

SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

SWP



Birla Sun Life
Mutual Fund

Investment Advisor's Name & ARN

Sub-Broker's Name & ARN No.

Stamp & Sign

Official Acceptance Point

Employee Unique ID. No. (EUIIN)

Ref. Instruction No. B-7

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

Please sign below, in case the EUIIN is left blank/not provided: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (refer inst no. 7) [To be signed by all applicants, if mode of holding is joint]

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Second Unit Holder / Third Applicant

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.

Applicant	PAN* (Mandatory)	KYC Mandatory	Date of birth**
Sole / First Applicant		<input type="checkbox"/>	D D M M Y Y Y Y
Second Applicant		<input type="checkbox"/>	D D M M Y Y Y Y
Third Applicant		<input type="checkbox"/>	D D M M Y Y Y Y
Guardian		<input type="checkbox"/>	D D M M Y Y Y Y

*Ref. Instruction No. B-6

**Mandatory in case the First / Sole applicant is a Minor

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.10)

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month) Amount (₹) (in figures)		
Total Amount of SWP (₹) (in figures)	Fixed Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (minimum 6 months) or <input type="checkbox"/> QUARTERLY (minimum 4 quarters)	
Dates (Only one date) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	Withdrawal Period From D D M M Y Y Y Y To D D M M Y Y Y Y	

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

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION
For Daily STP Target Schemes, investors may choose only 'Growth Option' under Birla Sun Life Frontline Equity Fund, Birla Sun Life Dividend Yield Plus, Birla Sun Life Top 100 Fund, Birla Sun Life Infrastructure Fund or Birla Sun Life '95 Fund		
Amount per Transfer (₹)	Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)	
Dates [Please tick (✓)] <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	Transfer Period From D D M M Y Y Y Y To D D M M Y Y Y Y	
In case of Daily STP minimum No. of transfers is 20		
Total Amount of Transfer (₹)	No. of Transfers	For Daily STP refer instruction D-9 iii

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Birla Sun Life Mutual Fund for units of scheme(s) of Birla Sun Life Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).

I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For NRIs/FLs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account.

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.

Signature(s)

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Second Unit Holder / Third Applicant

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

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SPECIAL PRODUCTS APPLICATION FORM

Application No.



Birla Sun Life Asset Management Company 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 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Collection Centre /
BSLAMC Stamp & Signature

Received from Mr. / Ms.

Date : / /