MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



Special Products Application Form (STP / SWP)

STP SWP			(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)		
Distributor Name & ARN/ F	RIA No. Sub Broker Name	e & ARN/ RIA No.	Employee Unique ID. No. (EUII	N)	Official Acceptance Point Stamp & Sign
EUIN is mandatory for "Execution Only" transactions					
Request for Fres	h Registration Re	enewal			
Application / Folio No. Date D D M M Y Y Y Y					
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 (Refe	er to Instruction No. B.9)				
Applicant	PAN/PEKRN* (Mandatory)		CKYC Number		Date of birth**
Sole / First Applicant		Prefix if any	(14 digit KYC No.)		
			(4 (Vinite NOVO VI.)		
Second Applicant		Prefix if any	(14 pigit KYL No.)		D D M M Y Y Y
Third Applicant		Prefix if any	(14 digit i KYC flo.)		D D M M Y Y Y
Guardian		Prefix if any	(14 digit WYC No.)		D D M M Y Y Y
*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 [Please tick(✓)] ☐ FIXED Amount (₹) (in figures) or ☐ APPRECIATION WITHDRAWAL					
Withdrawal Frequency Please[tick(/)] DAILY WEEKLY MONTHLY QUARTERLY HALF YEARLY YEARLY (Please mention any day between Monday to Friday) (Default day is Wednesday) (Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawal)					
Dates (Only one date)					
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)					
□ STP					pital Appreciation Transfer Plan
DAILY WEEKLY	CY [Please tick(/)]	☐ MONTHLY	uency [Please tick(/)] Quarterly	☐ MONTHLY	Frequency [Please tick(/)] Quarterly
(Please mention any day MONTHLY (max 4 STP dates in a n	between Monday to Friday, default day is Wednesday) nonths) Quarterly	Amount per transfer: _	· 	Transfer Period	From
Amount per transfer: Transfe			D D M M Y Y Y	Transfer Period	
Transfer Period From D D	M M Y Y Y Y	No of Transfers	OR	Trunsier renou	OR OR
No of Transfers In case of Daily STP minimum no of transfers is	OR	☐ Till Further Instruc	tion		☐ Till Further Instruction
Dates [Please tick(✓)] ☐ 1st │ ☐ 7th │ ☐ 10th │ ☐ 14th │ ☐ 20th │ ☐ 21st │ ☐ 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 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 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/TRON/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)	lder / First Applicant	Second Unit Holde	er / Second Applicant	Second	d Unit Holde / Third Applicant