

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

ARN-0906	Sub Broker Name / ARN No.	
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Application No.

EJIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

## TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

## EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No. \_\_\_\_\_

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2.3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
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 KYC

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
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 KYC

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
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 KYC

\*\* Mandatory in case the First / Sole Applicant is 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 Instruction No. 2(ii))

ISD CODE \_\_\_\_\_ TEL: OFF. \_\_\_\_\_ S T D \_\_\_\_\_ TEL: RESI \_\_\_\_\_ S T D \_\_\_\_\_

### TAX STATUS (Please tick (✓))

- Resident Individual  FII  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Others \_\_\_\_\_ (Please Specify)

### KYC DETAILS (Mandatory)

#### OCCUPATION (Please tick (✓))

- |                         |   |  |   |                                   |                                       |  |                                  |                                    |
|-------------------------|---|--|---|-----------------------------------|---------------------------------------|--|----------------------------------|------------------------------------|
| <b>FIRST APPLICANT</b>  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others .....       | (please specify)                  |                                       |  |                                  |                                    |
| <b>SECOND APPLICANT</b> | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others .....       | (please specify)                  |                                       |  |                                  |                                    |
| <b>THIRD APPLICANT</b>  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others .....       | (please specify)                  |                                       |  |                                  |                                    |

#### GROSS ANNUAL INCOME (Please tick (✓))

- |                         |  |                                   |                                    |                                     |  |                                    |  |   |   |   |   |   |   |   |   |
|-------------------------|--|-----------------------------------|------------------------------------|-------------------------------------|--|------------------------------------|--|---|---|---|---|---|---|---|---|
| <b>FIRST APPLICANT</b>  | <input type="checkbox"/> Below 1 Lac   | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> > 25 Lacs - 1 Crore | <input type="checkbox"/> > 1 Crore | Net worth (Mandatory for Non - Individuals Rs. _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> [Not older than 1 year] | D | D | M | M | Y | Y | Y | Y |
| D                       | D  | M                                 | M                                  | Y                                   | Y  | Y                                  | Y  |   |   |   |   |   |   |   |   |
| <b>SECOND APPLICANT</b> | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |                                   |                                    |                                     |  |                                    |  |   |   |   |   |   |   |   |   |
| <b>THIRD APPLICANT</b>  | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |                                   |                                    |                                     |  |                                    |  |   |   |   |   |   |   |   |   |

#### For Individuals

- I am Politically Exposed Person  
 I am Related to Politically Exposed Person  
 Not Applicable

#### For Non-Individual Investors (Companies, Trust, Partnership etc.)

- Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:  Yes  No  
(If No, please attach mandatory UBO Declaration)  
Foreign Exchange / Money Charger Services  Yes  No  
Gaming / Gambling / Lottery / Casino Services  Yes  No  
Money Lending / Pawning  Yes  No

#### MODE OF HOLDING (Please tick (✓)) (Please Refer Instruction No. 2(v))

- Joint  Single  Anyone or Survivor (Default option is Anyone or survivor)

#### MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIIs)

CITY	STATE	PIN CODE
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### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

### COMMON 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please tick (✓)) ENCLOSED  PAN Proof  KYC Complied  NECS Form  Yes  No

Overseas Address (For NRIs/Flis) (For NRI / FI application in addition to mailing address above)

										CITY	
STATE				COUNTRY				PIN CODE			

**2. GO GREEN** [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact       Online Access

Mobile No. \_\_\_\_\_ / We would like to register for my/our SMS Transact and/ or Online Access

Email Id \_\_\_\_\_

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)]

Account Statement       Annual Report       Other Statutory Information

**3. BANK ACCOUNT DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3(A)

Account No. \_\_\_\_\_ Account Type [Please tick (✓)]  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify)

IFSC CODE\*\* \_\_\_\_\_ MICR CODE \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_ City \_\_\_\_\_

\*\*This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque. If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

**4. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (₹)	^DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		Scheme Name Plan / Option					
2.	BSL		Scheme Name Plan / Option					

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

**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. 3(B)

NSDL: Depository Participant Name: \_\_\_\_\_ DPID No.: I N \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

CDSL: Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

Enclosed:  Client Master       Transaction/ Statement Copy/ DIS Copy

**6. NOMINATION DETAILS (Mandatory)** (Refer Instruction No. 7)

I/We wish to nominate       I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			Total = 100%	

**7. DECLARATION(S) & SIGNATURE(S)** (Refer Instruction No. 1)

To, The Trustee, Birla Sun Life Mutual Fund

Date: DD MM YYYY

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

**For Non-Individual Investors:** I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Birla Sun Life Mutual fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

**For NRIs 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 /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.

\*I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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.

