information, I would not hold etter and agree to discharge e. (As in Bank Records) for Bank, One for User e Applicant)	(Bank's Stamp) Date Company and oth	ner for Custo	Signa O	ture of the Authorised
I hereby declare that the particulars give delayed or not effected at all for reasons the user institution responsible. I have rethe responsibility expected of me as a particular particul	n above are correct and cof incomplete or incorrect ead the option invitation I riticipant under the Scheme at the option invitation I riticipant under the Scheme at the option invitation I riticipant under the Scheme at the option invitation I riticipant under the Scheme at the option in option	information, I would not hold etter and agree to discharge e. (As in Bank Records) for Bank, One for User e Applicant) Dividend Facility (F	(Bank's Stamp) Date Company and other Please (Bank's Stamp)	ner for Custo	Signar O	ture of the Authorised

□ SIP/ Micro SIP Auto Debit Facility Amount per instalment (Rs.) ______ Total Amount (Rs.) _____

SIP/MICRO SIP - DEBT SCHEMES (SIPs upto Rs. 50,000 per year, per investor)

☐ SIP / Micro SIP Auto Debit Facility Amount per instalment (Rs.) _



SIP/ Micro SIP Facility is available in L&T Triple Ace Fund, L&T Monthly Income Plan, L&T Gilt Fund and L&T Select Income Fund - Flexi Debt Fund

Please read instructions before filling the Form Investors/ Unitholders in SIP/Micro SIP are also requested to fill up all sections of "Application Form for Debt Schemes" except sections 4 & 4A **Application No.:** DISTRIBUTOR INFORMATION (Only empanelled Distributors/Brokers will be permitted to distribute Units) FOR OFFICE USE ONLY Distributor/Broker ARN Sub-Broker Code ARN Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words) **Folio No.** (In case of Existing Investor) Form No. (In case of New Investor) Only for MICRO SIP * a) Standard Identification Instruments (please 🗸) 🗆 Voter Identity Card; 🗀 Driving License; 🗀 Government/Defense Identification card; 🗀 Passport; 🗀 Card of reputed employer b) Proof of Address (N.A. if the Standard Identification Instrument contains the address): Supporting documents copy shall be self attested by the investor/ attested by the ARN holder mentionining the ARN number or attested by any competent authority. * PAN is not mandatory in respect of Micro SIPs. However, investors/ Unitholders with PAN are required to follow PAN based common standard KYC through CVL procedure as mentioned on page no. 14 of this KIM. Investors/ Unitholders without PAN are required to submit document mentioned in (a)&(b) above. SIP/MICRO SIP INVESTMENT DETAILS (Please see the Ready Reckoner table on page no. 18) I/We would like to enrol for Systematic Investment Plan under L&T Mutual Fund subject to terms and conditions of the Scheme/Plan and subsequent amendments thereto. Dividend Cumulative** **Dividend Facility** (Please ✓) Reinvestment** Payout (** Default Option / Facility) Option (Please ✓) Enrolment Period Months From MMYYYYY To MMYYYYYSIP/MICRO SIPs Date: ☐ 5th or ☐ 15th or ☐ 25th or ☐ 30th (28th for the month of February) ^ Not available in L&T Select Income Fund - Flexi Debt Fund SIP/MICRO SIP PAYMENT DETAILS Amount per Instalment (Rs.) Number of Instalments Total Amount (Rs.) (Minimum 6 instalments of Rs.1,000 each or more for all Schemes). Payment Mechanism (Please ✓ any one only) ☐ SIP/MICRO SIPs Auto Debit Facility (Please fill the SIP/MICRO SIPs Auto Debit Form provided and submit it together with the Cheque for first SIP/MICRO SIPs transaction) ☐ Cheques (Please provide the Cheques details below) All Cheques should be drawn in favour of Scheme name and crossed 'account payee only'. Total number of Cheque Drawn on Bank Branch I/We do not have any existing MICRO SIPs which together with the current application resulting in aggregate investments exceeding Rs. 50,000 in a year The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date SIGNATURES Sole / First Applicant / Guardian Second Applicant Third Applicant (N.A. if the first Applicant is a minor) ACKNOWLEDGEMENT SLIP (To be filled by the Applicant) Application No.: Received from Mr./Ms./M/s_ an application for SIP enrolment of the Scheme Option (Please ✓) ☐ Cumulative** ☐ Dividend (** Default Option Facility) ☐ Total Cheque ☐ ☐ Cheque No. Dated Signature, Stamp & Date Drawn on (Bank) Amount (Rs.)

