

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Distributor Name & ARN/ RIA No. ARN-93643	Sub Broker Name & ARN/ RIA No. DHANANJAY KUMAR	Sub Broker Code	Employee Unique ID. No. (EUIN) E 097712	Application No. 15388045
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*EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIN 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 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 Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number 14 digit CKYC Number

Name of the Second Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number 14 digit CKYC Number

Name of the Third Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number 14 digit CKYC Number

Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number 14 digit CKYC Number

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF.

TEL: RESI #The application is liable to get rejected if does not match with PAN card/ Aadhaar card

Proof of the Relationship with Minor** ** Mandatory in case the First / Sole Applicant is Minor

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

Resident Individual Fils NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body
 Trust NRI - NRE Bank and FI Sole Proprietor Partnership Firm QFI Provident Fund Others

Acknowledgement Slip (To be filled in by the Investor) Common Application Form

Application No. 15388045

Received from Mr. / Ms. Date :

[Please Tick (✓)] Enclosed PAN/PEKRN Proof KYC Complied NECS Form Yes No

Collection Centre /
ABSLAMC Stamp & Signature

MODE OF HOLDING [Please tick (✓)] (Please Refer Instruction No. 2(v)) Joint Single Anyone or Survivor (Default option is Anyone or survivor)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address is not sufficient. Please provide full address.)

CITY																
STATE											PINCODE					

OVERSEAS ADDRESS (Mandatory for NRI/FII Applicant.)

CITY											COUNTRY						ZIP CODE					
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2. GO GREEN [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact Online Access **Mobile No.** +91 _____ I/ We would like to register for my/our SMS Transact and/ or Online Access

Email Id _____

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)] Account Statement Annual Report Other Statutory Information

Facebook Id _____ **Twitter Id** _____

3. BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3(A)

Name of the Bank _____

Branch Address _____

Pin Code _____ City _____

Account No. _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (Please Specify)

11 Digit IFSC Code _____ 9 Digit MICR Code _____

4. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". Please write appropriate scheme name as well as the Plan/Option/Sub Option

S. No.	Cheque / DD Favouring Scheme Name* (refer Instruction 5)	Plan/Option	Cheque Date	Amount Invested (₹)	DD Charges^	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
1.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							
2.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							
3.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

FIRST APPLICANT	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (please specify)					
SECOND APPLICANT	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (please specify)					
THIRD APPLICANT	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (please specify)					

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
Net worth (Mandatory for Non - Individuals) Rs. _____ as on DDMMYYYY [Not older than 1 year]						
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____					
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____					

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	ABSL				

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Companies, Trust, Partnership etc.)	
Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. 3(B)

NSDL: Depository Participant Name: _____ DPID No.:

I	N								
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 Beneficiary A/c No.

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CDSL: Depository Participant Name: _____ Beneficiary A/c No.

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Enclosed: Client Master Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Applicant's Relationship with the Nominee	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill separate FATCA detail form)

The below information is required for all applicant(s)/ guardian
 Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)
 Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory]
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.



8. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

Date	D	D	M	M	Y	Y	Y	Y
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To,
The Trustee,
Aditya Birla Sun Life AMC Ltd.

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Ltd. and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

For NRIs 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/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.**

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabirlacapital.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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.

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. Yes No

VALUE ADD

I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

I/ We hereby provide my consent to :-

- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. Yes No



Multi Scheme Century SIP (CSIP) Facility Application Form

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

Distributor Name & ARN/ RIA No. ARN-93643	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN) E 097712
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EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. B-3

I/we hereby confirm that the EUIN 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
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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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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*			
Drawn on Bank and Branch	Cheque Date	Cheque No.	Amount
<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

A. TERMS & CONDITIONS FOR CENTURY SIP (Contd...)

9. GROUP LIFE INSURANCE

Amount of Life Insurance Cover:

If Century SIP continues, the insurance cover would be as follows

- Year 1 : 10 times the monthly Century SIP installment
- Year 2 : 50 times the monthly Century SIP installment
- Year 3 onwards : 100 times the monthly Century SIP installment

All the above mentioned limits are subject to maximum cover of ₹ 50 lacs per investor across all schemes/plans/folios.

If Century SIP discontinues, the insurance cover would be as follows:

- Century SIP discontinues before 3 years : Insurance cover stops immediately
- Century SIP discontinues after 3 years : Insurance cover equivalent to the value of units allotted under Century SIP investment at the start of the each policy year, subject to a maximum of 100 times the monthly installment.

To avail the Insurance benefit investor has to stay invested for atleast 36 installments

10. COMMENCEMENT OF INSURANCE COVER

The Insurance cover will start from the transaction receipt date before cut off of Century SIP. However, only accidental deaths will be covered for the first 45 days.

