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



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 my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the distributor/sub broker. First Applicant / Authorised Signatory Second Applicant Request for Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio 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 the transaction charges. In such cases the transaction charge of a 150/- (for first time mutual fund investor) where total commitment (i.e. amount per SIP installment x No. of in issued against the balance of the installment amounts invested.	E the above distributor/sub broker or notwithstanding the a Third Applicant
we hereby confirm that the EUN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the distributor/sub broker. First Applicant / Authorised Signatory Request for Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio	
First Applicant / Authorised Signatory Second Applicant Request for Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio	Third Applicant
Request for Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio	
TRANSACTION CHARGES FOR APPLICATIONS ROLLTED THROUGH DISTRIBUTIORS/AGENTS ONLY /Refer Instruction G (9))	Date D D M M Y Y Y
I HANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS UNLY (Refer Instruction G (9)) case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) will be a transaction charge. 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 in sued against the balance of the installment amounts invested.	Date D D W W IN T T T
Existing Investor Folio No. Application No.	(New Folio will be Generated for CSIP)
FIRST / SOLE APPLICANT INFORMATION (MANDATORY)	
Mobile No. AME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.	
IME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. AME OF THE SECOND APPLICANT Mr. Ms. M/s.	
IME OF THE THIRD APPLICANT Mr. Ms. M/s. 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 san
Sole / First Applicant DDDMMYYYY	
Second Applicant	
hird Applicant DDDMMYYYYY	
Guardian/POA Holder Ref. Instruction No. G-2 "For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor	
	No. Book and Branch and Assount Num
Scheme Name Scheme Name Plan (Option	
Plan / Option Plan / Option (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 (✓	
ach Installment Amount (₹) ₹ 20,000/-	- 0
DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrat	ons] Please attach a cancelled cheque/chequ
	Date D D M M Y Y Y
tick/	
☐ CREATE Sponsor Bank Code Office use only Utility Code ☐ MODIFY ☐ MODIFY	Office use only
(CANCEL) /We hereby authorize: BIRLA SUN LIFE MUTUAL FUND to debit (tick✓) SB /	CA / CC / SB-NRE / SB-NRO / Oth
ank A/c No.:	
/ith Bank Name & Branch IFSC OF	RMICR
n amount of Rupees	₹
	Fixed Amount 🛮 Maximum Amo
eference 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 be	ank.
From DD MM YYYYY	
1. Sign	
or Hutil Cancelled	bigii
Name as in bank records (mandatory)	Name as in bank records (mandatory) If that I am authorized to cancel/ amend this mandatory
ppropriately communicating the cancellation/ amendment req uistres as surpare/meso trandition that and the propriate in the part of the debit. For Debt Mandate : I/We hereby declare combine and express my willingness and authorize to make payments referred above through participation in a ACH/ECS/Direct Debits Standing Instructions. Whe hereby confirm adhere a callify 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	that the particulars given on this mandate are corre nce to the terms of NACH/ECS/NECS/RECS/AUTO I n crediting the scheme collection accounts by the S
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 propriately communicating the cancellation/ amendment requisited by \$1.00 and the state of the state	to inform that I/We have registered for ECS / NACH iccount with your Bank. I/We authorize the represent in transactions, returns, etc. as applicable
- Service and the second of th	- — — — — — — — — — — — — — — — — — — —
NLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FOI	RM Application No.
Birla Sun Life Asset Management Company Limited	
DILIA QUITTILE ASSELIVIADADENTENI CONTORTY I MINIPO	
Birla Sun Life One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013	Collection Centre /

Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Date :_

Received from Mr. / Ms. _

INVESTMENT DETAILS (PLEASE REFER INSTRU				Col
First Installment through Cheque / DD. (MANDATOF	RY FOR CSIP) 1st Cheque / DD N	NU.	1st Cheque	
Drawn on Bank Branch		City	Amount (₹) (in figi	ires)
For PDC Cheques dates From: Cheque No. From:		Y Y To D D / M M		
Investment Start Date D D M M Y	Y Y Frequency MON	NTHLY (max 4 debit dates) (Only one da	ate for CSIP and Step Up SI	P)
Investment Dates 1st 7th 10	Oth 15th 20th _	28th		
At Birla Sun Life Mutual Fund, we provide YOU flexibility to discontinue your SIP at ANYTIME. Call u 1800-270-7000/1800-22-7000 or email us connect@birlasunlife.com to know how. ^For Regular SIP - "Default end date is December 31, 2	Till you instruct Birla Sun CSIP Tenure (Insurance cov	Life Mutual Fund to discontinue your S ver would be as per 1st installment): 55 year.	IP OR Ente s - Your Current Age	Refer Instruction E-11 & F-5
STEP-UP SIP (OPTIONAL - and available		*	would be considered as 31st De	cember, 2099 by detault . For GSIP – reter instructi
Amount (Default of ₹ 500/-) ₹ 500/-		nultiples of ₹ 500/-)	STEP-UP SIP Frequenc	y (Default Yearly) Half Yearly Yea
FOR CENTURY SIP (Please read detailed Ter		P) Mandatory		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date of Birth D D M M Y Y Y	Y GENDER MALE			
NOMINATION DETAILS (Refer Instruction No. F-14		low, shall be considered and prevai	l over nomination details	provided in Common Application Form.
I/We do hereby nominate the undermentioned Non	minee to receive the units to my / o	our credit in this folio no. in the event of m		•
Nominee (upon such documentation) shall be a va Nominee Name :	alid discharge by the AMC/ Mutual	al Fund / Trustees.	Date (Of Birth (in case of minor): / /
	inardian / Parent Name (in case of min	nor):		
•	ualulaii / I aleiit Haille (iii case oi iiiiiii	101).		Signature of Nominee or Parent / Guardian
Address : DEMAT ACCOUNT DETAILS (OPTIONAL	Please ensure that the sequence of nar	imes as mentioned in the application form matche	es with that of the A/c, held with th	e depository participant.) Refer Instruction No. E (27)
				ciary A/c No.
NSDL: Depository Participant Name:				ciary Ave No.
CDSL: Depository Participant Name:		Beneficiary A/o	C No.	
DECLARATION(S) & SIGNATURE(S) I/We hereby authorise Birla Sun Life Mutual Fund and the information provided by me/us may be shared with third declare that the particulars given above are correct and or or not effected at all for reasons of incomplete or incorrimmediately. I/We undertake to keep sufficient funds in thall the commissions (in the form of trail commission or ar For Century SIP: I/We hereby opt for Birla Sun Life Centulave any existing Micro SIPs which together with the cuntant if, at the time of availing the Micro SIPs I/V we hold a verme/us to MF/AMC. Accordingly I/we understand and ago				
Name of First Unit Holder (As in Barrier Applicant First Applicant		Second Applicant		Third Applicant
	(To b	be signed by All Applicants if mode of operati	ion is Joint)	
Investors who have already submitted a submit NACH/ECS/NECS/RECS/AUTO DI Investors, who have not registered for NA name mentioned. Mobile Number and Email Id: Unit holder mentioned on the mandate form differs frow whatsoever would be, thereafter, sent to the Unit holder(s) need to provide along with registered or bank account verification lear are subject to third party verification. Investors are deemed to have read and u RECS/AUTO DEBIT facility, the Scheme In time to time of the respective Scheme(s) or submit the submit of the subm	an NACH/ECS/NECS/RECS/A EBIT form again as NACH/EC: CH/ECS/NECS/RECS/AUTO or the ones as already existir the updated mobile number an the mandate form an origina etter for registration of the man understood the terms and con nformation Document, Stater	S/NECS/RECS/AUTO DEBIT registr DEBIT facility, may fill the NACH/EC vide their mobile number and emai- ing in the folio, the details provided on and email id. al cancelled cheque (or a copy) wit andate failing which registration may nditions of NACH/ECS/NECS/RECS ment of Additional Information, Key	tered for NACH/ECS/NEC ation is a one-time proces S/NECS/RECS/AUTO DE I id on the mandate form in the mandate will be upo h name and account num y not be accepted. The Ur	CS/RECS/AUTO DEBIT facility should not so only for each bank account. BIT form and submit duly signed with the folio. All future communication with the folio. All future communication duly submit duly signed with the submit duly signed with signed with submit duly signed with the submit duly signed with signed with signed with signed with submit duly signed with signed with submit duly signed with signed wi
Acknowledgement				ISC Stamp
Investor Name: CID FORM		olio No/Application No		
☐ DEBIT MANDATE FORM ☐ SIP FORM		ot@birloouplifo.com Comit1	Contro - 1 000 070 70	
Maria	alifo oom F		.emre: 1-800-270-70	00/ 1 000 00 7000
Website: www.birlasur	•	·		
	· 	- — — — ·		
— — — — — — — — — NOWLEDGEMENT SLIP (To be filled in by the Inves	stor) SYSTEMATIC INVES	STMENT THROUGH NACH/ N	ECS / DIRECT DEBIT	
	stor) SYSTEMATIC INVES	STMENT THROUGH NACH/ NI		/ PDC FACILITY APPLICATION F Request for Renewal of SIP