___ Total Amount (Rs.)

SIP/MICRO SIP (AUTO DEBIT FORM) (Registration cum Mandate Form)

☐ SIP/Micro SIP Auto Debit Facility Amount per instalment (Rs.)



First SIP/MICRO SIP cheque and subsequent through ECS (Debit) Clearing / Direct Debit. Investors/ Unitholders availing Auto Debit Facility are also requested to fill up the "Application Form for Debt Schemes"

The Manager Bank Name					ng)]																							
Paris IVallic															Na	me				c	Сору	y to	th	e use	r Co	omį	any	
Bank Address															Ad	ldre	ss											
City							P	in co	de																			
Telephone No.							T.	111 CO	uc						Tel	. No	o.											
I, hereby authorise you to debit my acc	ount fo	r mak	ing nav	ment	t to I	&T I/	Autu	ıal Fı	ınd t	hrou	ah F	CS ('Del	hit) (clea	rinc	і 1 / Г	Dire	ct [)ehit	as	ner	the	detai	ls a	iven	as II	nder
A) Name of Bank Account Holder		Ms. M/															,,,								9			
(As in Bank Records)																												
B) 9-Digit MICR Code of the Bank a	nd Brai	nch								C)	Acc	oun [.]	t Ty	ре	(Ple	ase	√)		C	urrei	nt		Sa	avings	5		Casl	n Cre
(Appearing on MICR Cheque issued by the bar	nk.)																											
D) Ledger No. / Ledger Folio No.																												
E) A/c. No.				ĺ			ĺ	ĺ	ĺ	_																		
Name of the Scheme				5/		ate of			tho			Perio (Mor								noun Imen		٠ ١					nber almer	
)/		nth of			tne			(IVIOI	ıunı	y)					IIISta	imen	IL (KS	s. <i>)</i>				IIISt	aimer	ıs
					D	D / MI	M / Y	/Y																				
					D	D / MI	M / Y	/Y																				
^ Not available in L&T Select Income Fu	nd - Fle	xi Deb	t Fund																									
the responsibility expected of me as a partic	pant und	aci tiic		•																								
the responsibility expected of me as a particle	pant und	aci tiic		•																_	c:	ana	.+	o of	tha	۸.,	thor	icod
Date Signar	ture of	Custo	omer (As in					Con	mpar		ate	oth	er fo	or (Cust	ton	ner)		Si			e of t				
	ture of	Custo	omer (As in					r Coi	mpar			oth	er f	or (Cusi	ton	ner,)		Si							
Date Signa Note:- Mandate to be obtained in 3 ACKNOWLEDGEMENT SLIP (To deceived from Mr./Ms./M/s	be fill	Custo	omer (As in	nk, (One 1	for		_	_	ny a	nd c	_	_	_	- Apı	plic	catio	on	_ No.:								
Date Signa Note:- Mandate to be obtained in 3 ACKNOWLEDGEMENT SLIP (To Received from Mr./Ms./M/s	be fill	Custo, Original Custo, Origina Custo, Origina Custo, Origina Custo, Origina Custo, Origina Custo, Origina Cust	omer (As in or Ba	nk, (nt)	for (User	Pleas	e ✓)	ny a	nd c	inve	estm		_ App	plic	P ayc	on									

