

# SPECIAL PRODUCTS APPLICATION FORM

(STP/ SWP)

STP

SWP



**Birla Sun Life**  
Mutual Fund

Investor **ARN-54241** Name & ARN

Sub-B **SANGHI** & ARN No.

Stamp & Sign  
Official Acceptance Point

Employee **E055018** (EUIIN)

EUIIN is mandatory for "Execution Only" transactions  
Ref. Instruction No. B-7

Request for  Fresh Registration  Renewal

Application / Folio 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. \_\_\_\_\_

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. \_\_\_\_\_

NAME OF THE THIRD APPLICANT Mr. Ms. M/s. \_\_\_\_\_

Applicant	PAN* (Mandatory)	KYC Mandatory	Date of birth**								
Sole / First Applicant	_____	<input type="checkbox"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Second Applicant	_____	<input type="checkbox"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Third Applicant	_____	<input type="checkbox"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Guardian	_____	<input type="checkbox"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

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

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) \_\_\_\_\_

## 2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
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Withdrawal Option [Please tick (✓)]  FIXED Amount (₹) (in figures) \_\_\_\_\_ or  APPRECIATION WITHDRAWAL

Withdrawal Frequency Please tick (✓)  DAILY  WEEKLY \_\_\_\_\_ (Please mention any day between Monday to Friday) (Default day is Wednesday)  MONTHLY  QUARTERLY (Only monthly and quarterly withdrawal option available for Appreciation Withdrawal)

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

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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(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
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TO SCHEME (TARGET)	PLAN	OPTION
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(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)

<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan																																
<p>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</p> <p>Amount per transfer: _____</p> <p>Transfer Period From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction</p> <p>In case of Daily STP minimum no of transfers is 20</p>	D	D	M	M	Y	Y	Y	Y	<p>Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly</p> <p>Amount per transfer: _____</p> <p>Transfer Period From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction</p>	D	D	M	M	Y	Y	Y	Y	<p>Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly</p> <p>Transfer Period From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Transfer Period To <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>OR <input type="checkbox"/> Till Further Instruction</p>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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<p>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)</p>																																		

## 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 Birla Sun Life Mutual Fund for units of scheme(s) of 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

(To be signed by All Applicants if mode of operation is Joint)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SPECIAL PRODUCTS 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_