## SYSTEMATIC INVESTMENT APPLICATION FORM SIP (WITH MICRO SIP) / CENTURY SIP



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Applicant PAN* Nazarary   Confedent Confedent PAN* Nazarary   December 16"   December 17"   Dece	NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.											
Soon Applicant    O D D M M V V V V   V	IAME OF THE THIRD APPLICANT	Mr. Ms. M/s.											
Scorol Applicant    O D D M M V V V V V	Applicant	PAN* (Mandatory)		KYC Complied			Date of b	irth**		Document Type (Photo Id/ Address P	e" Proof)	(Mandatory for Micro SIP, n	ocument No." not for additional Micro SIP in sa
Third Applicant  Guardian/POA Holde  File Manufactor Nr. Ce2 * For More SP Only ** Mandatory in case the First-Sec Applicant is Mirror  Mark for THE GUARDA(In case of Indian Manufactor) (COVITACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)  Mr. Ms. Ms.  RetEATIONSHIP OF GUARDIAN (Inderes instruction No. E.24)  INVESTMENT DETAILS # MSR-REPHISRING/DISSIDS 6-1-REMAYER/MURDICHE/BRE-SPENES NOT/OR-SPENES PRAPHLATION (PAN)  Birls Sun Life Troutline Equity Fund  PLAN  OPTION  Birls Sun Life SP Fund  PLAN  OPTION  Any Other Scheme 85.  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1	Sole / First Applicant				D	D M	M	YYY	/ Y	,			
Third Applicant  Guardian/POA Holde  File Manufactor Nr. Ce2 * For More SP Only ** Mandatory in case the First-Sec Applicant is Mirror  Mark for THE GUARDA(In case of Indian Manufactor) (COVITACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)  Mr. Ms. Ms.  RetEATIONSHIP OF GUARDIAN (Inderes instruction No. E.24)  INVESTMENT DETAILS # MSR-REPHISRING/DISSIDS 6-1-REMAYER/MURDICHE/BRE-SPENES NOT/OR-SPENES PRAPHLATION (PAN)  Birls Sun Life Troutline Equity Fund  PLAN  OPTION  Birls Sun Life SP Fund  PLAN  OPTION  Any Other Scheme 85.  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1  SCHEME  PLAN  OPTION  MR. MS.  SWEET TO Return 0-4  SCHEME 1	Second Applicant				D	D M	M	/ V V	, v				
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ME MS. M/S.  RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)    Birls Sun Life Frontline Equity Fund		-	-				·						
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Birla Sun Life Dividend Yield Plus    PLAN	INVESTMENT DETAILS (PLEASE	REFER INSTRUCTIONS	D & F-1 FOR INFORMA	TION ON ELIGI	BLE SCHE	MES. ONLY C	ONE SCHE	ME PER APPLI	CATION FOR	RM)			
Birls Sun Life 95 Fund    PLAN   OPTION	Birla Sun Life Frontline Equity	Fund						PLAN			- (	OPTION	
Any Other Scheme BSL  SCHEME  PLAN  OPTION  SCHEME  PLAN  OPTION  PLANOPTION	Birla Sun Life Dividend Yield P	lus						PLAN			(	OPTION	
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(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 (*)	Any Other Scheme BSL							PLAN			(	OPTION	