SYSTAMATIC TRANSFER PLAN - EQUITY SCHEMES



Please read instructions before filling the Form

Investors/ Unitholders availing STP facility are also requested to fill	up the "Application Form for Debt Schemes"
INVESTOR DETAILS	
Name of Sole / First Investor / Guardian	
Mr. Ms. M/s.	
Folio No. (Existing Investor)	
REGULAR STP DETAILS. 5, 15 AND 25 OF THE MONTH (Please tick choice of you	ur Scheme/Plan/Option)
From any of the following Schemes	To any of the following Scheme
L&T Liquid Fund	☐ L&T Growth Fund
☐ Regular Plan ☐ Cumulative* ☐ Weekly Dividend ○ Reinvestment* ○ Payout	☐ L&T Midcap Fund
☐ Institutional Plus Plan ☐ Cumulative* ☐ Weekly Dividend ○ Reinvestment* ○ Payout	☐ L&T Multi-Cap Fund
☐ Institutional Plan ☐ Daily Dividend ☐ Reinvestment*	☐ L&T Opportunities Fund
☐ Super Institutional Plan ☐ Cumulative* ☐ Weekly Dividend ○ Reinvestment* ○ Payout	☐ L&T Contra Fund
L&T Freedom Income-Short Term Fund	☐ L&T Global Advantage Fund
☐ Regular ☐ Cumulative* ☐ Monthly Dividend ☐ Semi-annual Dividend	☐ L&T Tax Saver Fund
○ Reinvestment* ○ Payout	☐ L&T Hedged Equity Fund
☐ Institutional ☐ Cumulative* ☐ Monthly Dividend ☐ Weekly Dividend	☐ L&T Infrastructure Fund
☐ Semi-annual Dividend	☐ L&T Small Cap Fund
O Reinvestment* O Payout	☐ Cumulative* ☐ Dividend ○ Reinvestment* ○ Payout
☐ DDRIP ☐ Daily Dividend ☐ Reinvestment*	
L&T Floating Rate Fund	
☐ Cumulative* ☐ Monthly Dividend ☐ Weekly Dividend ☐ Daily Dividend	
○ Reinvestment* ○ Payout	L&T Monthly Income Plan
L&T Select Income Fund-Flexi Debt Fund	☐ Cumulative*☐ Bonus ☐ Monthly Dividend ☐ Quarterly Dividend
☐ Institutional Option ☐ Retail Option	○ Reinvestment* ○ Payout
○ Dividend# ○ Growth* ○ Quarterly Dividend ○ Bonus	* Default Plan / Option
L&T Monthly Income Plan**	
☐ Cumulative* ☐ Monthly Dividend ☐ Quarterly Dividend ☐ Reinvestment* ○ Payout	
 Default Plan/Option STP facility from L&T Monthly Income Plan is available only to L&T Growth Fund, L&T Midcap Fund, L&T Opportunities Fund, L&T Multi-Cap Fund, L&T Global Advantage Fund, L&T Contra Fund, L&T Tax Saver Fund and L&T Hedged Equity Fund, L&T Infrastructure Fund & L&T Small Cap Fund. 	
Enrolment Period	From $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
Frequency : Monthly Fixed Amount (Rs.)	or Capital Appreciation
Minimum transfer amount/ Instalments:	
The investment under STP for all the schemes except L&T Tax Saver Fund has to be for a	minimum amount of Rs 6000 i.e. 6 cheques of Rs 1000/- ea
5th, 15th, 25th of the month or on the next Business Day if the chosen date happens to be a	
However, in case of L&T Tax Saver Fund, minimum amount shall be Rs. 500 for 12 months of	or Rs. 1000 for 6 months.
Unitholders may change the amount (but not below the specified minimum) by giving writt	en notice to the registrar.
#Investors/Unitholders are requested to note that currently the trustees have decided the f scheme.	frequency as Monthly Dividend under dividend sub option of the

