

PROTECTING INVESTING FINANCING ADVISING

## Special Products Application Form (STP / SWP)

| _ SIP _ SWP   |  |  |   | (FLEASE F  | (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)   |   |   |  |
|---|--|--|---|--|---|---|---|--|
| Distributor Nam   | e & ARN/ RIA No.   | Sub Broker Nan   | ne & ARN/ RIA No.   | Employee   | Unique ID. No. (EUIN  | 1) Of   | fficial Acceptance Point Stamp & Sign   |  |
|   |  |  |   |  |   |   |   |  |
| EUIN is mandatory for "Executio   |  |  |   |  |   |   |   |  |
| Request for   | Fresh Registration   |  | Renewal   |  |   |   |   |  |
| Application / Folio No.   |  |  |   |  | Date D D  | M M Y   | YYY   |  |
| FIRST / SOLE APPLIC   | ANT INFORMATION (MANDAT  | ORY)   |   |  |   |   |   |  |
| NAME OF FIRST / SOLE A  | APPLICANT Mr. Ms. M/s.   |  |   |  |   |   |   |  |
| NAME OF THE SECOND APPLICANT Mr. Ms. M/s.   |  |  |   |  |   |   |   |  |
| NAME OF THE THIRD APP   |  |  |   |  |   |   |   |  |
|   | N (In case First / Sole Applica  | ant is minor) / CONTAC   | T PERSON - DESIGNAT   | FION / PoA HOLDER (In ca   | ase of Non-individual I   | nvestors)   |   |  |
| Mr. Ms. M/s.  |  |  |   |  |   |   |   |  |
| RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9)   |  |  |   |  |   |   |   |  |
| Applicant   | Applicant PAN/PEKRN* (Mandatory)   |  |   | CKYC Number  |   |   | Date of birth**   |  |
| Sole / First Applicant  |  |  |   | (14 digit  | (KYC No.)   |   | D D M M Y Y Y   |  |
|   |  |  | Prefix if any   |  | <u> </u>  |   |   |  |
| Second Applicant  |  |  | Desfite if any  | (14 digit  | KYC No.)  |   | D D M M Y Y Y   |  |
|   |  |  | Prefix if any   |  | ا ال ال ال ال   |   |   |  |
| Third Applicant   |  |  | Drafiv if   | (14 digit  | KYC No.)  |   | D D M M Y Y Y   |  |
|   |  |  | Prefix if any   |  |   |   |   |  |
| Guardian  |  |  | Prefix if any   | (14 digit  | KYC No.)  |   | D D M M Y Y Y   |  |
| *Ref. Instruction No. B-6   | **Mandatory in case the First / Sol  | le applicant is a Minor  | FIELD II dily   |  |   |   |   |  |
| _   | DRAWAL PLAN (SWP)  |  |   |  |   |   |   |  |
| SCHEME  |  |  | PLAN  |  |   | OPTION  |   |  |
| Withdrawal Option [Plea   | ase tick(√)] ☐ FIXED   | Amount (₹) (in figu  | ures)   |  | or AP   | PRECIATION WITHDRA  | AWAL.   |  |
| Withdrawal Frequency P  |  | □ WEEKLY   |   |  |   | QUARTERLY   | ☐ HALF YEARLY ☐ YEARLY  |  |
|   |  | on any day between Monday to   | Friday) (Default day is Wedr  |  |   | •   | n available for Appreciation Withdrawal)  |  |
|   | 1st   7th   10th  <br>of Fast Forward SWP. Applicable only   | _  | 21st   28th   V   | Vithdrawal Period From   | D D M M Y   | Y Y Y Y   | To D D M M Y Y Y  / cheque copy to opt for electronic payout.)  |  |
|   | ISFER PLAN (STP) (Refer to   |  |   |  | (i tease att  | acii cancettea cheque   | 7 chieque copy to opt for electronic payout.  |  |
| FROM SCHEME (SOURC  |  |  | PLAN  |  |   | OPTION  |   |  |
| TO SCHEME (TARGET)  | ,  |  | PLAN  |  |   | OPTION  |   |  |
|   | Daily STP, Daily Dividend option not   | t available and for Value STI  |   |  |   | - C. Hon  |   |  |
| □ STP   |  |  |   | ☐ Value STP  |   |   | Capital Appreciation Transfer Plan  |  |
| Frequency[Please tick(/)]  DAILY WEEKLY   |  |  | □ монтні  | Frequency [Please tick(~/)]  MONTHLY Quarterly   |   |   | Frequency [Please tick(~)]  MONTHLY Quarterly   |  |
| (Please mention any day between Monday to Friday, default day is Wednesday)   |  |  |   | Amount per transfer:   |   |   | rom n n M M V V V V   |  |
|   |  |  | Transfer Perio  | Transfer Period From         D         D         M         M         Y         Y         Y         Y   |   |   | 0 D D M M Y Y Y Y   |  |
| Transfer Period From D D M M Y Y Y Y  |  |  | No of Transfe   | No of Transfers OR   |   |   | OR OR   |  |
| No of Transfers   | No of Transfers OR Till Further Instruction  |  |   | ☐ Till Further Instruction   |   |   | ☐ Till Further Instruction  |  |
| Dates [Please tick(✓)]  | 1st  7th  10th   | 14th 20th  | 21st 28th (Please   | e select 4 dates in case of Fast For   | ward STP. Applicable only for M   | onthly STP)   |   |  |
| DECLARATION AND   | ) SIGNATURES   |  |   |  |   |   |   |  |
| Aditya Birla Sun Life Mutual<br>I/we have not received and<br>I/We hereby declare that the<br>Directions of the provisions<br>For NRIs/Fils only: I/We<br>Account/FCNR account/NR | I Fund as indicated above and agr<br>will not receive any commission or<br>le amount invested in the scheme<br>of Income Tax Act, 1961, Prevent<br>confirm that I am/we are Non R<br>RO/NRSR Account.<br>ad to me/us all the commissions ( | ree to abide by the terms, or brokerage or any other inects is through legitimate so ion of Money Laundering A esidents of Indian Nation | conditions, rules and regu-<br>centive in any form, direct<br>cources only and does no<br>Act, 2002, Prevention of 0<br>ality/origin and that I/W | ulations of the scheme (s). I/'<br>tly or indirectly, for subscribin,<br>t involve and is not designed<br>Corruption Act, 1988 or any o<br>Ve have remitted funds from | We hereby declare that the<br>g to units issued under any<br>for the purpose of any coi<br>ther applicable laws enact<br>a abroad through approve | e particulars given<br>of the scheme(s).<br>ntravention or evas<br>ed by the Governm<br>d banking channel | irla Sun Life Mutual Fund for units of scheme(s) on<br>herein are correct and complete. I/We confirm the<br>sion of any Act, Rules, Regulations, Notifications on<br>ent of India from time to time.<br>Is or from funds in my/our Non-resident Externands from amongst which the Scheme is |  |
| gnature(s)  | ′ Unit Holder / First Ap   | pplicant   | Second Unit   | : Holder / Second A  | Applicant   | Second  | Unit Holde / Third Applicant  |  |