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL				
2.	BSL				

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

ARN-0906	Sub Broker Name / ARN No.	
----------	---------------------------	--

Application No.

EJIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

## TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

## EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No. \_\_\_\_\_

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
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 KYC

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC

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

PAN (Mandatory) \_\_\_\_\_ Date of Birth\*\* 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC

\*\* Mandatory in case the First / Sole Applicant is 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 Instruction No. 2(ii))

ISD CODE \_\_\_\_\_ TEL: OFF. 

S	T	D
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 TEL: RESI 

S	T	D
---	---	---

### TAX STATUS (Please tick (✓))

- Resident Individual  FII  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Others \_\_\_\_\_ (Please Specify)

### KYC DETAILS (Mandatory)

#### OCCUPATION (Please tick (✓))

- |                         |   |  |  |                                   |                                       |  |                                  |                                    |
|-------------------------|---|--|--|-----------------------------------|---------------------------------------|--|----------------------------------|------------------------------------|
| <b>FIRST APPLICANT</b>  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service            | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others ..... (please specify) |                                   |                                       |  |                                  |                                    |
| <b>SECOND APPLICANT</b> | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service            | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others ..... (please specify) |                                   |                                       |  |                                  |                                    |
| <b>THIRD APPLICANT</b>  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service            | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife |
|                         | <input type="checkbox"/> Student                | <input type="checkbox"/> Forex Dealer          | <input type="checkbox"/> Others ..... (please specify) |                                   |                                       |  |                                  |                                    |

#### GROSS ANNUAL INCOME (Please tick (✓))

- |                         |  |                                   |                                    |                                     |  |                                    |   |  |   |   |   |   |   |   |   |   |
|-------------------------|--|-----------------------------------|------------------------------------|-------------------------------------|--|------------------------------------|---|--|---|---|---|---|---|---|---|---|
| <b>FIRST APPLICANT</b>  | <input type="checkbox"/> Below 1 Lac   | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> > 25 Lacs - 1 Crore | <input type="checkbox"/> > 1 Crore | Net worth (Mandatory for Non - Individuals Rs. _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> [Not older than 1 year]) |  | D | D | M | M | Y | Y | Y | Y |
| D                       | D  | M                                 | M                                  | Y                                   | Y  | Y                                  | Y   |  |   |   |   |   |   |   |   |   |
| <b>SECOND APPLICANT</b> | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |                                   |                                    |                                     |  |                                    |   |  |   |   |   |   |   |   |   |   |
| <b>THIRD APPLICANT</b>  | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |                                   |                                    |                                     |  |                                    |   |  |   |   |   |   |   |   |   |   |

#### For Individuals

- I am Politically Exposed Person  
 I am Related to Politically Exposed Person  
 Not Applicable

#### For Non-Individual Investors (Companies, Trust, Partnership etc.)

- Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:  Yes  No  
 (If No, please attach mandatory UBO Declaration)  
 Foreign Exchange / Money Charger Services  Yes  No  
 Gaming / Gambling / Lottery / Casino Services  Yes  No  
 Money Lending / Pawning  Yes  No

#### MODE OF HOLDING (Please tick (✓)) (Please Refer Instruction No. 2(v))

- Joint  Single  Anyone or Survivor (Default option is Anyone or survivor)

#### MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIIs)

CITY	STATE	PIN CODE
------	-------	----------

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

### COMMON 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 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please tick (✓)) ENCLOSED  PAN Proof  KYC Complied  NECS Form  Yes  No

Overseas Address (For NRIs/FlIs) (For NRI / FI application in addition to mailing address above)

										CITY	
STATE			COUNTRY				PIN CODE				

**2. GO GREEN** [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact       Online Access

Mobile No. \_\_\_\_\_ / We would like to register for my/our SMS Transact and/ or Online Access

Email Id \_\_\_\_\_

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)]

Account Statement       Annual Report       Other Statutory Information

**4. BANK ACCOUNT DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3(A)

Account No. \_\_\_\_\_ Account Type [Please tick (✓)]  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify)

IFSC CODE\*\* \_\_\_\_\_ MICR CODE \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_ City \_\_\_\_\_

\*\*This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque. If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

**5. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (₹)	^DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		Scheme Name Plan / Option					
2.	BSL		Scheme Name Plan / Option					

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

**6. 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. 3(B)

NSDL: Depository Participant Name: \_\_\_\_\_ DPID No.: I N \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

CDSL: Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

Enclosed:  Client Master       Transaction/ Statement Copy/ DIS Copy

**7. NOMINATION DETAILS (Mandatory)** (Refer Instruction No. 7)

I/We wish to nominate       I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			Total = 100%	

**8. DECLARATION(S) & SIGNATURE(S)** (Refer Instruction No. 1)

To, The Trustee, Birla Sun Life Mutual Fund

Date: DD MM YYYY

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

**For Non-Individual Investors:** I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Birla Sun Life Mutual fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

**For NRIs 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 /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.

\*I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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.

