MUTUAL FUNDS
Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

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.)

SIP 05/17 – V2

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
83753			E069272

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 my 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 in-appropriateness, 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 ☐ Registration of SIP ☐ Registration of CSIP ☐ Renewal of SIP ☐ Change in Bank Details ☐ Additional Micro SIP in same folio ☐ OTM Registration Date 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	1st Investment Amount	SIP/CSIP Installment Amount	Frequency	SIP Date
1.	ABSL				Monthly ☐ (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) OR Weekly ☐ _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)	1 ☐ 7* ☐ 10 ☐ 15 ☐ 20 ☐ 28 ☐ (*Default Date)
2.	ABSL					
3.	ABSL					

Cheque Date: D D M M Y Y Y Y | 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.

Date D D M M Y Y Y Y

UMRN

(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 MICR

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 31 12 2099
or ☐ ~~Until Cancelled~~

1. Sign ..... 2. Sign ..... 3. Sign .....

Name as in bank records (mandatory) | Name as in bank records (mandatory) | 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 : _____/_____/_____

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us:
1800-270-7000
adityabirlacapital.com

ADITYA BIRLA CAPITAL

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

CSIP/SIP Start Date:	D D M M Y Y Y Y	For CSIP End Date:	60 years - Your Current Age [ ][ ] years = [ ][ ] years **OR** ☐ Till Further Instruction (Refer Instruction E5)
		For SIP End Date:	☐ 5 years ☐ 10 years ☐ 15 years ☐ 31/12/99 ☐ Others D D M M Y Y Y Y (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**	

(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 D D M M Y Y Y Y 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: _____ ☐ DEBIT MANDATE FORM ☐ SIP FORM	Folio No/Application No. _____	ISC Stamp

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 (₹) _____

Request for

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