Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

Special Facilities Application Form (STP / SWP)

☐ STP ☐ SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign
ARN-181211		E **E528682**	

EUIN is mandatory for "Execution Only" transactions

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. _____

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)

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant		(14 digit CKYC No.) — Prefix if any	D D M M Y Y Y Y
Second Applicant		(14 digit CKYC No.) — Prefix if any	D D M M Y Y Y Y
Third Applicant		(14 digit CKYC No.) — Prefix if any	D D M M Y Y Y Y
Guardian		(14 digit CKYC No.) — Prefix if any	D D M M Y Y Y Y

*Ref. Instruction No. B-6   **Mandatory in case the First / Sole applicant is a Minor

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 ☐ HALF YEARLY ☐ YEARLY (Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawal)

Dates (Only one date) ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 20th ☐ 21st ☐ 28th (Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.) **OR** Any other date from 1st to 28th _____ (Default SWP date - 7th of every month)

Withdrawal Period From D D M M Y Y Y Y To D D M M Y Y Y Y (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 Target scheme under Daily STP, Daily Income Distribution cum capital withdrawal option not available and for Value STP, only Growth Option available)

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

Second Unit Holde / Third Applicant

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