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL				
2.	BSL				

# REQUEST FOR ONLINE ACCOUNT ACCESS

(For Existing Investors)



**Birla Sun Life**  
Mutual Fund

To

**Birla Sun Life Asset Management Company Limited (BSLAMC)**

Customer Service Group

One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013

I/We request you to provide me/us the facility to access my/our account over the internet. I/We give below the Ten Digit Folio Number under which I/we hold the investments

Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>
Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>
Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>

I/We authorize BSLAMC to change the mode of holding in the listed folios to Anyone or Survivor in case the current holding nature is found to be JOINT.

I/We have read and understood the terms and conditions, and agree to abide by the same.

Thanking you,

Yours faithfully,

First Account Holder

Second Account Holder

Third Account Holder

**Note:**

Kindly sign as per the mode of holding. If mode of holding is "Joint" all unitholders should sign (Refer Instruction No. 2 (v) on page No. 7)

# FORM FOR NOMINATION / CANCELLATION OF NOMINATION

(to be filled by individual(s) applying singly or jointly)



**Birla Sun Life**  
Mutual Fund

To,

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 Birla Sun Life Asset Management Co. Ltd. (AMC) / Birla Sun Life Mutual Fund (Mutual Fund) to update the Nomination in the folio as per details mentioned below.

<b>Folio Number</b>	<input type="text"/>	<b>Application Number</b>	<input type="text"/>
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**NOMINATION DETAILS** (Please tick appropriately) (Individuals are advised to avail of Nomination Facility, whether investing singly or jointly.)

- 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.  
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.
- I/We hereby DO NOT wish to nominate. (Please sign in the box below, if you do not wish to nominate)

**Name and Address of Nominee**

To be furnished in case Nominee is a Minor (strike out if not applicable)

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.					
2.					
3.					

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

**Witness (es) - could be the same for all unit holders:**

Name	Signature	Name & Address	Signature
1.		1.	
2.		2.	
3.		3.	

### TERMS & CONDITIONS

- Unit holder can nominate (in the manner prescribed under the SEBI Regulations), maximum upto 3 person(s) in whom the Units held by him/her shall vest in the event of his/her death. 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.
- Nomination made by unitholder shall be applicable for investments in all the Schemes in the folio or account and every new nomination for a folio or account will overwrite the existing nomination. Thus, a new nomination request will imply simultaneous cancellation of existing nomination and request for fresh nomination.
- The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly in favour of one or more persons. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. Nomination form cannot be signed by Power of attorney (PoA) holders.
- In case a folio has joint holders, all joint holders should sign the request for nomination / cancellation of nomination, even if the mode of holding is not "joint".
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. The Applicant is advised that, in case of Single Holding, the Guardian to a Minor Nominee should be a person other than the Applicant.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of these offices or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination shall not be allowed in a folio/account held on behalf of a minor.
- Nomination in respect of the units stands rescinded upon the transfer of units.
- Transfer of units in favour of a Nominee shall be valid discharge by the AMC against the legal heir.
- The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee.
- The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- Nomination shall be mandatory for new folios/accounts opened by individuals especially with sole/single holding and no new folios/accounts for individuals in single holding shall be opened without nomination. However, in case investors do not wish to nominate must sign separately confirming their non-intention to nominate, failing which the form may be rejected at the discretion of the AMC/Mutual Fund.

# SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

SWP



**Birla Sun Life**  
Mutual Fund

ARN-0906		Stamp & Sign	
		Official Acceptance Point	

EJIN is mandatory for "Execution Only" transactions  
Ref. Instruction No. B-7

**Request for**

Fresh Registration       Renewal

Application / Folio No.  Date

**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 style="width:100px;" type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Second Applicant	<input style="width:100px;" type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Third Applicant	<input style="width:100px;" type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Guardian	<input style="width:100px;" type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\*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 <b>[Please tick (✓)]</b> <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month) Amount (₹) (in figures) <input style="width:100px;" type="text"/>		
Total Amount of SWP (₹) (in figures) <input style="width:100px;" type="text"/>	Fixed Withdrawal Frequency <b>[Please tick (✓)]</b> <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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 (₹) <input style="width:100px;" type="text"/>	Frequency <b>[Please tick (✓)]</b> <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 <b>[Please tick (✓)]</b> <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Amount of Transfer (₹) <input style="width:100px;" type="text"/>	No. of Transfers <input style="width:100px;" type="text"/>	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.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Signature(s)</p> <div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <p style="text-align: center;">Sole / Unit Holder / First Applicant</p>	<div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <p style="text-align: center;">Second Unit Holder / Second Applicant</p>	<div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <p style="text-align: center;">Second Unit Holder / Third Applicant</p>
(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**

<p><b>Birla Sun Life</b> Mutual Fund</p>	<p><b>Birla Sun Life Asset Management Company Limited</b></p> <p>One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013</p> <p>Toll Free : 1-800-270-7000/ 1-800-22-7000   sms 'GAIN' to 56161   Email: connect@birlasunlife.com</p>
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Application No.

Collection Centre /  
BSLAMC Stamp & Signature

Received from Mr. / Ms.  Date :  /  /

## A. SCHEMES AVAILABLE UNDER THE SPECIAL PRODUCTS (SWP / STP)

<b>SWP</b>	All the Open-ended Scheme(s) of Birla Sun Life Mutual Fund (except Birla Sun Life Tax Relief '96, Birla Sun Life Tax Plan, Birla Sun Life Index Fund, Birla Sun Life Asset Allocation Fund, Birla Sun Life Pure Value Fund, Birla Sun Life Small & Midcap Fund and Birla Sun Life India Reforms Fund).
<b>STP</b>	Can transfer "OUT" investment from any of the Open-ended Scheme(s) offered under this common KIM of Birla Sun Life Mutual Fund (except Birla Sun Life Tax Relief '96, Birla Sun Life Tax Plan, Birla Sun Life Index Fund and Birla Sun Life Asset Allocation Fund) and transfer "IN" to any of the Open-ended Scheme(s) offered under this common KIM (except Birla Sun Life Index Fund and Birla Sun Life Asset Allocation Fund) of Birla Sun Life Mutual Fund. <b>For Daily STP:</b> 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. Please note that daily STP is not available under Birla Sun Life Gold Fund.

