

SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)

SIP

Micro SIP (Refer Instruction D-25)



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SIP THROUGH NECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for NECS (Debit Clearing) (Please attach cancelled cheque copy)

| | | | | |
|---------------------------------|-------------------------|---|------|---------------------|
| Investment Advisor's Name & ARN | Sub-Broker's Name & ARN | Stamp & Sign | Date | D D / M M / Y Y Y Y |
| Ref. Instruction No. D-21 | | ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor. | | |
| Existing Investor Folio No. | New Application No. | | | |

Request for

Registration of SIP

Renewal of SIP

Change in Bank Details

Additional Micro SIP in same folio

1. 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 ^ | Mr. Ms. M/s. |

^ (in case of First / Sole Applicant is a Minor) / CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

| Applicant | PAN* (Mandatory) | KYC Completed | 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 | | <input type="checkbox"/> | D D / M M / Y Y Y Y | | |

Ref. Instruction No. D-20 ^ For Micro SIP only

2. SYSTEMATIC INVESTMENT PLAN (SIP)

| | | |
|--|---|---|
| SCHEME | PLAN | OPTION |
| SWEEP TO (Ref. Instruction D-22) | SCHEME | PLAN / OPTION |
| First Installment has to be through Cheque / DD. | 1st SIP Cheque / DD No. | 1st Cheque Dated D D / M M / Y Y Y Y |
| Drawn on Bank | Amount (Rs.) (in figures) | |
| SIP Start Date D D / M M / Y Y Y Y | [Please tick (✓)] <input type="checkbox"/> Default End Date (Ref. Instruction D-11) | <input type="checkbox"/> SIP End Date D D / M M / Y Y Y Y |
| SIP Date [Please tick (✓)] <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 | Frequency | <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date) |
| Each SIP Amount (Rs.) | Ref. Instruction No. D-24 | |

3. NECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

| | | |
|---|-----------|--|
| Name of 1st Applicant as in Bank Records | | |
| Name of Bank | Branch | |
| City | Pin Code | Account No. |
| Account Type [Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS (please specify) | MICR CODE | This is a 9 digit number next to your Cheque Number. |

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NECS Debit 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 for the auto debit process 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 NECS. 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 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 Rs. 50,000 in a year. I/ we am/ are aware and und erstand 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 acknowledgement 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-25)

| | | | |
|--------------|--------------------------------------|---------------------------------------|-------------------------------------|
| 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 in SIP Application Form)

Authorisation of the Bank Account Holder: This is to inform that I/We have registered for RBI's National Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this NECS mandate Form to get it verified & executed. Mandate verification charges if any, may be charged to my/our account.

| | | | |
|--|------------------------------|-------------------------------|------------------------------|
| 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 |

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

| | |
|--|--|
| Signature verified & Debit mandate received <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorisation of Branch Manager & Date |
|--|--|

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP THROUGH NECS 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 : ____/____/____