SYSTEMATIC INVESTMENT APPLICATION FORM SIP (WITH MICRO SIP) / CENTURY SIP



TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer instruction F (9)) case of absorbing the process of the p	INVESTMENT THROUGH Investment Advisor's Name			SIT/PDC o-Broker's		& AR	N No.		(P	Offici		HE INSTE							1. PLEA							E OF CEN	
Repetation of SPP Registration of SEP Re	/we hereby confirm that the EUIN box has bee	n intentionally let	ft blank my me/us	as this transa	ction is exe	cuted v	vithout a	ny inte	raction o	or advice ker.	by th	ne emplo	oyee/rela	atior	nship ma	anage	r/sales	persor	n of the	above d	istribu	tor/sub	broker (or not	vithstan	ding the	advid
TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTIONS AGENTS ONLY (Serier Instruction F (9)) ***CONTROLL STATE AND CHARGES FOR APPLICATIONS ON THE STATE AND CHARGES FOR APPLICATION IN CONTROLL	First Applicant / Aut	horised Signa	atory					Seco	nd App	plicant										1	hird	Appli	cant				
The process of the pr	Request for Registration of SIP [Registration	on of CSIP	Renewal of	SIP	Chang	e in Ba	nk De	tails [Addi	iona	al Micro	SIP in	sa	me foli	0 _	OTN	1 Regi	istrati	on Dat	e) [[V]	M	Υ	γ	Y
Mode of Res Scould APPLICANT Mr. Ms. Ms. Ms. Go THE SECOND APPLICANT Mr. Ms. Ms. Ms. Ms. Co THE SECOND APPLICANT Mr. Ms. Ms. Ms. OF THE SECOND APPLICANT Mr. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Applicant PMP PMP **Outcomy Pan **Outcomy	TRANSACTION CHARGES FOR A n case of subscriptions through SIPs, tr ne transaction charges. In such cases ti ssued against the balance of the instal Existing Investor Folio No.	PPLICATIONS ansaction charge transaction of the tr	S ROUTED TH ge of ₹ 150/- (for charge shall be r s invested.	ROUGH DI r first time n recovered in	ISTRIBUT nutual func 13-4 instal	l inves Iment	stor) or s but or	₹ 100, nly who	/- (for i ere tota	Refer II	nstru othe itme	uction er than f ent (i.e.	F (9)) first tin amoun	ne r nt po	nutual er SIP i	fund nstal	invest Iment	or) wi x No.	ll be d of ins) rec
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Second Applicant			, -		. KYC	Τ			Data of	f hirth*					Docu	ımen	t Tvpe	,					ocume	nt No	#		_
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Third Applicant D										<u> </u>	,	V I .							+								_
BuardianPOA Holder Included For Micro SIP Orly ** Mandatory in case the Fies/Suit Agricant is Micro Micro GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) In Miss Miss ELATIONSHIP OF GUARDIAN (included in the property of the minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) In Miss Miss ELATIONSHIP OF GUARDIAN (included in the property of the minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) In Miss Miss Miss Miss Miss Miss Miss Mi						П				Υ	Y	Υ '	Y						+								_
Set Instruction No. E.2 **For Micro SP Deby *** Mandatory in case the First Sole Applicant is Minor MIC OF THE GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) It. Ms. Ms. ELATIONSHIP OF GUARDIAN (eiter to instruction No. D.22) INVESTMENT DETAILS givene press retrieval to the control of the properties of the control of the contro	Third Applicant					D	D	M	M	Υ	Y	Υ '	Υ						\perp								_
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Plant Coption	lo. Scheme Name (refer Instruc		an / Option	(applicable	only for Di Scheme N	vidend lame					₹) (ank a	nd B	ranch	and	Accou	ınt Nu	ml
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. Cach Installment Amount (*)		nt / NRE / NRC) / FCNR / NRSI				ıbiect t	o real	ization	of fund	s	^ Refe	er to In	nstr	uction	No.	5 (vi)										
DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) Please attach a cancelled cheque/cheque copy. Date D M M Y Y Y	() (-											_			- (/	amoı	ınt w	ill be cl	nosei	١.					_
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With Bank Name & Branch IFSC	CANCEL I/We hereby	authorize:	BIRLA SI	JN LIFE	MUTU	AL F	UND							to	deb	it (t	ick3) S	B / (CA / C	C / :	SB-N	IRE /	SB-	NRC	/ Oth	ne
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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

