

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NACH/AUTO DEBIT/PDC.

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

Investment Advisor's Name & ARN ARN-3280	Sub-Broker's Name & ARN No.	Official Acceptance Point Stamp & Sign	Employee Unique ID. No. (EUIN)
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EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. F-3
I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
Request for <input type="checkbox"/> Registration of SIP <input type="checkbox"/> Registration of CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Additional Micro SIP in same folio <input type="checkbox"/> OTM Registration		
Date <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"/>		

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction F (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="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 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 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/POA Holder	<input 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. E-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. D.22)

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

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

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (Refer F-4) (applicable only for Dividend option)	Cheque Date	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	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

3. DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

UMRN Date

(tick✓) CREATE MODIFY CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 AppIn No: Email:

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

PERIOD From

to

or Until Cancelled

1. Sign 2. Sign Sign

Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO 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 567679 Email: connect@birlasunlife.com	Collection Centre / BSLAMC Stamp & Signature
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Received from Mr. / Ms. Date :

For PDC	Cheques dates From: DD / MM / YYYY To DD / MM / YYYY
	Cheque No. From: _____ To _____
Investment Start Date DD / MM / YYYY	Investment Dates 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 28th <input type="checkbox"/>
Frequency <input type="checkbox"/> Monthly (max 4 debit dates) (Only one date for CSIP and Step Up SIP) <input type="checkbox"/> Weekly _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)	(Fast Forward SIP is only available for Monthly Frequency)
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.	
<input type="checkbox"/> Default End Date (31st December 2099) ^ SELECT YOUR SIP PERIOD Refer Instruction D-8 & E-5 Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP <input type="checkbox"/> OR Enter SIP End Date DD / MM / YYYY CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age _____ years = _____ years Frequency: Monthly Only.	

^ For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default". For CSIP - refer instruction E5

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction D-23)

Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- Amount (In multiples of ₹ 500/-) _____ **STEP-UP SIP Frequency** (Default Yearly) Half Yearly Yearly

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

Date of Birth DD / MM / YYYY GENDER MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. E-14) **Nomination as stated below, shall be considered and prevail over nomination details provided in Common Application Form.**

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name : _____ **Date Of Birth** (in case of minor): ____ / ____ / ____

Relationship : _____ **Guardian / Parent Name** (in case of minor): _____

Address : _____

Signature of Nominee or Parent / Guardian

5. **DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. D (25)

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

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

6. **DECLARATION(S) & SIGNATURE(S)**

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit/PDC Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit/PDC Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ 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: D-21)

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)

G. INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words

Acknowledgement	ISC Stamp
Investor Name: _____ Folio No./Application No. _____	
<input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT/ PDC FACILITY APPLICATION FORM

Scheme Name _____ Plan _____ Option _____

Sweep To:- Scheme Name _____ Plan _____ Option _____

Amount (₹) _____

- Request for**
- Renewal of SIP Registration of CSIP
- Renewal of SIP
- Change in Bank Details
- Additional Micro SIP in same folio
- OTM Registration