

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. (EUIIN)
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EUIIN is mandatory for "Execution Only" transactions
Ref. Instruction No. B-7

Request for Fresh Registration Renewal

Application / Folio No. Date

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 style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Second Applicant	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Third Applicant	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Guardian	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

*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) <input style="width: 50px;" type="text"/> 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 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
(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
<input type="checkbox"/> STP		
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	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Amount per transfer: <input style="width: 50px;" type="text"/>	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly
Transfer Period From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Amount per transfer: <input style="width: 50px;" type="text"/>	Transfer Period From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
No of Transfers <input style="width: 20px;" type="text"/> OR <input type="checkbox"/> Till Further Instruction	Transfer Period From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Transfer Period To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
In case of Daily STP minimum no of transfers is 20	No of Transfers <input style="width: 20px;" type="text"/> OR <input type="checkbox"/> Till Further Instruction	OR <input type="checkbox"/> Till Further Instruction
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.

<p>Signature (s)</p> <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <p style="text-align: center; font-size: small;">Sole / Unit Holder / First Applicant</p>	<div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <p style="text-align: center; font-size: small;">Second Unit Holder / Second Applicant</p>	<div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <p style="text-align: center; font-size: small;">Second Unit Holder / Third Applicant</p>
(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</p> <p>One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013</p> <p>Toll Free : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 567679 Email: connect@birlasunlife.com</p>	<p>Collection Centre / BSLAMC Stamp & Signature</p>
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Received from Mr. / Ms. Date : / /