SYSTEMATIC TRANSFER PLAN - DEBT SCHEMES



Please read instructions before filling the Form

INVESTOR DETAILS Name of Sole / First Investor / Gu Mr. Ms. M/s. Folio No. (Existing Investor) REGULAR STP DETAILS. 5, 15 Al	uardian		
Mr. Ms. M/s. Folio No. (Existing Investor) REGULAR STP DETAILS. 5, 15 All	uardian		
Folio No. (Existing Investor) REGULAR STP DETAILS. 5, 15 Al			
(Existing Investor) REGULAR STP DETAILS. 5, 15 Al			
From any	ND 25 OF THE MONTH (P	lease tick choice of you	ur Scheme/Plan/Option)
110m uny	of the following Scheme	95	To any of the following Scheme
☐ L&T Liquid Fund			☐ L&T Growth Fund
☐ Regular Plan ☐ Cumula	ative*	Reinvestment* O Payout	L&T Midcap Fund
☐ Institutional Plus Plan ☐ Cumula	ative*	Reinvestment* O Payout	☐ L&T Multi-Cap Fund
☐ Institutional Plan	☐ Daily Dividend ○	Reinvestment*	☐ L&T Opportunities Fund
☐ Super Institutional Plan ☐ Cumula	ative*	Reinvestment* O Payout	☐ L&T Contra Fund
☐ L&T Freedom Income-Short	Term Fund		☐ L&T Global Advantage Fund
☐ Regular ☐ Cumulative*	☐ Monthly Dividend	☐ Semi-annual Dividend	☐ L&T Tax Saver Fund
	O Reinvestment*	○ Payout	☐ L&T Hedged Equity Fund
☐ Institutional ☐ Cumulative*		☐ Weekly Dividend	☐ L&T Infrastructure Fund
	☐ Semi-annual Dividend		L&T Small Cap Fund
		○ Payout	☐ Cumulative* ☐ Dividend ○ Reinvestment* ○ Payout
☐ DDRIP	☐ Daily Dividend	O Reinvestment*	L&T Triple Ace Fund^
☐ L&T Floating Rate Fund			☐ Cumulative* ☐ Bonus ☐ Quarterly Dividend ☐ Semi Annual I
☐ Cumulative* ☐ Monthly Divi	dend Weekly Dividend	☐ Daily Dividend	○ Reinvestment* ○ Payout
O Reinvestme	ent* O Payout		☐ L&T Monthly Income Plan
☐ L&T Select Income Fund-Flex	i Debt Fund		☐ Cumulative* ☐ Bonus ☐ Monthly Dividend ☐ Quarterly Divi
☐ Institutional Option ☐ Retail	Option		○ Reinvestment* ○ Payout
O Divider	nd# O Growth* O Quarterl	y Dividend O Bonus	* Default Plan / Option
☐ L&T Monthly Income Plan**			^ STP facility to L&T Triple Ace Fund is available only from
☐ Cumulative* ☐ Monthly Divide	nd 🗌 Quarterly Dividend 🔲	Reinvestment* O Payout	Freedom Income - Short Term Fund & L&T Monthly Incom
* Default Plan/Option ** STP facility from L&T Monthly Ir Midcap Fund, L&T Opportunitie Fund, L&T Contra Fund, L&T Infrastructure Fund, L&T Small C	es Fund, L&T Multi-Cap Fund Tax Saver Fund and L&T H	d, L&T Global Advantage ledged Equity Fund, L&T	
Enrolment Period Months	s STP Date : ☐ 5th or [☐ 15th or ☐ 25th	From M M Y Y Y To M M Y Y
Frequency : Monthly	Fixed Amoun	t (Rs.)	or Capital Appreciation
or on the next Business Day if the ch Unitholders may change the amount	schemes has to be for a min losen date happens to be a n t (but not below the specified	on-business day. d minimum) by giving writt	0/- i.e. 6 cheques of Rs. 1000/- each 5th, 15th, 25th of the en notice to the registrar. frequency as Monthly Dividend under dividend sub option



To, The Trustee L&T Mutual Fund I/We have read and understood the contents of the S							or the SV	VP Er	nrolmen	t under
the following Scheme/Plan (please tick your choice) a Folio No.	nd agree to abide by the terr	ns and co	onditions	of the Sc	heme/Pla	an.				
Name of the Scheme	Withdrawal Details		Peri	od of En	rolmen	t (Dat	e/Mont	h/Ye	ar)	
L&T GROWTH FUND	Rs	From		□ 15			/	/		
L&T OPPORTUNITIES FUND	Rs	То	dd 5 dd	dd □ 15 dd			/ mm	/	уу 	
☐ L&T MIDCAP FUND	Rs	No. of		wals : _					уу 	
L&T MULTI-CAP FUND	Rs			Γ	Frequ	u ency Mon				
L&T GLOBAL ADVANTAGE FUND	Rs					_	rterly**			
L&T CONTRA FUND	Rs			L&T Grow y Income						
L&T TAX SAVER FUND*	Rs		– Short Ter	m Fund y can on	lv he av	vailed	on 5th	15+ŀ	or 25	th of a
L&T INFRASTRUCTURE FUND	Rs	month.	/quarter(onth/quar	(wheneve ter falls o ess day w	r application	able). busine	If the 5tess day t	th, 1. hen !	5th or SWP fa	25th of lling on
L&T SMALL CAP FUND	Rs	day.		unt Rs						
L&T HEDGED EQUITY FUND	Rs			oreciation						0.
L&T MONTHLY INCOME PLAN	Rs	Instruction Option		Amount		: Mir	nimum V	Vithc	drawal	amount
L&T TRIPLE ACE FUND	Rs					Rs.	500 reafter			
	De					(Mc	onthly or	Qua	rterly)	
L&T FREEDOM INCOME - SHORT TERM FUND REGULAR	Rs	Option	II - Capit	al Appred	ciation	: Cap Mo	oital nthly or	appro Quar	eciation terly ba	on sis.
O INSTITUTIONAL		Load S	tructure				ase refer same	Sche	eme De	tails for
L&T FLOATING RATE FUND	Rs		terms fo	or SWP Capital	Annrec	iation	ontion	min'	imum a	account
L&T SELECT INCOME - FLEXI DEBT FUND	Rs			0,000/- a						
O RETAIL				Amount schemes						
OINSTITUTIONAL		to be t	here							
L&T GILT FUND	Rs									
* Available only after completion of lock-in period of	3 years.	•								
Name of the First / Sole Applicant/ Guardian (in case of minor)										
Signature(s) Sole/First Unitholder/Gu	ardian So	econd Un		f the first	— Applicar	 nt is a	Third U minor)	 nithc	older	
Please Note: Signature(s) should be as it appears on	the Application Form and in	the same	order.							

