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

Birla Sun Life Mutual Fund

Received from Mr. / Ms. _



EUIN is mandatory for "Execution Only" transac Ref. Instruction No. G-3 Request for Registration of SIP/CSIP	ions		Stai	mp & Sign		
Ref. Instruction No. G-3 Request for	tions				I Acceptance Point	
Request for						Date D D M M Y Y Y
_ <u></u>						
_	Renewal of SIP		Change in Bank Details		Additional Micro SIP in sai	ne folio
TRANSACTION CHARGES FOR APPLIC n case of subscriptions through SIPs, trans					me mutual fund investor) will	be deducted and paid to your distributor if opted to
the transaction charges. In such cases the t issued against the balance of the installmen	ransaction charge shall be rec It amounts invested.	overed in 3-4 installr	nents but only where total con	nmitment (i.e. amou	int per SIP installment x No. o	be deducted and paid to your distributor if opted to i installments) amounts to ₹ 10,000/- or more. Units
Existing Investor Folio No.			Application No.			(New Folio will be Generated for CSIP)
FIRST / SOLE APPLICANT INFORM	IATION (MANDATORY)					
Mobile No.		Email Id				
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.					
	Mr. Ms. M/s.					
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.					
Applicant	PAN* (Mandatory)	KYC Mandatory	Date of birth	h**	Document Type# (Photo Id/ Address Proof)	Document No." (Mandatory for Micro SIP, not for additional Micro SIP in sar
Sole / First Applicant			D D M M Y	YYY		
Second Applicant			D D M M Y	YYY		
Third Applicant			D D M M Y	YYY		
Guardian/POA Holder			D D M M Y	VVV		
	IP Only ** Mandatory in ca	se the Firet/Sola An		' ' T		
Birla Sun Life Frontline Equity Birla Sun Life Dividend Yield P				PLAN PLAN		OPTION OPTION
Any Other Scheme BSL				PLAN		OPTION
SWEEP TO Refer G-4		SCHEME				PLAN/OPTION
(Please tick (✓) any ONE of the below	as your Installment amour	t OR enter the am	ount of your choice. In cas	e of multiple entri	es, the highest amount wi	l be chosen.
		000/-	₹ 6,000/-	3,000/-	Amount	
			'HLY (max 4 debit dates) (_	r CSIP and Step Up SIP)	
Investment Dates 1st 7th			. –	_		
STEP-UP SIP (OPTIONAL - an Amount (Default of ₹ 500/-) ₹ 500/			I nrough NECS) (Refer Instri Itiples of ₹ 500/-)		STEP-UP SIP Frequency (Default Yearly) Half Yearly Yearly
At Birla Sun Life Mutual Fund, we pr		Amount (III mu	iupies (i \ 500/-)			fer Instruction E-11 & F-5
flexibility to discontinue your SIP at ANY 1800-270-7000/1800-22-7000 or	TIME. Call us at	nstruct Birla Sun L	ife Mutual Fund to discon			P End Date D D M M Y Y Y
		ure (Insurance cove	r would be as per 1st installm	ent): 55 years - Yo	ur Current Age	years = years Frequency: Monthl
			1 by the investor in the Form, the	e same would be con	oidered as 21 et December 200	101 16 17 5 0010 6 1 1 1 55
connect@birlasunlife.com to know how. ^ For Regular SIP - "Default end date is Dece						
connect@birlasunlife.com to know how. ^ For Regular SIP - "Default end date is Decer First Installment through Cheque / DI		1st Cheque / DD No).		1st Cheque Da	ted D D / M M / Y Y
connect@birlasunlife.com to know how. ^ For Regular SIP - "Default end date is Dece		1st Cheque / DD No	0.	City		ted D D / M M / Y Y

Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Date :