11. CESSATION OF INSURANCE COVER

The insurance cover shall cease upon occurrence of any of the following:

- At the end of the tenure, i.e., upon completion of 60 years of age.
- Discontinuation of Century SIP installments within 3 years from the commencement of the same.
- Redemption/ Switch-out (fully or partial) of units purchased under Century SIP before the completion of the Century SIP tenure.

12. REVIVAL OF INSURANCE COVER

There shall be no provision for revival of insurance cover, once the insurance cover ceases as stated above.

13. EXCLUSIONS FOR INSURANCE COVER

No insurance cover shall be admissible in respect of death of the unit holder (the insured investor) on account of -

- Death due to suicide within first year of commencement of Century SIP
- Death within 45 days from the commencement of Century SIP installments except for death due to accident
- Death due to pre-existing illness, disease(s) or accident which has occurred prior to commencement of Century SIP

14. ADDITIONAL CRITERIA FOR AVAILING ADITYA BIRLA SUN LIFE CENTURY SIP (CSIP) FOR NRI AND PIOS

- The CSIP facility can also be availed by the NRI/PIO provided they reside in one of the following countries: Australia, Austria, Bahamas, Bahrain, Belgium, Brunei, Bulgaria, China, Croatia, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Ireland, Italy, Japan, Luxembourg, Mauritius, Moldova, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Romania, Seychelles, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, Taiwan, Turkey, UAE, UK, USA, Canada
- NRIs / PIOs need to submit a proof of residence duly certified in original by local authority in the country of residence at the time of submission of CSIP Application Form. In case the proof is in any language other than English the same must be translated to English and certified by Government Authority in country of residence or by the Indian Embassy.

3. All claims shall be settled in INR only and the then prevailing tax rates if any will be applied.

15. NOMINATION

- It is recommended that the nominee name to be mentioned on the CSIP form. Nomination as stated, 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. Nomination details will not be overwritten, if investor submits an additional CSIP application with a new nominee. At any point of time, if investor wishes to change the nominee, he/she would have to submit "Change Of Nominee Form For Insurance Coverage". If nominee details are not updated either in CAF or CSIP application form, transmission process will be followed. Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. The Applicant is advised that, in case of Single Holding, the Guardian to a Minor Nominee should be a person other than the Applicant.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of these offices or a religious or charitable trust.
- The Nominee shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination in respect of the units stands rescinded upon the transfer of units.
- Transfer of units in favour of a Nominee shall be valid discharge by the Asset Management Company against the legal heir.
- The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.

16. CSIP PAYMENT THROUGH NATIONAL AUTOMATED CLEARING HOUSE (DEBIT CLEARING) / DIRECT DEBIT FACILITY OF THE RESERVE BANK OF INDIA (RBI)

- The bank account provided for NACH (Debit) should participate in local MICR clearing.
- Investor will not hold Aditya Birla Sun Life Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific CSIP date due to various clearing cycles of NACH / Direct Debit Facility.
- Aditya Birla Sun Life AMC Limited, registrars of Aditya Birla Sun Life Mutual Fund and other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- Aditya Birla Sun Life AMC Limited and its service providers reserve the right to disclose the details of the Investors and their transactions using the CSIP NACH / Direct Debit Facility to third parties for the purposes of verification and execution of the NACH / Direct Debit Facility as also for the purpose of law enforcement, fraud prevention, audit and inspection requirement etc.
- The Investor undertakes and agrees that the CSIP Auto Debit Facility requested for via this Form is subject to acceptance of the terms and conditions mentioned in Scheme Information Document of the Scheme.

17. OTHER TERMS AND CONDITIONS

- The Group Life Insurance Cover will be governed by the terms, conditions & exclusion of the insurance policy with the relevant Insurance Company as determined by the AMC.
- Grant of insurance cover to any individual member shall be discretionary on part of Life Insurance Company.

(Contd on Page 4)

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

Date

(tick✓)
 CREATE
 MODIFY
 CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 PAN No: Mobile

Reference 2 Folio No/ Appln No: 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 to or Until Cancelled

1. Sign 2. Sign 3. Sign

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 cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)

MULTI SCHEME CENTURY SIP (CSIP) FACILITY APPLICATION FORM

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

Received from Mr. / Ms. Date : / /



Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

COMMON TRANSACTION FORM (for One Transaction Only)

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

ARN-93643 DHANANJAY KUMAR

E-097712

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.