## B. INSTRUCTIONS - COMMON TO SWP / STP

- New investors who wish to enrol for the special products should fill this form in addition to the Common Application Form. Please complete all details in the Common Application Form. Details of the Special Products should be provided on this form. Existing investors need to fill up only this form.
  - For multiple transactions under more than 1 scheme, separate forms need to be utilised.
  - This form should be submitted at least 15 days before the commencement date.
  - The investor has the right to discontinue SWP / STP at any time he/she so desires by sending a written request at least 15 days in advance of the immediate next due date to any of the offices of Birla Sun Life Mutual Fund or its Authorised Collection Centres. On receipt of such request the SWP / STP will be terminated.
  - Units will be Allotted / Redeemed / Transferred at the NAV related prices of the 1st and/or 7th and/or 10th and/or 14th and/or 20th and/or 21st and/or 28th of every month (or next business day, if 1st and/or 7th and/or 10th and/or 14th and/or 20th and/or 21st and/or 28th is a non business day). An account statement will be dispatched to the unit holders once every quarter within 10 working days of the end of each quarter.  
The first account statement will be issued within 10 working days of the initial investment. Further an updated account statement will be sent after each transaction under the special products wherever, e-mail address has been provided, the account statement will be sent through e-mail only
  - It is compulsory for all investors to quote their Permanent Account Number (PAN) and submit copy of the PAN card issued by the Income Tax Department, irrespective of the amount of investment, while making an application for Purchase of Units. In case of joint applicants, PAN details of all holders should be submitted. In case the investor making the application is a minor, PAN details of the Guardian must be submitted. Investors residing in the state of Sikkim are exempt from the mandatory requirement of PAN proof submission, however sufficient documentary evidence shall have to be submitted to Birla Sun Life Mutual Fund for verifying that they are residents of State of Sikkim.
  - DIRECT APPLICATIONS AND EUIN :**
    - Investment in Direct Plan:** Investors applying under Direct Plan, are advised to write the word 'DIRECT' in the column 'ARN No' or 'Broker Code' in their applications for purchases/additional purchases/switches in all such cases where applications are not routed through any distributor/agent/broker. In cases where unit holder uses a pre-printed transaction slip/application form where details in the 'ARN No' or 'Broker Code' column is already printed, unit holder should cancel the ARN No/ Broker Code, write 'DIRECT' in the said column. **Also, in case ARN No/ Broker Code is mentioned in the application form, but "Direct Plan" is indicated, the ARN No/ Broker Code will be ignored and the application will be processed under Direct Plan, subject to it being complete in all other aspects. Further, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.**
    - Employee Unique Identification Number (EUIN)** is a unique number allotted to Sales personnel (i.e. employee/relationship manager)/ sales person of the distributor interacting with the investor for the sale of mutual fund products. Such sales personnel associated with Distributor, should also be holding a valid NISM certificate. **Thus, in case of applications routed through distributors, in addition to the AMFI Registration Number (ARN) of the distributor, Investors are requested to also provide the EUIN of the individual ARN holder or of employee/relationship manager/sale person of the Distributor interacting with the investor. Providing appropriate EUIN in the application/transaction forms would assist in tackling the problem of mis-selling even if the Sales personnel on whose advice the transaction was executed by investor leaves the employment of the distributor or his/her sub broker. If the distributor has not given any advice pertaining to the investment (i.e. transaction is 'execution only'), then the EUIN box may be left blank, but it would be mandatory for the investor to provide confirmation as mentioned in the application form.**
  - KNOW YOUR CLIENT (KYC)**  
According to guidelines issued by SEBI under 'The Prevention of Money Laundering Act, 2002', Mutual Funds are required to follow enhanced know your customer (KYC) norms. Investors can visit branches of BSLAMC or may visit [www.birlasunlife.com](http://www.birlasunlife.com), [www.amfiindia.com](http://www.amfiindia.com) and [www.cdslindia.com](http://www.cdslindia.com) to know detailed procedure for KYC compliance.  
**Effective January 01, 2011 it is mandatory for all category of investors to be KYC compliant for all investment transactions made on or after January 01, 2011, irrespective of amount of investment.**  
To further clarify, the above category of investors shall include:
    - Options available and Minimum Amount :
      - Fixed withdrawal** : Investors can withdraw fixed amount of ₹ 1,000/- each and above at regular intervals.
      - Appreciation withdrawal** : Investors can withdraw appreciation of ₹ 1,000/- and above at regular intervals. If the appreciation amount is less than ₹ 1,000/- or the specified amount there will be no SWP in that month/quarter. The cumulative appreciation of this period and the immediately succeeding period shall be paid out subject to it being a minimum of ₹ 1,000/- or the specified amount.
    - SWP is not available for investments under lock-in period and for investments which are pledged.
    - BSLAMC will endeavor to credit the redemptions payouts directly to the designated Bank A/c of the unitholders of Birla Sun Life Mutual Fund schemes through any of the available electronic mode (i.e. RTGS / NEFT / Direct Credit / NECS). BSLAMC reserves the right to use any of the above mode of payment as deemed appropriate for all folios where the required information is available. **The Mutual Fund, however, reserves the right to issue a cheque/demand draft inspite of an investor opting for Electronic Payout.**
  - In case of Fixed Withdrawal, if the amount of instalment is more than the amount available in that account for redemption, the entire available amount will be redeemed and the SWP will terminate automatically.
  - In case of Appreciation Withdrawal, appreciation will be calculated on the units available for redemption at the time of the SWP instalment.
  - Withdrawal Dates: **Fixed Withdrawal:** Investors can withdraw fixed amount on 1 or 7 or 10 or 14 or 20 or 21 or 28 of each month/quarter for minimum 6 months/4 quarter. **Appreciation withdrawal:** Investors can withdraw appreciation on the 1 of each month/quarter for minimum 6 months/ 4 quarter.
  - Default Dates: In case of any ambiguity in selection of withdrawal frequency, the SWP date will be 7 of each month in case of Fixed withdrawal facility.
- "On behalf of Mine" Accounts:** Name of Guardian must be mentioned if investments are being made on behalf of a minor. Date of birth is mandatory in case of minor. The minor shall be the first and the sole holder in the account (folio). No joint holder will be allowed in an account (folio) where minor is the first or sole holder. Guardian in the account (folio) on behalf of the minor should either be a natural guardian (i.e. father or mother) or a court appointed legal guardian and the same must be mentioned in the space provided in application form. Copy of document evidencing the date of birth of the minor and relationship of the guardian with the minor (whether natural or legal guardian) should mandatorily be provided while opening of the account (folio). Also, nomination shall not be allowed in a folio/account held on behalf of a minor.
- STP / SWP offered by AMC/Mutual Fund shall be available for unitholders in case the units are held/opted to be held in physical (non-demat) mode only.**

