

For PDC	Cheques dates From: DD / MM / YYYY To DD / MM / YYYY
	Cheque No. From: _____ To _____
Investment Start Date DD / MM / YYYY	Investment Dates 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 28th <input type="checkbox"/>
Frequency <input type="checkbox"/> Monthly (max 4 debit dates) (Only one date for CSIP and Step Up SIP) <input type="checkbox"/> Weekly _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)	(Fast Forward SIP is only available for Monthly Frequency)
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.	
<input type="checkbox"/> Default End Date (31st December 2099) ^ SELECT YOUR SIP PERIOD Refer Instruction D-8 & E-5 Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP <input type="checkbox"/> OR Enter SIP End Date DD / MM / YYYY 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 E5

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction D-23)

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

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

Date of Birth DD / MM / YYYY GENDER MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. E-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 : _____

Signature of Nominee or Parent / Guardian

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. D (25)

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 NACH/ 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 NACH/ 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 NACH/ 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 overleaf. 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: D-21)

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

G. INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words

Acknowledgement		ISC Stamp
Investor Name: _____	Folio No/Application No. _____	
<input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM		

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

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

Scheme Name _____ Plan _____ Option _____

Sweep To:- Scheme Name _____ Plan _____ Option _____

Amount (₹) _____

- Request for
- Renewal of SIP Registration of CSIP
- Renewal of SIP
- Change in Bank Details
- Additional Micro SIP in same folio
- OTM Registration