Systematic Withdrawal Plan (SWP) - Debt Schemes (Available only in Cumulative/Growth Options of the Schemes)



To, The Trustee L&T Mutual Fund I/We have read and understood the contents of the S							or the SV	VP Er	nrolmen	t under
the following Scheme/Plan (please tick your choice) a Folio No.	nd agree to abide by the terr	ns and co	onditions	of the Sc	heme/Pla	an.				
Name of the Scheme	Withdrawal Details		Peri	od of En	rolmen	t (Dat	e/Mont	h/Ye	ar)	
L&T GROWTH FUND	Rs	From		□ 15			/	/		
L&T OPPORTUNITIES FUND	Rs	То	dd 5 dd	dd □ 15 dd			/ mm	/	уу 	
☐ L&T MIDCAP FUND	Rs	No. of		wals : _					уу 	
L&T MULTI-CAP FUND	Rs			Γ	Frequ	u ency Mon				
L&T GLOBAL ADVANTAGE FUND	Rs					_	rterly**			
L&T CONTRA FUND	Rs			L&T Grow y Income						
L&T TAX SAVER FUND*	Rs		– Short Ter	m Fund y can on	lv he av	vailed	on 5th	15+ŀ	or 25	th of a
L&T INFRASTRUCTURE FUND	Rs	month.	/quarter(onth/quar	(wheneve ter falls o ess day w	r application	able). busine	If the 5tess day t	th, 1. hen !	5th or SWP fa	25th of lling on
L&T SMALL CAP FUND	Rs	day.		unt Rs						
L&T HEDGED EQUITY FUND	Rs			oreciation						0.
L&T MONTHLY INCOME PLAN	Rs	Instruction Option		Amount		: Mir	nimum V	Vithc	drawal	amount
L&T TRIPLE ACE FUND	Rs					Rs.	500 reafter			
	De					(Mc	onthly or	Qua	rterly)	
L&T FREEDOM INCOME - SHORT TERM FUND REGULAR	Rs	Option	II - Capit	al Appred	ciation	: Cap Mo	oital nthly or	appro Quar	eciation terly ba	on sis.
O INSTITUTIONAL		Load S	tructure				ase refer same	Sche	eme De	tails for
L&T FLOATING RATE FUND	Rs		terms fo	or SWP Capital	Annrec	iation	ontion	min'	imum a	account
L&T SELECT INCOME - FLEXI DEBT FUND	Rs			0,000/- a						
O RETAIL				Amount schemes						
OINSTITUTIONAL		to be t	here							
L&T GILT FUND	Rs									
* Available only after completion of lock-in period of	3 years.	•								
Name of the First / Sole Applicant/ Guardian (in case of minor)										
Signature(s) Sole/First Unitholder/Gu	ardian So	econd Un		f the first	— Applicar	 nt is a	Third U minor)	 nithc	older	
Please Note: Signature(s) should be as it appears on	the Application Form and in	the same	order.							