SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

☐ **STP** ☐ **SWP**

Birla Sun Life Mutual Fund

ARN-1739		Stamp & Sign Official Acceptance Point	E031487

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

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		☐	D D M M Y Y Y Y
Second Applicant		☐	D D M M Y Y Y Y
Third Applicant		☐	D D M M Y Y Y Y
Guardian		☐	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.9)

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION

Withdrawal Option **[Please tick (✓)]** ☐ FIXED **Amount (₹) (in figures)** or ☐ APPRECIATION WITHDRAWAL

Withdrawal Frequency **Please tick (✓)** ☐ **DAILY** ☐ **WEEKLY** _____ (Please mention any day between Monday to friday) (Default day is Wednesday) ☐ **MONTHLY** ☐ **QUARTERLY** (Only monthly and quarterly withdrawal option available for Appreciation Withdrawal)

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

(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)

(Please attach cancelled cheque / cheque copy to opt for electronic payout.)

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

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	**PLAN**	**OPTION**

(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)

☐ STP	☐ Value STP	☐ Capital Appreciation Transfer Plan
Frequency **[Please tick (✓)]** ☐ **DAILY** ☐ **WEEKLY** _____ (Please mention any day between Monday to Friday, default day is Wednesday) ☐ **MONTHLY** (max 4 STP dates in a months) ☐ **Quarterly** Amount per transfer: _____ Transfer Period From D D M M Y Y Y Y No of Transfers_____ OR ☐ Till Further Instruction In case of Daily STP minimum no of transfers is 20	**Frequency** **[Please tick (✓)]** ☐ **MONTHLY** ☐ **Quarterly** Amount per transfer: _____ Transfer Period From D D M M Y Y Y Y No of Transfers_____ OR ☐ Till Further Instruction	**Frequency** **[Please tick (✓)]** ☐ **MONTHLY** ☐ **Quarterly** Transfer Period From D D M M Y Y Y Y Transfer Period To D D M M Y Y Y Y OR ☐ Till Further Instruction

Dates [Please tick (✓)] ☐ **1st** ☐ **7th** ☐ **10th** ☐ **14th** ☐ **20th** ☐ **21st** ☐ **28th** (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)

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/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.

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 Holde / 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

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

Collection Centre / BSLAMC Stamp & Signature

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