

SIP (WITH MICRO SIP) / CENTURY SIP



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 INCASE OF CENTURY SIP)

Employee Unique ID. No. (EUIIN)

185708

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.

Third Applicant

Date	D	D	M	M	Y	Y	Y	Y
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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.

(New Folio will be Generated for CSIP)

Email Id

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

Ref. Instruction No. G-2 * For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor**RELATIONSHIP OF GUARDIAN** (Refer to Instruction No. E.24)

Seperate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". Please write appropriate scheme name as well as the Plan/Option/Sub Option

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

(Please tick (✓) any ONE of the below as your Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.

Each Installment Amount (₹) ₹ 20,000/- ☐ ₹ 10,000/- ☐ ₹ 6,000/- ☐ ₹ 3,000/- ☐ Amount

Date

D	D	M	M	Y	Y	Y	Y
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Office use only

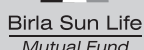
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

1. Sign 2. Sign Sign

Name as in bank records (mandatory)

* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit. **For Debit Mandate:** I/we hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/we hereby confirm adherence to the terms of NACH/ECS/MEDS/RECS/AUTO DEBIT Facility offered by Birla Sun Life Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by me/us. **Authorisation to Bank:** This is to inform that I/we have registered for ECS/ NACH (Debit Clearing)/ Direct Debit/ Standing instructions facility and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/we authorize the representatives of Birla Sun Life Mutual Fund carry out this mandate form to get it verified and executed. I/we authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

Application No.



Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Collection Centre /
BSLAMC Stamp & Signature

Date : / /

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

Contd...

First Installment through Cheque / DD. (MANDATORY FOR CSIP)

1st Cheque / DD No.

1st Cheque Dated

DD / MM / YYYY

Drawn on Bank

Amount (₹) (in figures)

Branch

City

For PDC

Cheques dates From: DD / MM / YYYY To DD / MM / YYYY

Cheque No. From: To

Investment Start Date

DD MM YYYY

Frequency

MONTHLY (max 4 debit dates) (Only one date for CSIP and Step Up SIP)

Investment Dates

1st 7th 10th 15th 20th 28th

At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.

☐ Default End Date (31st December 2099)
 ^ SELECT YOUR SIP PERIOD Refer Instruction E-11 & F-5

Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP

OR

Enter SIP End Date

DD MM YYYY

CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age years = years Frequency: Monthly Only.

^ 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". For CSIP – refer instruction F5

☐ STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NECS) (Refer Instruction E-25)

Amount (Default of ₹ 500/-)

₹ 500/-

₹ 1,000/-

Amount (In multiples of ₹ 500/-)

STEP-UP SIP Frequency (Default Yearly)

Half Yearly

Yearly

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

Date of Birth

DD MM YYYY

GENDER

MALE

FEMALE

NOMINATION DETAILS (Refer Instruction No. F-14)

Nomination as stated below, shall be considered and prevail over nomination details provided in Common Application Form.

I/We do hereby nominate the undermentioned Nominee to receive the units 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

5. DEMAT ACCOUNT DETAILS (OPTIONAL)(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. E (27)

NSDL: Depository Participant Name:

DPID No.: I N

Beneficiary A/c No.

CDSL: Depository Participant Name:

Beneficiary A/c No.

6. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ ECS/ NECS/ RECS/ Auto Debit/PDC 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/ ECS/ NECS/ RECS/ Auto Debit/PDC 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/ ECS/ NECS/ RECS/ Auto Debit/PDC Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/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.

For Century SIP: I/We hereby opt for 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. I / we am / are aware and understand that if, at the time of availing the Micro SIP, I / we hold a valid Permanent Account Number (PAN) issued by the Income Tax Department of India, a KYC acknowledgment letter issued by CDSL Ventures Limited would have to be submitted by me / us to MF/AMC. Accordingly I / we understand and agree that I / we shall be responsible for the consequences of non-submission of the same, if any. (refer Instruction no: E-23)

Signature(s)

Name of First Unit Holder (As in Bank Records)

First Applicant

Name of Second Unit Holder (As in Bank Records)

Second Applicant

Name of Third Unit Holder (As in Bank Records)

Third Applicant

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

H. INSTRUCTIONS FOR DEBIT MANDATE FORM NACH/ECS/DIRECT DEBIT

- Investors who have already submitted an NACH/ECS/NECS/RECS/AUTO DEBIT form or already registered for NACH/ECS/NECS/RECS/AUTO DEBIT facility should not submit NACH/ECS/NECS/RECS/AUTO DEBIT form again as NACH/ECS/NECS/RECS/AUTO DEBIT registration is a one-time process only for each bank account.
- Investors, who have not registered for NACH/ECS/NECS/RECS/AUTO DEBIT facility, may fill the NACH/ECS/NECS/RECS/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/ECS/NECS/RECS/AUTO DEBIT Facility, SIP registration through NACH/ ECS/ NECS/ RECS/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.

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/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

Scheme Name

Plan

Option

Sweep To:- Scheme Name

Plan

Option

Amount (₹)

Request for

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