

SPECIAL PRODUCTS APPLICATION FORM

(SIP-PDC / SWP / STP)

SIP-PDC Micro SIP (Refer Instruction C-9) STP SWP



Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Stamp & Sign Official Acceptance Point
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Ref. Instruction No. B-7
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.

Request for

Fresh Registration

Renewal

Additional Micro SIP in same folio

Application / Folio No. _____ Date

D	D	M	M	Y	Y	Y	Y
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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"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
Second Applicant		<input type="checkbox"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
Third Applicant		<input type="checkbox"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
Guardian		<input type="checkbox"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						

*Ref. Instruction No. B-6 & C-9 ^ For Micro SIP only

2. SYSTEMATIC INVESTMENT PLAN (SIP) - POST DATED CHEQUES (PDC)

SCHEME	PLAN	OPTION																
SWEEP TO (Ref. Instruction C-8) SCHEME		PLAN / OPTION																
Investment Amount (Rs.) (in figures)	Investment Period (in months) From <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y					
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													
Investment Commencement Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Dates [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									
D	D	M	M	Y	Y	Y	Y											
Drawn on Bank _____	Branch _____																	
Cheque Dates From <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	Cheque Nos. From _____ To _____	
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Account Type [Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS _____ (please specify)	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)																	
Account Number _____																		

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION																
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month)		Amount (Rs.) (in figures)																
Total Amount of SWP (Rs.) (in figures)	Fixed Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (minimum 8 months) or <input type="checkbox"/> QUARTERLY (minimum 4 quarters)																	
Dates (Only one date) <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	Withdrawal Period From <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											

4. SYSTEMATIC TRANSFER PLAN (STP)

[Please tick (✓)] <input type="checkbox"/> SYSTEMATIC TRANSFER PLAN (STP)																		
FROM SCHEME	PLAN	OPTION																
TO SCHEME	PLAN	OPTION																
Amount per Transfer (Rs.) _____	Transfer Period From <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Dates [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 [Please tick (✓)] <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)																	
Total Amount of Transfer (Rs.) _____	No. of Transfers _____																	

5. 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/Flis 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/NRNR 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. **For Micro SIP only:** 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 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 C-9)

Signature(s)

Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Second Unit Holder / Third Applicant
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(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. _____
<p>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</p>		Collection Centre / BSLAMC Stamp & Signature
Received from Mr. / Ms. _____		Date : ____ / ____ / ____