## **Mutual Funds**

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

## Special Products Application Form (STP / SWP)

STP SWP			(PLEASE READ THE INST	RUCTIONS BE	FORE 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	
EUIN is mandatory for "Execution Only" transactions						
Application / Folio No.			Date D	D M M	Y Y Y Y	
FIRST / SOLE APPLICANT INFORMATION (MANDATORY)						
IAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.						
AME 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 Appli	cant is minor) / CONTACT PER	SON - DESIGNATION	/ PoA HOLDER (In case of Non-indivi	dual Investors)		
Mr. Ms. M/s.						
RELATIONSHIP OF GUARDIAN (Refer to Instruction	No. B.9)					
SYSTEMATIC WITHDRAWAL PLAN (SWP)						
SCHEME		PLAN		OPTION		
Withdrawal Option [Please tick (/)]	D Amount (₹) (in figures)		or 🔲	APPRECIATION WITHDR	RAWAL	
Withdrawal Frequency Please tick [(/)] DAILY WEEKLY MONTHLY QUARTERLY YEARLY YEARLY						
(Please mention any day between Monday to Friday) (Default day is Wednesday) (Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawa						
					To D D M M Y Y Y Y	
(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)  (Please attach cancelled cheque / cheque copy to opt for electronic payout for which you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the SWP proceeds. The bank account should be one of the						
egistered bank account in the folio else the payor				ie Swi proceeds.	The balla account should be one of the	
Bank Name			Account No			
SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)						
FROM SCHEME (SOURCE)		PLAN		OPTION		
TO SCHEME (TARGET)		PLAN		OPTION		
(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)						
□ STP		☐ Value STP		Capital Appreciation Transfer Plan		
Frequency [Please tick(/)]  DAILY WEEKLY		Frequency [Please tick(√)]  ☐ MONTHLY ☐ Quarterly		Frequency [Please tick(√)]  ☐ MONTHLY ☐ Quarterly		
(Please mention any day between Monday to Friday,		_ MONTHLY Quarterty		☐ MONTHLY		
default day is Wednesday)  ☐ MONTHLY (max 4 STP dates in a months) ☐ Quarterly		Amount per transfer:		Transfer Period From D D M M Y Y Y Y		
Amount per transfer:		Transfer Period From $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				
Transfer Period From D D M M Y Y Y Y		No of Transfers OR		Transfer Period		
No of Transfers OR		☐ Till Further Instruction			OR ☐ Till Further Instruction	
In case of Daily STP minimum no of transfers is 20						
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/Fils 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/NRSR 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.

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Third Unit Holder/ Third Applicant