

Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Special Products Application Form (STP / SWP)

☐ STP ☐ SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign
ARN-87761		E075033	

EUIN is mandatory for "Execution Only" transactions

Request for	<input type="checkbox"/> Fresh Registration	<input type="checkbox"/> 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.
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)	

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant		<input type="checkbox"/> (14 digit CKYC No.) Prefix if any	
Second Applicant		<input type="checkbox"/> (14 digit CKYC No.) Prefix if any	
Third Applicant		<input type="checkbox"/> (14 digit CKYC No.) Prefix if any	
Guardian		<input type="checkbox"/> (14 digit CKYC No.) Prefix if any	

*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(✓)]	<input type="checkbox"/> FIXED Amount (₹) (in figures)	<input type="checkbox"/> APPRECIATION WITHDRAWAL
Withdrawal Frequency [Please tick(✓)]	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> YEARLY	
Dates (Only one date)	1st 7th 10th 14th 20th 21st 28th	Withdrawal Period From To

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)		
<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency [Please tick(✓)]	Frequency [Please tick(✓)]	Frequency [Please tick(✓)]
<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly	<input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly	<input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly
Amount per transfer:	Amount per transfer:	Transfer Period From
Transfer Period From	Transfer Period From	Transfer Period To
No of Transfers OR <input type="checkbox"/> Till Further Instruction	No of Transfers OR <input type="checkbox"/> Till Further Instruction	OR <input type="checkbox"/> Till Further Instruction
Dates [Please tick(✓)]		

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 for units of scheme(s) 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 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/NRNR 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)

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Second Unit Holder / Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

STP/SWP 08/18 - VI