Each Installment Amount (₹)  \$20,000/	SWEEP TO Refer G-4			SCHEME				1			-	PLAN/OPTIO	N
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 1711 you instruct Birla Sun Life Mutual Fund to discontinue your SIP	Investment Dates 1st 7th	10th	14th	20th		21st	28	_		·	<b>,</b>		
flex/bility to discontinue your SIP at ANYTIME. Call us at 1000-270-7000/1800-22-7000 or email us at connect@birdsaunifle.com to know how.  Till you instruct Birds Sun Life Mutual Fund to discontinue your SIP			,	estments/	unoug	h NECS/	Direct [	Debit facili	<b>ity)</b> (Refe	r Instruction E-25)			
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Name of First Account Holder  First Account Holder  Second Account Holder  Second Account Holder  Signature verified & Debit mandate received Yes No Authorisation of Branch Manager & Date	At Birla Sun Life Mutual Fund, we pr flexibility to discontinue your SIP at ANY 1800-270-7000/1800-22-7000 or connect@birlasunlife.com to know how.  First Installment through Cheque / DI  Drawn on Bank  Branch  BANK DETAILS (PLEASE FILL ONLY I  NECS / DIRECT DEBIT BANK  Bank Account No.  Branch	ovide YOU the TIME. Call us at email us at  D. (MANDATORY FOR C	Till you instruct CSIP Tenure (Ins	Birla Sun I urance cove que / DD N	Life Multiples would lo.	of ₹ 500/- tual Fund be as per  ABLE TO BE  HO WISH TO  Bai	to disconnection to dis	Silpontinue you Iment): 55 City City D. IN CASE 0	ELECT Y ur SIP years - Y	STEP-UP SIP Frequi OUR SIP PERIOD  ☐ OR ☐ Our Current Age ☐ 1st Che ☐ Amount (₹)  ARTY PAYMENTS REFER	Reference Enter SIP yee eque Dates (in figures)	r Instruction E-11 & End Date	F-5  M M Y Y N  ars Frequency: Month
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Signature verified & Debit mandate received Yes No Authorisation of Branch Manager & Date	At Birla Sun Life Mutual Fund, we pr flexibility to discontinue your SIP at ANY 1800-270-7000/1800-22-7000 or connect@birlasunlife.com to know how.  First Installment through Cheque / DI  Drawn on Bank  Branch  BANK DETAILS (PLEASE FILL ONLY)  NECS / DIRECT DEBIT BANK  Bank Account No.  Branch  MICR Code	ovide YOU the TIME. Call us at email us at  D. (MANDATORY FOR COMPANDED IN CASE)  EITHER A OR B. IN CASE  ACCOUNT DE	Till you instruct CSIP Tenure (Ins SSIP) 1st Che TAILS (TO BE FILL Account Ty	Birla Sun I  Birla	Life Murer would lo.	of ₹ 500/- tual Fund be as per  ABLE TO BE  HO WISH TO  Bai	to discrete to dis	SI Sintinue you Iment): 55 City D. IN CASE O	ELECT Y  Ur SIP  years - Y  F THIRD P  COTHER  Others	STEP-UP SIP Frequence OUR SIP PERIOD OR OUR Current Age 1st Che Amount (₹)  ARTY PAYMENTS REFER CT DEBIT)	Reference Enter SIP ye eque Dated (in figures)	r Instruction E-11 & End Date D D ars = yea d D D / M DN NO. (G, 7(ii)) PIN	F-5  M M Y Y N  ars Frequency: Month
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Date :

