SPECIAL PRODUCTS APPLICATION FORM

(SIP-PDC / SWP / STP / DAP)

Birla Sun Life Mutual Fund

Amit Kumar Goyal
ARN - 15095

Stamp & Sign

Official Acceptance Point

Ref. Instruction No. B-7

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

1. APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT — **PAN*** (Mandatory for investors) — **KYC** Complied ☐

Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT — **PAN*** (Mandatory for investors) — **KYC** Complied ☐

Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT — **PAN*** (Mandatory for investors) — **KYC** Complied ☐

Mr. Ms. M/s.

NAME OF THE GUARDIAN (in case of First / Sole Applicant is a Minor) / **CONTACT PERSON – DESIGNATION** (in case of non-individual Investors) — **PAN*** (Mandatory for investors) — **KYC** Complied ☐

Mr. Ms. M/s.

E-mail ID — please provide your email ID for mailing of Account Statement

*Ref. Instruction No. B-6

2. SYSTEMATIC INVESTMENT PLAN (SIP) - POST DATED CHEQUES (PDC)

SCHEME	**PLAN**	**OPTION**
SWEEP TO (Ref. Instruction C-8)	SCHEME	PLAN / OPTION

Investment Amount (Rs.) (in figures)

Investment Period (in months) From M M Y Y Y Y To M M Y Y Y Y

Investment Commencement Date D D M M Y Y Y Y

Dates (Only one date) ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 20th ☐ 21st ☐ 28th

Drawn on Bank Branch

Cheque Dates From D D M M Y Y Y Y To D D M M Y Y Y Y

Cheque Nos. From To

Account Type **[Please tick (✓)]** ☐ SAVINGS ☐ CURRENT ☐ OTHERS _____ (please specify)

Frequency **[Please tick (✓)]** ☐ MONTHLY (max 4 SIP dates in a months) ☐ QUARTERLY (Only one date)

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	**PLAN**	**OPTION**

Withdrawal Option **[Please tick (✓)]** ☐ FIXED or ☐ APPRECIATION WITHDRAWAL (Only on the 1st of every month) Amount (Rs.) (in figures)

Total Amount of SWP (Rs.) (in figures) Fixed Withdrawal Frequency **[Please tick (✓)]** ☐ MONTHLY (minimum 8 months) or ☐ QUARTERLY (minimum 4 quarters)

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

4. SYSTEMATIC TRANSFER PLAN (STP) / DISCIPLINE ADVANTAGE PLAN (DAP)

[Please tick (✓)] ☐ SYSTEMATIC TRANSFER PLAN (STP) ☐ DISCIPLINE ADVANTAGE PLAN (Refer Instruction No. F)

FROM SCHEME	**PLAN**	**OPTION**
TO SCHEME	**PLAN**	**OPTION**

Amount per Transfer (Rs.) Transfer Period From D D M M Y Y Y Y To D D M M Y Y Y Y

Dates (Only one date) ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 20th ☐ 21st ☐ 28th Frequency **[Please tick (✓)]** ☐ WEEKLY ☐ MONTHLY* (max 4 STP dates in a months) ☐ QUARTERLY (Only one date)

Total Amount of Transfer (Rs.) No. of Transfers

*only one date for DAP

5. 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/FIIs 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.

Signature(s)

Sole / First Applicant	Second Applicant	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 Mutual Fund

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 Tel. 43568000,

Toll Free : 1800-270-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Collection Centre / AMC Stamp & Signature

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