

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Multi Scheme Century SIP (CSIP) Facility Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)
ARN-146262			E 253637

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. B-3

I/we hereby confirm that the EUIIN box has been intentionally left blank by 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
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Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction B-7)

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.	Application No.	Date
		D D M M Y Y Y Y

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. _____

2. INVESTMENT DETAILS (Refer Instruction A - 2)

(*MANDATORY)

	SCHEME 1	SCHEME 2	SCHEME 3
SCHEME NAME	ABSL	ABSL	ABSL
PLAN			
OPTION			
CSIP Frequency	<input type="checkbox"/> Monthly CSIP Date <input type="text"/> <input type="text"/> (any date between 1-28)	<input type="checkbox"/> Monthly CSIP Date <input type="text"/> <input type="text"/> (any date between 1-28)	<input type="checkbox"/> Monthly CSIP Date <input type="text"/> <input type="text"/> (any date between 1-28)
Tenure	From: <input type="text"/> <input type="text"/> To: 60 years - Your Current Age <input type="text"/> <input type="text"/> Years = <input type="text"/> <input type="text"/> Years OR <input type="checkbox"/> Till Further Instruction (Refer Instruction A - 6)	From: <input type="text"/> <input type="text"/> To: 60 years - Your Current Age <input type="text"/> <input type="text"/> Years = <input type="text"/> <input type="text"/> Years OR <input type="checkbox"/> Till Further Instruction (Refer Instruction A - 6)	From: <input type="text"/> <input type="text"/> To: 60 years - Your Current Age <input type="text"/> <input type="text"/> Years = <input type="text"/> <input type="text"/> Years OR <input type="checkbox"/> Till Further Instruction (Refer Instruction A - 6)
CSIP Installment Amount			
Step Up (OPTIONAL - and available only for CSIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____
First Installment*	Cheque Date	Cheque No.	Amount
Drawn on Bank and Branch			
<input type="checkbox"/> Use existing One Time Mandate	(To be filled in case of more than one OTM registration)		
Bank Name	A/c No.		

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

Date of Birth* GENDER* MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. A - 15)

I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit 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

Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions - Century SIP point A - 15). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.

4. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of CSIP 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 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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/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.

"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

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)

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