

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NECS/DIRECT DEBIT/PDC (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 INCASE OF CENTURY SIP)

ARN-13308

Sub-Broker's Name & ARN

Stamp & Sign
Official Acceptance Point

Date

D

D

M

M

Y

Y

Y

Y

Ref. Instruction No. G-3

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

Existing Investor Folio No.

Application No.

(New Folio will be Generated for CSIP)

Request for

☐ Registration of SIP/CSIP

☐ Renewal of SIP

☐ Change in Bank Details

☐ Additional Micro SIP in same folio

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No.

Email Id

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT

Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT

Mr. Ms. M/s.

Applicant	PAN* (Mandatory)	KYC Complied	Date of birth**	Document Type* (Photo Id/ Address Proof)	Document No.* (Mandatory for Micro SIP not for additional Micro SIP in same folio)
Sole / First Applicant		<input type="checkbox"/>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
Second Applicant		<input type="checkbox"/>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
Third Applicant		<input type="checkbox"/>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
Guardian/POA Holder		<input type="checkbox"/>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		

Ref. Instruction No. G-2

*For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN

(Refer to Instruction No. E.24)

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

☐ Birla Sun Life Frontline Equity Fund

PLAN

OPTION

☐ Birla Sun Life Dividend Yield Plus

PLAN

OPTION

☐ Birla Sun Life '95 Fund

PLAN

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 amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.

Each Installment Amount (₹)

₹ 20,000/-

☐

₹ 10,000/-

☐

₹ 6,000/-

☐

₹ 3,000/-

☐

Amount

Investment Start Date

D

D

M

M

Y

Y

Y

Y

Frequency

MONTHLY (max 4 debit dates) (Only one date for CSIP)

Investment Dates

1st

☐

7th

☐

10th

☐

14th

☐

20th

☐

21st

☐

28th

☐

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.

SELECT YOUR SIP PERIOD Refer Instruction E-11 & F-5

Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP

☐ OR

Enter SIP End Date

D

D

M

M

Y

Y

Y

Y

CSIP Tenure: 55 years - Your Current Age

 years = years

Frequency: Monthly Only.

First Installment through Cheque / DD. (MANDATORY FOR CSIP)

1st Cheque / DD No.

1st Cheque Dated

D

D

/

M

M

/

Y

Y

Y

Y

Drawn on Bank

Amount (₹) (in figures)

Branch

City

3. BANK DETAILS (PLEASE FILL ONLY EITHER A OR B. IN CASE INVESTOR FILLS BOTH, THE FORM IS LIABLE TO BE REJECTED. IN CASE OF THIRD PARTY PAYMENTS REFER INSTRUCTION NO. (G, 7(ii))

A. NECS / DIRECT DEBIT BANK ACCOUNT DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH NECS / DIRECT DEBIT)

Bank Account No.

Bank Name

Branch

City

PIN

MICR Code

Account Type

Savings

☐

Current

☐

Others

(Please Specify)

AUTHORISATION OF BANK ACCOUNT HOLDER: This is to inform that I/We have registered for RBI's electronic clearing service (Debit Clearing) and that my/our payment toward's my / our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying the NECS mandate to get it verified and executed. Mandate verification charges if any, may be charged to my/our account. Below is to be signed by all applicants if mode of Operation is JOINT.

Name & Signature(s)
(As in Bank Records)

Name of First Account Holder

First Account Holder

Name of Second Account Holder

Second Account Holder

Name of Third Account Holder

Third Account Holder

Signature verified & Debit mandate received

☐ Yes

☐ No

Authorisation of Branch Manager & Date

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

Application No.

Birla Sun Life Asset Management Company Limited

One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

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

Collection Centre /
BSLAMC Stamp & Signature

Received from Mr. / Ms. / Date : / /

B. POST DATED CHEQUE DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

Cheque Dates From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y	Cheque Nos. From						To							
Account Type	[Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS_____ (please specify)																														
Drawn on Bank																															
Branch															Bank A/C No																

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

Mandatory

DECLARATION OF GOOD HEALTH (All the fields are mandatory) [Please tick (✓)] **Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. F-17)

1.	Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth	D	D	M	M	Y	Y	Y	Y	Signature of the Life Assured		Date	D	D	M	M	Y	Y	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									Place								

NOMINATION DETAILS (Refer Instruction No. F-14)

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):														<div>Signature of Nominee or Parent / Guardian</div>																
Address :																															
Witness Name:															Address :									<div>Signature of the Witness</div>							

5. 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 NECS/ Direct 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 NECS/ Direct 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 NECS/ Direct 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: E-23)

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)

CHECKLIST

Particulars	Regular SIP	Century SIP (with Life Insurance)	Micro SIP (Upto ₹ 50,000 Investment in a year)
Declaration of Good Health	Not Applicable	Mandatory Requirement	Not Applicable
Nomination	Not Required	Mandatory Requirement	Not Required
First Purchase through cheque/ DD	Recommended	Mandatory Requirement	Recommended
Different amount for first cheque and subsequent installment	Allowed	Not allowed	Allowed
Common Application Form	Required only for new Investors	Mandatory Requirement for All Investors	Required only for new Investors
Investment tenure	Investor's choice / Default	Tenure = 55years (Less) Current age	Investor's choice / Default
PAN and KYC	Mandatory Requirement	Mandatory Requirement	If having a PAN, KYC is mandatory
Dates	Max upto 4 dates in a month	Only 1 date per month	Max upto 4 dates in a month
Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.)	Birla Sun Life Tax Relief '96 and Birla Sun life Tax Plan - ₹ 500 / each. Other eligible Schemes- ₹ 1000/ each.	₹ 1000 per month for all eligible schemes	Birla Sun Life Tax Relief '96 and Birla Sun life Tax Plan - ₹ 500 / each. Other eligible Schemes- ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Not allowed	Allowed

We request you to read Terms and Conditions before availing Century SIP

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

Scheme Name	Plan	Option
Sweep To:- Scheme Name	Plan	Option
Amount (₹)		

Request for
<input type="checkbox"/> Renewal of SIP
<input type="checkbox"/> Registration of SIP/CSIP
<input type="checkbox"/> Change in Bank Details
<input type="checkbox"/> Additional Micro SIP in same folio