MULTI SCHEME SIP FACILITY APPLICATION FORM

SIP (WITH MICRO SIP)

Birla Sun Life Mutual Fund

INVESTMENT THROUGH NACH/AUTO DEBIT

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Investment Advisor's Name & ARN /RIA No.	Sub-Broker's Name & ARN No. /RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign
ARN - 30156			

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 ☐ 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 D (8))

In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts 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 Installment Amount	Frequency	SIP Date	SIP Period
1.	ABSL				Monthly ☐ (max 4 debit dates) (Only one date for Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) OR Weekly ☐ (Please mention any day from Monday to Friday) (Default day is Wednesday)	1 ☐ 7* ☐ 10 ☐ 15 ☐ 20 ☐ 28 ☐ (*Default Date)	SIP Start Date D D M M Y Y Y Y SIP End Date 5 years ☐ 10 years ☐ 15 years ☐ 31/12/99 ☐ Others *(Please Specify)* ☐ D D M M Y Y Y Y
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".

☐ **STEP-UP SIP (OPTIONAL - and available only for SIP 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 ☐

3. 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 Clearing. 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 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 C-19). 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.*

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)

4. 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 D D M M Y Y Y Y
to 3 1 1 2 2 0 9 9
or ~~☐ Until Cancelled~~

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

Birla Sun Life Mutual Fund

Aditya Birla Sun Life AMC Limited

One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

Toll Free : 1-800-270-7000/ 1-800-22-7000 | Email: connect@birlasunlife.com

Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/_____