## C. INSTRUCTIONS - SYSTEMATIC WITHDRAWAL PLAN (SWP)

- Options available and Minimum Amount :
  - Fixed withdrawal** : Investors can withdraw fixed amount of ₹ 1,000/- each and above at regular intervals.
  - Appreciation withdrawal** : Investors can withdraw appreciation of ₹ 1,000/- and above at regular intervals. If the appreciation amount is less than ₹ 1,000/- or the specified amount there will be no SWP in that month/quarter. The cumulative appreciation of this period and the immediately succeeding period shall be paid out subject to it being a minimum of ₹ 1,000/- or the specified amount.
- SWP is not available for investments under lock-in period and for investments which are pledged.
- BSLAMC will endeavor to credit the redemptions payouts directly to the designated Bank A/c of the unitholders of Birla Sun Life Mutual Fund schemes through any of the available electronic mode (i.e. RTGS / NEFT / Direct Credit / NECS). BSLAMC reserves the right to use any of the above mode of payment as deemed appropriate for all folios where the required information is available. **The Mutual Fund, however, reserves the right to issue a cheque/demand draft inspite of an investor opting for Electronic Payout.**
- In case of Fixed Withdrawal, if the amount of instalment is more than the amount available in that account for redemption, the entire available amount will be redeemed and the SWP will terminate automatically.
- In case of Appreciation Withdrawal, appreciation will be calculated on the units available for redemption at the time of the SWP instalment.
- Withdrawal Dates: **Fixed Withdrawal:** Investors can withdraw fixed amount on 1 or 7 or 10 or 14 or 20 or 21 or 28 of each month/quarter for minimum 6 months/4 quarter. **Appreciation withdrawal:** Investors can withdraw appreciation on the 1 of each month/quarter for minimum 6 months/ 4 quarter.
- Default Dates: In case of any ambiguity in selection of withdrawal frequency, the SWP date will be 7 of each month in case of Fixed withdrawal facility.

## D. INSTRUCTIONS - SYSTEMATIC TRANSFER PLAN (STP)

- Minimum Amount :
  - Daily Plan** : Minimum 20 Transfers of ₹ 500/- each and in multiples of ₹ 100/- thereafter.
  - Weekly Plan** : Minimum 5 Transfers of ₹ 1,000/- each and above.
  - Monthly Plan** : Minimum 6 transfers of ₹ 1,000/- each and above.
  - Quarterly Plan** : Minimum 4 transfers of ₹ 2,000/- each and above.
- Minimum balance in the Scheme at the time of enrollment for STP Facility: Daily STP ₹ 10,000/-, Weekly STP ₹ 6,000/-, Monthly STP ₹ 6,000/-, Quarterly STP ₹ 8,000/-
- Investors have the option to STP investment to a sub-account under the same Folio by quoting the 10 digit FOLIO Number.
- STP is not available for investments under lock-in period.
- In case of insufficient balance, the transfer will not be effected.
- Transfer Dates : **Weekly Systematic Transfer Plan:** Transfers shall be on 1st, 7th, 14th, 21st & 28th of each month. **Monthly Systematic Transfer Plan:** Transfers can be on 1 or 7 or 10 or 14 or 20 or 21 or 28 of each month for minimum 6 transfers. **Quarterly Systematic Transfer Plan:** Transfers can be on 1 or 7 or 10 or 14 or 20 or 21 th or 28 of each quarter for minimum 4 quarters.
- Fast Forward Facility :** Investors availing monthly STP facility can opt for multiple dates, maximum upto any four dates within a month and in this case the dates can be dated 1st and/ or 7th and/ or 10th and/or 14th and/or 20th and/ or 21st and/ or 28th of each month.
- Default Dates: In case of any ambiguity in selection of transfer frequency, the STP date will be 7 of each month / quarter. In case where more than 4 dates are specified, default dates will be 7, 14, 21 & 28 of each month.
- Daily STP:**
  - Minimum Balance in the "Out" scheme at the time of enrollment for Daily STP:** ₹ 10,000/-
  - Minimum Transfer Amount:** Investors are required to instruct for minimum of 20 transfers of ₹ 500/- and in multiples of ₹ 100 thereafter.  
There will be no maximum limit on number of transfers/duration for Daily STP enrolment. In case, the investor fails to specify the number of transfers/duration under Daily STP, transfers shall continue to be triggered for a maximum of 365 installments or until the outstanding balance in "Out" scheme does not cover the Daily STP transfer amount, whichever is earlier. The minimum amount for fresh/additional purchases as per subscription rules of "In" scheme shall not be applicable to Daily STP triggers.
  - Transfer dates:** In case of Daily STP, the commencement date for transfers shall be the 15th day (or the next business day, if that day is a non-business day) from the date of receipt of a valid request. Thereafter, transfers shall be effected on all business days at NAV based prices, subject to applicable load. Thus, in the event of an intervening non-business day STP triggers will not take place and consequently the total number of Daily STP installments opted by the investor will be adjusted to that extent i.e., For eg. if the investor has opted for 100 installments and if 3 non-business days happen to occur in the intervening period, then only 97 Daily STP installments shall be triggered.
  - Discontinuation of Daily STP** may happen in either of the following cases occurring first:
    - Daily STP will be automatically discontinued/terminated if all units are redeemed or transferred from the "Out" Scheme. Further, if the outstanding balance in "Out" Scheme does not cover the Daily STP transfer amount, no transfer shall be effected and Daily STP shall be terminated.
    - Unitholders will have the right to discontinue the Daily STP facility at any time by sending a written request to the AMC/Mutual Fund. Termination of Daily STP shall be effected from 15th Business day falling from the date of receipt of such request.
  - Daily STP shall not be available under Monthly Systematic Transfer Facility (STP) For Birla Sun Life Century SIP.
  - Only one Daily STP would be allowed per Plan/Option of the Source Scheme into a distinct Target Scheme. For e.g.: In case Daily STP exists from "Scheme A-Growth option" into "Scheme B-Growth Option", any subsequent request for the same combination of Schemes shall override the existing Daily STP instructions.

