

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH ECS/ NECS/ RECS/ AUTO DEBIT/ PDC (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

| | | | |
|---|-----------------------------|---|-----------------------------------|
| Investment Advisor's Name & ARN ARN-97821 | Sub-Broker's Name & ARN No. | Stamp & Sign Official Acceptance Point | E113814 Unique ID. No. (EUIIN) |
|---|-----------------------------|---|-----------------------------------|

Ref. Instruction No. G-3
ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.
Date

Please sign below, in case the EUIIN is left blank/not provided: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (refer inst no. G.3) [To be signed by all applicants, if mode of holding is joint]

| | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|---|
| Sole / Unit Holder / First Applicant | Second Unit Holder / Second Applicant | Second Unit Holder / Third Applicant | Request for <input type="checkbox"/> Registration of SIP/CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> 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 deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP instalment x No. of installments) amount to ₹ 10,000/- or more. Units will be issued against the balance of the instalment amounts invested.

Existing Investor Folio No. Application No. (New Folio will be Generated for CSIP)

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No. Email Id

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** | Document Type* (Photo ID/ Address Proof) | Document No.* (Mandatory for Micro SIP, not for additional Micro SIP in same folio) |
|------------------------|----------------------|--------------------------|----------------------|--|---|
| Sole / First Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Second Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Third Applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Guardian/POA Holder | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Ref. Instruction No. G-2 * For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)
Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

| | | |
|---|------|--------|
| <input type="checkbox"/> Birla Sun Life Frontline Equity Fund | PLAN | OPTION |
| <input type="checkbox"/> Birla Sun Life Dividend Yield Plus | PLAN | OPTION |
| <input type="checkbox"/> Any Other Scheme BSL | PLAN | OPTION |

SWEEP TO Refer G-4 SCHEME PLAN/OPTION

(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.)

Each Installment amount (₹) ₹ 20,000/- ₹ 10,000/- ₹ 6,000/- ₹ 3,000/- Amount

Investment Start Date Frequency MONTHLY (max 4 debit dates) (Only one date for CSIP and Step Up SIP)

Investment Dates 1st 7th 10th 14th 20th 21st 28th

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NECS) (Refer Instruction E-25)

Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- Amount (In multiples of ₹ 500/-) STEP-UP SIP Frequency (Default Yearly) Half Yearly Yearly

At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.

~ SELECT YOUR SIP PERIOD Refer Instruction E-11 & F-5

Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP OR Enter SIP End Date

CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age years = years Frequency: Monthly Only.

^ For Regular SIP - Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default. For CSIP - refer instruction F5

First Installment through Cheque / DD. (MANDATORY FOR CSIP) 1st Cheque / DD No. 1st Cheque Dated

Drawn on Bank Amount (₹) (in figures)

Branch City

3. BANK DETAILS (PLEASE FILL ONLY EITHER A OR B. IN CASE INVESTOR FILLS BOTH, THE FORM IS LIABLE TO BE REJECTED. IN CASE OF THIRD PARTY PAYMENTS REFER INSTRUCTION NO. (G, 7(ii))

A. ECS/ NECS/ RECS/ AUTO DEBIT ACCOUNT DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH ECS/ NECS/ RECS/ AUTO DEBIT/ PDC)

Bank Account No. Bank Name

Branch City PIN

MICR Code Account Type Savings Current Others (Please Specify)

AUTHORISATION OF BANK ACCOUNT HOLDER: This is to inform that I/We have registered for RBI's electronic clearing service (Debit Clearing) and that my/our payment towards my / our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying the NECS mandate to get it verified and executed. Mandate verification charges if any, may be charged to my/our account. Below is to be signed by all applicants if mode of Operation is JOINT.

Name & Signature (as in bank records)

Name of First Account Holder First Account Holder

Name of Second Account Holder Second Account Holder

Name of Third Account Holder Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

Application No. **ARN-97821**

Birla Sun Life Asset Management Company Limited
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 56161 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms. Date :

B. POST DATED CHEQUE DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

Cheque Dates From DDMMYY To DDMMYY Cheque Nos, From To

Account Type (Please tick (✓)) SAVINGS CURRENT OTHERS _____ (please specify)

Drawn on Bank

Branch Bank A/C No

4. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP)

Mandatory

DECLARATION OF GOOD HEALTH (All the fields are mandatory) (Please tick (✓) Yes or No – Otherwise The Application Will Be Invalid (Ref. Instruction No. F-17)

| | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth DDMMYY Signature of the Life Assured Date DDMMYY

GENDER MALE FEMALE Place

NOMINATION DETAILS (Refer Instruction No. F-14) **Nomination as stated below, shall be considered and prevail over nomination details provided in Common Application Form.**

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name : _____ Date Of Birth (in case of minor): ____/____/____

Relationship : _____ Guardian / Parent Name (in case of minor): _____

Address : _____

Witness Name: _____ Address : _____

Signature of Nominee or Parent / Guardian

Signature of the Witness

5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. E (27)

NSDL: Depository Participant Name: _____ DPID No.: I N Beneficiary A/c No.

CDSL: Depository Participant Name: _____ Beneficiary A/c No.

6. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by ECS/ NECS/ RECS/ Auto Debit/PDC Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through ECS/ NECS/ RECS/ Auto Debit/PDC Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in ECS/ NECS/ RECS/ Auto Debit/PDC Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/MF or their appointed service providers or representatives responsible.

I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned hereafter.

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.

For Century SIP: I/We hereby opt for Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover.

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

I/ we am / are aware and understand that if, at the time of availing the Micro SIP, I / we hold a valid Permanent Account Number (PAN) issued by the Income Tax Department of India, a KYC acknowledgment letter issued by CDSL Ventures Limited would have to be submitted by me / us to MF/AMC. Accordingly I / we understand and agree that I / we shall be responsible for the consequences of non-submission of the same, if any. (refer instruction no: E-23)

Signature(s) Name of First Unit Holder First Applicant

Name of Second Unit Holder Second Applicant

Name of Third Unit Holder Third Applicant

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

CHECKLIST

| Particulars | Regular SIP | Century SIP (with Life Insurance) | Micro SIP (Upto ₹ 50,000 Investment in a year) |
|--|---|---|---|
| Declaration of Good Health | Not Applicable | Mandatory Requirement | Not Applicable |
| Nomination | Not Required | Mandatory Requirement | Not Required |
| First Purchase through cheque/ DD | Recommended | Mandatory Requirement | Recommended |
| Different amount for first cheque and subsequent installment | Allowed | Not allowed | Allowed |
| Common Application Form | Required only for new Investors | Mandatory Requirement for All Investors | Required only for new Investors |
| Investment tenure | Investor's choice / Default | Tenure = 55years (Less) Current age | Investor's choice / Default |
| PAN and KYC | Mandatory Requirement | Mandatory Requirement | If having a PAN, KYC is mandatory |
| Dates | Max upto 4 dates in a month | Only 1 date per month | Max upto 4 dates in a month |
| Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.) | Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each. | ₹ 1000 per month for all eligible schemes | Birla Sun Life Tax Relief '96 and Birla Sun life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each. |
| Application with Minor as first applicant | Allowed | Not allowed | Allowed |

We request you to read Terms and Conditions before availing Century SIP

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM**

Scheme Name _____ Plan _____ Option _____

Sweep To:- Scheme Name _____ Plan _____ Option _____

Amount (₹) _____

Request for

Renewal of SIP

Registration of SIP/CSIP

Change in Bank Details

Additional Micro SIP in same folio