

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NACH/ECS/NECS/RECS/AUTO DEBIT/PDC.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

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|---------------------------------|-----------------------------|--|--------------------------------|
| Investment Advisor's Name & ARN | Sub-Broker's Name & ARN No. | Official Acceptance Point Stamp & Sign | Employee Unique ID. No. (EUIN) |
|---------------------------------|-----------------------------|--|--------------------------------|

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. G-3
I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | |
|--|------------------|-----------------|
| First Applicant / Authorised Signatory | Second Applicant | Third Applicant |
|--|------------------|-----------------|

Request for Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio Date

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))

In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts invested.

Existing Investor Folio No. Application No. (New Folio will be Generated for CSIP)

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No. Email Id

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** | 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="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Second Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Third Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Guardian/POA Holder | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Ref. Instruction No. G-2 *For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". Please write appropriate scheme name as well as the Plan/Option/Sub Option

| S. No. | *Cheque / DD Favouring Scheme Name (refer Instruction 5) | Plan / Option | Sweep to (Refer G-4) (applicable only for Dividend option) | Amount Invested (₹) | ^DD Charges | Net Amount Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch and Account Number |
|--------|--|----------------------|--|----------------------|----------------------|----------------------|--|------------------------------------|
| 1. | BSL | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

(Please tick (✓) any ONE of the below as your Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.

Each Installment Amount (₹) ₹ 20,000/- ₹ 10,000/- ₹ 6,000/- ₹ 3,000/- Amount

3. DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

(tick ✓) UMRN Date

CREATE MODIFY CANCEL Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **BIRLA SUN LIFE MUTUAL FUND** to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 Appln No: Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD From to or Until Cancelled

1. Sign 2. Sign Sign

Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

*This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit For Debit Mandate: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/ Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS/NECS/RECS/AUTO DEBIT Facility offered by Birla Sun Life Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/ Standing Instructions. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by me/us. **Authorisation to Bank:** This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Birla Sun Life Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM Application No.

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| | 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. <input type="text"/> Date : <input type="text"/> / <input type="text"/> / <input type="text"/> | |