## E. LOAD STRUCTURE

<b>SWP</b>	As applicable to respective schemes at the date of withdrawal.
<b>STP</b>	Exit Load at time of transfer <b>OUT:</b> Exit Load as applicable to respective schemes. Entry Load at time of transfer <b>IN:</b> Nil Exit Load at time of redemption: Exit Load as applicable to respective schemes.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

## SPECIAL PRODUCTS APPLICATION FORM

an application for **SYSTEMATIC WITHDRAWAL PLAN / SYSTEMATIC TRANSFER PLAN**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

To Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount (₹) \_\_\_\_\_

Request for

Fresh Registration

Renewal





**B. POST DATED CHEQUE DETAILS** (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

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 (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS	(please specify)					
Drawn on Bank							
Branch				Bank A/C No			

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

**Mandatory**

**DECLARATION OF GOOD HEALTH** (All the fields are mandatory) [Please tick (✓)] **Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. F-17)

1. Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth	D D M M Y Y Y Y	Signature of the Life Assured	Date	D D M M Y Y
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Place	

**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 : \_\_\_\_\_

Witness Name: \_\_\_\_\_ Address : \_\_\_\_\_

Signature of Nominee or Parent / Guardian

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Signature of the Witness

**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 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 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 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	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

**CHECKLIST**

Particulars	Regular SIP	Century SIP (with Life Insurance)	Micro SIP (Upto ₹ 50,000 Investment in a year)
Declaration of Good Health	Not Applicable	Mandatory Requirement	Not Applicable
Nomination	Not Required	Mandatory Requirement	Not Required
First Purchase through cheque/ DD	Recommended	Mandatory Requirement	Recommended
Different amount for first cheque and subsequent installment	Allowed	Not allowed	Allowed
Common Application Form	Required only for new Investors	Mandatory Requirement for All Investors	Required only for new Investors
Investment tenure	Investor's choice / Default	Tenure = 55years (Less) Current age	Investor's choice / Default
PAN and KYC	Mandatory Requirement	Mandatory Requirement	If having a PAN, KYC is mandatory
Dates	Max upto 4 dates in a month	Only 1 date per month	Max upto 4 dates in a month
Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.)	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.	₹ 1000 per month for all eligible schemes	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Not allowed	Allowed

We request you to read Terms and Conditions before availing Century SIP

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor) **SYSTEMATIC INVESTMENT THROUGH 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/CSIP

Change in Bank Details

Additional Micro SIP in same folio

# SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH ECS/ NECS/ RECS/ AUTO DEBIT/ PDC (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

ARN-0906	Stamp & Sign	Official Acceptance Point
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EJIN is mandatory for "Execution Only" transactions  
Ref. Instruction No. G-3

Date D D M M Y Y Y Y

### Request for

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

### TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))

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.

