MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)

Investment through NACH/AUTO DEBIT (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) **Sub Broker Code** EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3 1/we hereby confirm that the EUIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. First Applicant / Authorised Signatory Second Applicant Third Applicant Registration of SIP Registration of CSIP Change in Bank Details Additional Micro SIP in same folio Date D D M M Y Y Y Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii)) In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Existing Investor Folio No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) Mr. Ms. M/s. NAME OF FIRST / SOLE APPLICANT INVESTMENT DETAILS (Refer Instruction C5 & C8) SIP/CSIP Installment Frequency SIP Date SR. No. Scheme Name Plan/ Option 1st Investment Amount Amount Monthly 🗌 7* 1. ABSL (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only) 10 15 20 28 2. ABSL (*Default Date) Weekly 3. ABSL (Please mention any day from Monday to Friday) (Default day is Wednesday) Cheque Amount: Drawn on Bank and Branch: 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 Regular SIF DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy. UMRN (tick√) ☑ CREATE Sponsor Bank Code Utility Code Office use only ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick√) SB / CA / CC / SB-NRE / SB-NRO / Other I/We hereby authorize: ✓ CANCEL Bank A/c No.: With **IFSC** OR MICE Bank Name & Branch Bank: an amount of Rupees Quarterly Half Yearly Yearly FREOUENCY ── Monthly As & when presented DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount Reference 1 Folio No: Mobile Reference 2 Email: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. PERIOD From or Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory) Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating $the \, cancel lation/amendment \, request \, to \, A dity a \, Birla \, Sun \, Life \, Mutual \, Fund \, or \, the \, bank \, where \, I \, have \, authorised \, the \, debit.$ SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM Acknowledgement Slip (To be filled in by the Investor) Collection Centre / Application No. ABSLAMC Stamp & Signature Received from Mr. / Ms. Date :



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