Received from Mr. / Ms. _

Collection Centre / BSLAMC Stamp & Signature

INVESTMEN	T DETAILS (PLEASE REFER INSTRUCTION	ONS C & E-1 FOR INFORMATION	N ON ELIGIBLE SCHEMES. ONLY	ONE SCHEME PER APPLICATION	FORM)		Conta
For PDC	Cheques dates From: D D Cheque No. From:		Y Y TO TO				
Investment Start	t Date D D M M Y Y	Y Y Investment Da	tes 1st 7th	10th 15th	20th	28th	
Frequency	Monthly (max 4 debit dates) (Only on	e date for CSIP and Step	Jp SIP) Weekly		(Please mention any	y day from Monday to Friday) (Default day is Wedne
At Dirlo Cup Life N	(Fast Forward SIP is only available for		to (21 at Danambar 2000)	ID OID DEDICE	D(
flexibility to disco	Mutual Fund, we provide YOU the ntinue your SIP at ANYTIME. Call us at		te (31st December 2099 Sun Life Mutual Fund to d			Refer Instruction D-8 & E-5 r SIP End Date D D M	MVVV
	1800-22-7000 or email us at nlife.com to know how.			stallment): 55 years - Your Cu			Frequency: Monthly
^ For Regular SIP -	"Default end date is December 31, 2099.	In case the 'End Date' is no	t mentioned by the investor in	the Form, the same would be	considered as 31st D	ecember, 2099 by default". For C	SIP – refer instruction I
STEP-UP	SIP (OPTIONAL - and available onl	y for SIP/CSIP Investm	ents through NACH) (Ref	er Instruction D-23)			
Amount (Default	of ₹ 500/-) ₹ 500/- ₹ 1	,000/- Amount	(In multiples of ₹ 500/-) [STEI	P-UP SIP Frequency	(Default Yearly) Half Ye	arly Yearly
FOR CENTUR	RY SIP (Please read detailed Terms	& Conditions for availi	ng CSIP) Mandatory				
Date of Birth	D M M Y Y Y Y	GENDER	ALE FEMALE				
NOMINATION	DETAILS (Refer Instruction No. E-14)	Nomination as stated	below, shall be conside	red and prevail over non	nination details pr	ovided in Common Applic	ation Form.
	ominate the undermentioned Nominee			o. in the event of my / our de	eath. I / We also und	derstand that all payments and	l settlements made to
	uch documentation) shall be a valid				Date	Of Birth (in case of minor):	/ /
	Guardi					0. 2 (iii oado o	//
						Signature of Nominee or	Parent / Guardian
Address :	OUNT DETAILS (OPTIONAL)		of names as mentioned in the a		of the A/c, held with the c	lanository participant \ Refer Instruct	ion No. D. (25)
	, ,						IOII NO. D (23)
	ory Participant Name:			IN	Benef	iciary A/c No.	
CDSL:Deposit	ory Participant Name:			Beneficiary A/c No			
	DN(S) & SIGNATURE(S)						
	ting Schemes of various Mutual Fun Living Schemes Living S	Micro SIPs which togeth nd understand that if, at Ventures Limited would ny. (refer Instruction no:		on in rolling 12 month perior SIP, I / we hold a valid Pome / us to MF/AMC. Accord		ar i.e. April to March will resul Number (PAN) issued by the stand and agree that I / we s	
re(s)	Name of First Unit Holder		Name of Secon	d Unit Holder		Name of Third Unit I	Holder
Signature(s)	First Applicant		Second A	Applicant		Third Applica	nt
			(To be signed by All Applicant	s if mode of operation is Joint)			
><							_×
NACH/AUTO the form. Investors, wi Mobile Numb mentioned or whatsoever v Unit holder(s registered or are subject to Investors are	no have already submitted an NADEBIT registration is a one-time the have not registered for NACH per and Email Id: Unit holder(s) in the mandate form differs from would be, thereafter, sent to the so need to provide along with the bank account verification letter to third party verification. In the deemed to have read and under Document, Statement of Additio	e process only for early AUTO DEBIT facility should mandatorily puther ones as already updated mobile numer mandate form an organization of the erstood the terms and	ch bank account. How may fill the NACH/AL rovide their mobile nure existing in the folio, the ber and email id. iginal cancelled cheque e mandate failing which d conditions of NACH//	rever, if such investors and sumber and email id on the details provided on the e (or a copy) with namin registration may not but the control of the control	wish to add a ne bmit duly signed to mandate form mandate will be e and account note accepted. The	w bank account towards with their name mention . Where the mobile numb updated in the folio. All f umber pre-printed of the Unit holder(s) cheque/ b ough NACH/AUTO DEBIT	oTM facility may ed. er and email id uture communicate bank account to lank account det facility, the Sche
Date and the	Life Mutual Fund. validity of the mandate should ion the amount in figures and w gement		MM/YYYY format			ISC Stam	q
	: :		Folio No/Application	ı No			
☐ DEBIT MAN	DATE FORM ☐ SIP FORM						
_	Website: www.birlasunlife.	•		·	1-800-270-70	00/ 1-800-22-7000	
— → — - Nowledgemen	NT SLIP (To be filled in by the Investor)				 / auto debit	/ PDC FACILITY APF	— > — − Plication foi
						Request for	
						Renewal of SIF	Registration of
		Pian		Option		Change in Banl	Details

Additional Micro SIP in same folio

OTM Registration