Existing Investor Folio No.    Application No.    (New Folio will be Generated for CSIP)

## 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No.    Email Id

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**	Document Type* (Photo Id/ Address Proof)	Document No.* (Mandatory for Micro SIP, not for additional Micro SIP in same folio)
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/POA Holder		<input type="checkbox"/>	D D M M Y Y Y Y		

Ref. Instruction No. G-2 \* For Micro SIP Only \*\* Mandatory in case the First/Sole Applicant is Minor

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

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

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

<input type="checkbox"/> Birla Sun Life Frontline Equity Fund	PLAN	OPTION
<input type="checkbox"/> Birla Sun Life Dividend Yield Plus	PLAN	OPTION
<input type="checkbox"/> Any Other Scheme BSL	PLAN	OPTION

SWEEP TO Refer G-4	SCHEME	PLAN/OPTION
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(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

Investment Start Date D D M M Y Y Y Y Frequency MONTHLY (max 4 debit dates) (Only one date for CSIP and Step Up SIP)

Investment Dates 1st  7th  10th  14th  20th  21st  28th

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

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.

^ 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 D D M M Y Y Y Y

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

First Installment through Cheque / DD. (MANDATORY FOR CSIP) 1st Cheque / DD No.    1st Cheque Dated D D / M M / Y Y Y Y

Drawn on Bank    Amount (₹) (in figures)

Branch    City

## 3. BANK DETAILS (PLEASE FILL ONLY EITHER A OR B. IN CASE INVESTOR FILLS BOTH, THE FORM IS LIABLE TO BE REJECTED. IN CASE OF THIRD PARTY PAYMENTS REFER INSTRUCTION NO. (G, 7(ii))

### A. ECS/ NECS/ RECS/ AUTO DEBIT ACCOUNT DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH ECS/ NECS/ RECS/ AUTO DEBIT/ PDC)

Bank Account No.    Bank Name

Branch    City    PIN

MICR Code    Account Type Savings  Current  Others \_\_\_\_\_ (Please Specify)

**AUTHORISATION OF BANK ACCOUNT HOLDER:** This is to inform that I/We have registered for RBI's electronic clearing service (Debit Clearing) and that my/our payment toward's my / our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying the NECS mandate to get it verified and executed. Mandate verification charges if any, may be charged to my/our account. Below is to be signed by all applicants if mode of Operation is JOINT.

Name & Signature(s) (as in Bank Records)

Name of First Account Holder	Name of Second Account Holder	Name of Third Account Holder
First Account Holder	Second Account Holder	Third Account Holder

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY 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 :    /    /

**B. POST DATED CHEQUE DETAILS** (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

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 (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS	(please specify)					
Drawn on Bank							
Branch				Bank A/C No			

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

**Mandatory**

**DECLARATION OF GOOD HEALTH** (All the fields are mandatory) [Please tick (✓)] **Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. F-17)

1. Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth	D D M M Y Y Y Y	Signature of the Life Assured	Date	D D M M Y Y
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Place	

**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 : \_\_\_\_\_

Witness Name: \_\_\_\_\_ Address : \_\_\_\_\_

Signature of Nominee or Parent / Guardian

---

Signature of the Witness

**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 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 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 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	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

**CHECKLIST**

Particulars	Regular SIP	Century SIP (with Life Insurance)	Micro SIP (Upto ₹ 50,000 Investment in a year)
Declaration of Good Health	Not Applicable	Mandatory Requirement	Not Applicable
Nomination	Not Required	Mandatory Requirement	Not Required
First Purchase through cheque/ DD	Recommended	Mandatory Requirement	Recommended
Different amount for first cheque and subsequent installment	Allowed	Not allowed	Allowed
Common Application Form	Required only for new Investors	Mandatory Requirement for All Investors	Required only for new Investors
Investment tenure	Investor's choice / Default	Tenure = 55years (Less) Current age	Investor's choice / Default
PAN and KYC	Mandatory Requirement	Mandatory Requirement	If having a PAN, KYC is mandatory
Dates	Max upto 4 dates in a month	Only 1 date per month	Max upto 4 dates in a month
Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.)	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.	₹ 1000 per month for all eligible schemes	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Not allowed	Allowed

We request you to read Terms and Conditions before availing Century SIP

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor) **SYSTEMATIC INVESTMENT THROUGH 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/CSIP

Change in Bank Details

Additional Micro SIP in same folio