D. FU.	ST DATED CHEQUE DETAILS (TO B							
Chas	que Dates From DD DM MY		D M M Y Y Y			To		
	ount Type [Please tick (🗸)] 🔲 SAVIN(neque Nos. From	10		
		35 GURKENI GUI	neno	(piea	se specify)			
	wn on Bank			Donk A	C No.			
Bran				Bank A/	C NO			
4. FU	R CENTURY SIP (Please read detailed		illing CSIP) Manda	torv				
DECLARA	ATION OF GOOD HEALTH (All the fi				Will Be Invalid (Ref. Ins	truction No. F-17)		
1. Have y	you ever been treated for symptoms of h	igh blood pressure, diabet	tes, heart attack or heart	disease, stroke, chest p	ain, kidney disease, A	IDS or AIDS related complex,	☐ Yes ☐ No	
	r or tumor, asthma or respiratory disease, you within the last 2 years taken any form o			, ,		e bones, spine or muscie?	Yes No	
	you within the last 2 years taken any normally formally f						Yes No	
Tunderstand	d and agree that the answers to the question	ons in this Declaration of Go	ood Health are true and co	mplete to the best of my	knowledge and belief.	I authorize any medical practit	ioner, hospital, employer,	
	or any other person, to disclose to Birla Sur question in this Declaration truthfully will I			lating to my health or em	ployment now or at an	y time in the future. I understan	d and agree that failure to	
Date of Birt	th D D M M Y Y Y	ture Life red			Date D	M M Y Y		
GENDER	☐ MALE ☐ FEMALE	Signature of the Life Assured	Place					
NOMINA	TION DETAILS (Refer Instruction No. F-14)		below, shall be consid	lered and prevail over	nomination details	provided in Common App	lication Form.	
	reby nominate the undermentioned Nomin			o. in the event of my/our	death. I/We also unde	erstand that all payments and s	ettlements made to such	
,	upon such documentation) shall be a valid	discharge by the AMC / Mu			Data	Of Divide a second of	,	
	ame : Guar	rdian / Parent Name (in case o				Of Birth (in case of minor):/	/	
Address :						Olerature of Naminas as David	ant / Overville	
	me:					Signature of Nominee or Pare	ent / Guardian	
						Signature of the Wit	tness	
- DEI	MAT ACCOUNT DETAILS (OPTIONA	11)						
	MAT ACCOUNT DETAILS (OPTIONA				with that of the A/c. held	with the depository participant.) Refe	r Instruction No. E (27)	
NSD	DL: Depository Participant Name:		DPID N	No.: I N	B	eneficiary A/c No.		
CDS	L: Depository Participant Name:			Beneficiary A/c	No.			
6. DE(CLARATION(S) & SIGNATURE(S)							
	nereby authorise Birla Sun Life Mutual Fund ar							
hereby	nation provided by me/us may be shared with y declare that the particulars given above a	re correct and complete and	l express my/our willingnes	ss to make payments refer	red above through part	ticipation in ECS/ NECS/ RECS/	Auto Debit/ PDC Clearing. If the	
	action is delayed or not effected at all for reasc will also inform, about any changes in my ban							
	onditions mentioned overleaf. RN holder has disclosed to me/us all the com	nmissions (in the form of trail	commission or any other ma	ode) navable to him for the	e different competing Sc	hemes of various Mutual Funds f		
is bein	ng recommended to me/us.			odoj, pajabio to ilii i ioi tili	dinordin dompoung of		rom amongst which the Schem	
For M	licro SIP only: I hereby declare that I do not h			and and accepted the Torm	e and Conditions of Con		rom amongst which the Schem	
	eding ₹ 50,000 in a year. am / are aware and understand that if, at the					tury SIP and Insurance Cover.		
CDSL Instru		time of availing the Micro SIF	which together with the cur	rent application in rolling 1	2 month period or in fin	tury SIP and Insurance Cover. ancial year i.e. April to March wil	I result in aggregate investment	
	. Ventures Limited would have to be submitt action no: E-23)	time of availing the Micro SII ed by me / us to MF/AMC. A	which together with the cur	rent application in rolling 1	2 month period or in fin	tury SIP and Insurance Cover.	I result in aggregate investment	
e(s)	Ventures Limited would have to be submitt action no: E-23) Name of First Unit Ho		which together with the cur P, I / we hold a valid Perman Accordingly I / we understa	rent application in rolling 1	2 month period or in fin) issued by the Income hall be responsible for	tury SIP and Insurance Cover. ancial year i.e. April to March wil	I result in aggregate investment acknowledgment letter issued b ission of the same, if any. (ref	
nature(s)	action no: E-23)		which together with the cur P. I / we hold a valid Perman Accordingly I / we understa	rent application in rolling 1 ent Account Number (PAN ind and agree that I / we s	2 month period or in fin) issued by the Income hall be responsible for	tury SIP and Insurance Cover. ancial year i.e. April to March wil Tax Department of India, a KYC a the consequences of non-submi	I result in aggregate investment acknowledgment letter issued b ission of the same, if any. (refe Unit Holder	
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Additional Micro SIP in same folio

Amount (₹) _