Please sign below, in case the EUN is left blank/not provided: I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (refer inst.no. A-4) [To be signed by all applicants, if mode of holding is joint]

Signature	Name of the Applicant	Third Unitholder
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FOLIO NUMBER (Mandatory): Date:

1st Unitholder Name	2nd Unitholder Name	3rd Unitholder Name
PAN / PEKRN (Mandatory)	PAN / PEKRN (Mandatory)	PAN / PEKRN (Mandatory)
CKYC Number	CKYC Number	CKYC Number
(Prefix if any)	Prefix if any	Prefix if any

ADDITIONAL PURCHASE (Cheque / DD payment favouring "Scheme Name") Refer Instruction Section B

Scheme: ABSL Plan: _____ Option: _____ Sweep to (applicable only for Dividend Option) _____

Payment Mode: OTM (One Time Mandate) Cheque/DD NEFT/RTGS Fund Transfer Others _____ payable to the above scheme drawn on (Bank Name & Branch Address) _____ Mandatory for OTM

Amount (₹): _____ DD Charges: _____ Net Amount (₹): _____

Chq/DD No.: _____ / UTR / REF. No. _____ Dated:

In case you do not mention the Plan and Option, units will be allotted under default option as per respective scheme related documents.

SWITCH

I/We would like to switch ₹ _____ or _____ units

FROM SCHEME / PLAN ABSL Option _____ TO SCHEME / PLAN ABSL Option _____ Sweep to (applicable only for Dividend Option) _____

ALLOT UNITS IN DEMAT MODE (OPTIONAL) (Please ensure that the sequence of names in the folio matches with that of the A/c. held with the depository participant.)

NSDL: Depository Participant Name: _____ DP ID No.: IN Beneficiary A/c No. _____ Enclosed: Client Master

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____ Transaction / Statement Copy / DIS Copy

DECLARATION(S) & SIGNATURE(S)

To, The Trustee, Aditya Birla Sun Life Mutual Fund
Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of scheme & agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. 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 fees 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. I/We confirm that details provided by me/us are true and correct.

Signature	Name of the Applicant	Third Unitholder
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Acknowledgement Slip (To be filled in by the Investor)

COMMON TRANSACTION FORM

Folio No.: _____ Purchase Switch Date: _____

Scheme: ABSL Amount (₹) _____ or Units _____

From Scheme (in case of switch) _____ To Scheme _____

Collection Centre /
ABSLAMC Stamp & Signature



Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Special Facilities Application Form (STP / SWP)

STP SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No. ARN-93643	Sub Broker Name & ARN/ RIA No. Dhananjay Kumar	Employee Unique ID. No. (EUIN) E 097712	Official Acceptance Point Stamp & Sign
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EUIN is mandatory for "Execution Only" transactions

Request for Fresh Registration Renewal

Application / Folio No. **K065326** Date

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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.

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)
Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9)

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant	<input type="text"/>	<input type="checkbox"/> <input type="text"/> (14 digit CKYC No.) Prefix if any <input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/> <input type="text"/> (14 digit CKYC No.) Prefix if any <input type="text"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/> <input type="text"/> (14 digit CKYC No.) Prefix if any <input type="text"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="checkbox"/> <input type="text"/> (14 digit CKYC No.) Prefix if any <input type="text"/>	<input type="text"/>

*Ref. Instruction No. B-6 **Mandatory in case the First / Sole applicant is a Minor

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME PLAN OPTION

Withdrawal Option [Please tick(✓)] FIXED Amount (₹) (in figures) or APPRECIATION WITHDRAWAL

Withdrawal Frequency [Please tick(✓)] DAILY WEEKLY MONTHLY QUARTERLY HALF 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 Withdrawal)

Dates (Only one date) 1st 7th 10th 14th 20th 21st 28th Withdrawal Period From To

(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.)

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE) PLAN OPTION

TO SCHEME (TARGET) PLAN OPTION

(For Target scheme under Daily STP, Daily Dividend option not available and for Value STP, only Growth Option available)

<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency [Please tick(✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY (Please mention any day between Monday to Friday, default day is Wednesday) <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly Amount per transfer: <input type="text"/> Transfer Period From <input type="text"/> No of Transfers <input type="text"/> OR <input type="checkbox"/> Till Further Instruction	Frequency [Please tick(✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Amount per transfer: <input type="text"/> Transfer Period From <input type="text"/> No of Transfers <input type="text"/> OR <input type="checkbox"/> Till Further Instruction	Frequency [Please tick(✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Transfer Period From <input type="text"/> Transfer Period To <input type="text"/> OR <input type="checkbox"/> Till Further Instruction
Dates [Please tick(✓)] <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)		

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/FLIs 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.

Signature(s) Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Second Unit Holder / Third Applicant
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(To be signed by All Applicants if mode of operation is Joint)

STP/SWP 08/18 - V1