MUTUAL FUNDS
Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

Special Products Application Form (STP / SWP)

☐ STP ☐ SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

STP/SWP 12/16 - V1

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

EUIN is mandatory for "Execution Only" transactions

Request for ☐ Fresh Registration ☐ Renewal

Application / Folio No. Date D D M M Y Y Y Y

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9)

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant		Prefix if any (14 digit CKYC No.)	D D M M Y Y Y Y
Second Applicant		Prefix if any (14 digit CKYC No.)	D D M M Y Y Y Y
Third Applicant		Prefix if any (14 digit CKYC No.)	D D M M Y Y Y Y
Guardian		Prefix if any (14 digit CKYC No.)	D D M M Y Y Y Y

*Ref. Instruction No. B-6 **Mandatory in case the First / Sole applicant is a Minor

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION

Withdrawal Option [Please tick(✓)] ☐ FIXED Amount (₹) (in figures) or ☐ APPRECIATION WITHDRAWAL

Withdrawal Frequency Please[tick(✓)] ☐ DAILY ☐ WEEKLY _____ ☐ MONTHLY ☐ QUARTERLY ☐ HALF YEARLY ☐ YEARLY

(Please mention any day between Monday to Friday) (Default day is Wednesday)

(Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawal)

Dates (Only one date) ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 20th ☐ 21st ☐ 28th **Withdrawal Period From** D D M M Y Y Y Y **To** D D M M Y Y Y Y

(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)

(Please attach cancelled cheque / cheque copy to opt for electronic payout.)

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	**PLAN**	**OPTION**

(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)

☐ STP	☐ Value STP	☐ Capital Appreciation Transfer Plan
Frequency [Please tick(✓)]	Frequency [Please tick(✓)]	Frequency [Please tick(✓)]
☐ DAILY ☐ WEEKLY _____ (Please mention any day between Monday to Friday, default day is Wednesday)	☐ MONTHLY ☐ Quarterly	☐ MONTHLY ☐ Quarterly
☐ MONTHLY (max 4 STP dates in a months) ☐ Quarterly	Amount per transfer: _____	Transfer Period From D D M M Y Y Y Y
Amount per transfer: _____	Transfer Period From D D M M Y Y Y Y	Transfer Period To D D M M Y Y Y Y
Transfer Period From D D M M Y Y Y Y	No of Transfers_____ OR	OR
No of Transfers_____ OR ☐ Till Further Instruction	☐ Till Further Instruction	☐ Till Further Instruction
In case of Daily STP minimum no of transfers is 20		

Dates [Please tick(✓)] ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 20th ☐ 21st ☐ 28th (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)

Acknowledgement Slip (To be filled in by the Investor) SPECIAL PRODUCTS APPLICATION FORM

Application No.

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

Collection Centre / ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited
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