

Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)
Investment through NACH/AUTO DEBIT (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

ARN-162514	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
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EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3
I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant								
Request for <input type="checkbox"/> Registration of SIP <input type="checkbox"/> Registration of CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Additional Micro SIP in same folio <input type="checkbox"/> OTM Registration Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii))
In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.
Existing Investor Folio No. _____ Application No. _____

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. _____

2. INVESTMENT DETAILS (Refer Instruction C5 & C8)

SR. No.	Scheme Name	Plan/ Option	1 st Investment Amount	SIP/CSIP Installment Amount	Frequency	SIP Date
1.	ABSL				Monthly <input type="checkbox"/> (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only)	1 <input type="checkbox"/> 7* <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 28 <input type="checkbox"/> (*Default Date)
2.	ABSL				OR Weekly <input type="checkbox"/> (Please mention any day from Monday to Friday) (Default day is Wednesday)	
3.	ABSL					

Cheque Date:

D	D	M	M	Y	Y	Y	Y
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 Cheque number: _____ Cheque Amount: _____ Drawn on Bank and Branch: _____

*For Regular SIP - *Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default.

3. DEBIT MANDATE-ONE TIME MANDATE/NACH/AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

UMRN _____ Date

D	D	M	M	Y	Y	Y	Y
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(tick ✓)
 CREATE
 MODIFY
 CANCEL

Sponsor Bank Code _____ Office use only Utility Code _____ Office use only

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.: _____

With Bank: _____ Bank Name & Branch IFSC _____ OR _____

an amount of Rupees _____

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: _____ Mobile _____

Reference 2 Appln No: _____ Email: _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD
 From _____
 to

3	1	1	2	2	0	9	9
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 or Until Cancelled

1. Sign 2. Sign 3. Sign

Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM

Application No. _____	Collection Centre / ABSLAMC Stamp & Signature
Received from Mr. / Ms. _____ Date: ____/____/____	

2. INVESTMENT DETAILS (Refer Instruction C5 & C8) (Contd....)

CSIP/SIP Start Date: <input type="text" value="DDMMYYYY"/>	For CSIP End Date: 60years-YourCurrentAge _____ years OR <input type="checkbox"/> Till Further Instruction (Refer Instruction E5)
	For SIP End Date: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text" value="DDMMYYYY"/> (Please specify)

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction C-21)

Amount (Default of ` 500/-) ` 500/- ` 1,000/- Amount (In multiples of ` 500/-) _____ STEP-UP SIP Frequency (Default Yearly) Half Yearly Yearly

Use existing One Time Mandate

Bank name	A/c No
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(To be filled in case of more than one OTM registration)

4. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP)

Date of Birth GENDER MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. E-14)

I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my/ our credit in this folio no. in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name: _____ Date Of Birth (in case of minor): ____/____/____

Relationship: _____ Guardian / Parent Name (in case of minor): _____

Address : _____

Signature of Nominee or Parent / Guardian

Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions – Century SIP point 14). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.

5. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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.

"I/ We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I/ We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

For Century SIP: I/We hereby opt for Aditya Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover.

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ` 50,000 in a year. (refer Instruction no: C-19).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Acknowledgement	Investor Name: _____	Folio No/Application No. _____	ISC Stamp
	<input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM		

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

Acknowledgement Slip (To be filled in by the Investor)

SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM

Scheme Name _____ Plan _____ Option _____

Scheme Name _____ Plan _____ Option _____

Amount (`) _____

ARN-162514

Request for

- Registration of SIP Registration of CSIP
- Renewal of SIP
- Change in Bank Details
- Additional Micro SIP in same folio
- OTM Registration