Mutual Funds

Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Special Products Application Form (STP / SWP)

☐ STP ☐ SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

STP/SWP 01/08/19

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign
103807		E133071	

EUIN is mandatory for "Execution Only" transactions

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.

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 _____ ☐ MONTHLY ☐ QUARTERLY ☐ HALF YEARLY ☐ YEARLY

(Please mention any day between Monday to Friday) (Default day is Wednesday) (Only Monthly, Quarterly, Half Yearly and Yearly 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.)

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the SWP proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered in the folio.

Bank Name _____ Account No. _____

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 Aditya Birla Sun Life Mutual Fund for units of scheme(s) of Aditya 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	Third Unit Holder/ Third Applicant

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