

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)

Distributor Name & ARN/ RIA No. ARN-181211	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN) E	Official Acceptance Point Stamp & Sign
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EUIN is mandatory for "Execution Only" transactions

Request for <input type="checkbox"/> Fresh Registration <input type="checkbox"/> Renewal	
Application / Folio No. <input type="text"/>	Date <input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

*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 <input checked="" type="checkbox"/> Please tick(✓) <input type="checkbox"/> FIXED Amount (₹) (in figures) <input type="text"/>	or <input type="checkbox"/> APPRECIATION WITHDRAWAL	
Withdrawal Frequency <input checked="" type="checkbox"/> Please tick(✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="text"/>	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> YEARLY	
(Please mention any day between Monday to Friday) (Default day is Wednesday)		
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 <input type="text"/>	To <input type="text"/>
(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)		

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 Dividend option not available and for Value STP, only Growth Option available)		
<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency <input checked="" type="checkbox"/> Please tick(✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="text"/>	Frequency <input checked="" type="checkbox"/> Please tick(✓) <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly <input type="text"/>	Frequency <input checked="" type="checkbox"/> Please tick(✓) <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly <input type="text"/>
(Please mention any day between Monday to Friday, default day is Wednesday)	Amount per transfer: <input type="text"/>	Transfer Period From <input type="text"/>
<input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly	Transfer Period From <input type="text"/>	Transfer Period To <input type="text"/>
Amount per transfer: <input type="text"/>	No of Transfers <input type="text"/> OR	OR
Transfer Period From <input type="text"/>	<input type="checkbox"/> Till Further Instruction	<input type="checkbox"/> Till Further Instruction
No of Transfers <input type="text"/> OR		
Dates <input checked="" type="checkbox"/> 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 (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/FILs 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 Holder / Third Applicant

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

STP/SWP 08/18 - VI