

SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

■ STP

■ SWP



Birla Sun Life
Mutual Fund

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN No.	Stamp & Sign Official Acceptance Point	Employee Unique ID. No. (EUID)
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EUID is mandatory for "Execution Only" transactions
Ref. Instruction No. B-7

Request for Fresh Registration Renewal

Application / Folio No. _____ Date DD MM YYYY

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. _____

Applicant	PAN*(Mandatory)	KYC Mandatory	Date of birth**
Sole / First Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Second Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Third Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Guardian	_____	<input type="checkbox"/>	DD MM YYYY

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

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 (✓)] <input type="checkbox"/> FIXED Amount (₹) (in figures) _____ or <input type="checkbox"/> APPRECIATION WITHDRAWAL		
Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY		(Only monthly and quarterly withdrawal option available for Appreciation Withdrawal)
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 DD MM YYYY To DD MM YYYY	
(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.)		

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)		
<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday, default day is Wednesday) <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly
Amount per transfer: _____	Amount per transfer: _____	Transfer Period From DD MM YYYY To DD MM YYYY
Transfer Period From DD MM YYYY	Transfer Period From DD MM YYYY	Transfer Period To DD MM YYYY
No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	OR <input type="checkbox"/> Till Further Instruction
In case of Daily STP minimum no of transfers is 20		
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 (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 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/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)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SPECIAL PRODUCTS 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 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms. _____

Date : ____ / ____ / ____