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

Birla Sun Life Mutual Fund

Received from Mr. / Ms. \_

B. POST DATED CHEQUE DETAILS (TO BE	E FILLED BY INVESTOR:	S WHO WISH TO INVEST THROUGH POST	DATED CHEQUES. PLEASE ATTACH THE CH	EQUES WITH THIS FO	RM)		
Cheque Dates From D D M M Y					To	0	
Account Type [Please tick (✓)] ☐ SAVING			(please specify)				
Drawn on Bank	0		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Bank A/C No				
Branch			Dalik A/C NO				
4. FOR CENTURY SIP (Please read detailed 7	Terms & Conditions	- ,					
		Manda	·				
DECLARATION OF GOOD HEALTH (All the fie			**				
Have you ever been treated for symptoms of hi cancer or tumor, asthma or respiratory disease, r						Yes No	
2. Have you within the last 2 years taken any form of	medication for mo	ore than 14 consecutive days to tro	eat an illness or disease?			☐ Yes ☐ No	
3. Have you within the last 2 years consulted any mo	<u> </u>		·			☐ Yes ☐ No	
I understand and agree that the answers to the questio institution or any other person, to disclose to Birla Sun answer any question in this Declaration truthfully will r	Life Insurance Cor ender the insuranc	mpany Limited any information re	mplete to the best of my knowledge lating to my health or employment no	and belief. I autho ow or at any time i	rize any medical prac n the future. I understa	ctitioner, hospital, employer, and and agree that failure to	
Date of Birth D D M M Y Y Y	Signature of the Life Assured		Date				
GENDER	Sign of th Ass		Place				
NOMINATION DETAILS (Refer Instruction No. F-14)							
I/We do hereby nominate the undermentioned Nomine Nominee (upon such documentation) shall be a valid o			o. in the event of my / our death. I / W	e also understand	that all payments and	d settlements made to such	
Nominee Name :	JISCHALYE DY LITE AL			Date Of Birth	I (in case of minor):	//	
Relationship : Guard	lian / Parent Name	(in case of minor):		_			
Address :				_	Signature of Nominee or P	Parent / Guardian	
Witness Name:		Address :		_			
					Signature of the V	Witness	
5. DECLARATION(S) & SIGNATURE(S)							
for reasons of incomplete or incorrect information, I/We w I/We will also inform, about any changes in my bank according and conditions mentioned overleaf.  The ARN holder has disclosed to me/us all the commission is being recommended to me/us.  For Century SIP: I/We hereby optfor Birla Sun Life Century  For Micro SIP only: I hereby declare that I do not have an exceeding ₹ 50,000 in a year.  I/we am/are aware and understand that if, at the time of CDSL Ventures Limited would have to be submitted by its processing the committed of the committed would have to be submitted.	unt immediately. I/W ns (in the form of tra y SIP and agree and y existing Micro SIP availing the Micro S	e undertake to keep sufficient funds iil commission or any other mode), p confirm to have read, understood an 's which together with the current ap SIP, I / we hold a valid Permanent Ac	in the funding account on the date of ex payable to him for the different competing d accepted the Terms and Conditions of pplication in rolling 12 month period or count Number (PAN) issued by the Inc	ng Schemes of vari f Century SIP and li in financial year i.e ome Tax Departme	ious Mutual Funds from nsurance Cover. e. April to March will res ent of India, a KYC ackn	amongst which the Scheme sult in aggregate investments	
Instruction no: E-23)	no / us to wii / Aiwo.		nd Unit Holder		Name of Third Unit Holder		
Signature of First Applicant		Second	Applicant		Third Applicant		
ω		(To be signed by All Applicants it	f mode of operation is Joint)				
		CHECK	LIST				
		JJ					
Particulars	Re	egular SIP	Century SIP (with Life Ins	surance)	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	i	Mandatory Requirement		Recommended		
Different amount for first cheque and subsequent installment	equent Allowed		Not allowed		Allowed		
Common Application Form	for new Investors	Mandatory Requirement for All	Investors	Required only for new Investors			
Investment tenure	Investor's choi	ce / Default	Tenure = 55years (Less) Curre	ent age	Investor's choice / Default		
PAN and KYC	Mandatory Rec	quirement	Mandatory Requirement		If having a PAN, K	CYC is mandatory	
Dates	Max upto 4 dat	tes 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.)		Tax Relief '96 and Birla Sun life 100 / each, Other eligible 2000/ each.	₹ 1000 per month for all eligibl	e 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 a	vailing Century SIF						
ACKNOWLEDGEMENT SLIP (To be filled in by the Inv	restor) SYSTEN	NATIC INVESTMENT TH	ROUGH NECS / DIRECT	DEBIT / PD	C FACILITY AP		
Scheme Name	amePlan				Request for Renewal of SIP		
Sweep To:- Scheme Name  Amount (₹)		Plan	Option			Registration of SIP/CSIP Change in Bank Details Additional Micro SIP in	
						same folio	