

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Change of Nominee Form For Insurance Coverage

(to be filled by Individual(s) applying Singly or Jointly)

To,

Aditya Birla Sun Life Mutual Fund, One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013.

I/We request Aditya Birla Sun Life Asset Management Co. Ltd. (AMC) / Aditya Birla Sun Life Mutual Fund (Mutual Fund) to update the Nomination in the folio to avail Insurance Coverage benefit.

Folio No:

NOMINATION DETAILS

I/We do hereby nominate the person/s more particularly described hereunder / and cancel the nomination made by me/us earlier, if any, in respect of account (folio) held by me/us as provided herein.

Name and Address of Nominee

Name & Address of the Nominee (s)	Nominee's relationship with the unitholder	Date of Birth (in case nominee is minor)	"Percentage (%)* of Allocation(*should not be in decimals)"	Name & Address of the Guardian (in case nominee is minor)	Signature of Nominee/Guardian (Guardian, in case nominee is a Minor)
1.		<input type="text"/>			
2.		<input type="text"/>			
3.		<input type="text"/>			

Unit holder (s): (To be signed by all joint holders, even if the mode of holding is not "joint")

Name of the Unit Holders	Signature
1.	
2.	
3.	

Terms and Conditions

- Unit holder can nominate maximum upto 3 person(s) to avail the Insurance Coverage benefit for Century SIP accounted on the registered folio.
- It shall be mandatory to indicate clearly the percentage of allocation / share in favour of each of the nominees against their name and such allocation / share should be in whole numbers without any decimals making a total of 100 percent.
- In the event of the Unitholders not indicating the percentage of allocation / share for each of the nominees, the AMCs, by invoking default option shall settle the claim equally amongst all the nominees.

Acknowledgement Slip (To be filled in by the Investor)

CHANGE OF NOMINEE FORM FOR INSURANCE COVERAGE

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

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