



Common Application Form For Resident Indians and NRIs/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.)

Do you still want to fill this form? While you can save paper by doing quick digital transaction

ABSL MF Partner App



ABSL MF Partner Portal



ABSL MF Investor App



ABSL MF Website



| | | | | |
|---------------------------------|--------------------------------|-----------------|-------------------------------|-----------------|
| Distributor Name & ARN/ RIA No. | Sub Broker Name & ARN/ RIA No. | Sub Broker Code | Employee Unique ID. No. (EUN) | Application No. |
| | | | E | |
| Distributor Mobile No. | Distributor Email Id | | | |

Applicable only for Regular Schemes. Please note the Distributor Mobile & Email Id will not be updated in the Broker Master and will be restricted to this transaction only.

EUN is mandatory for "Advisory Transactions". Ref. Instruction No. 9

I/we hereby confirm that the EUN 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 |
|----------------------------------------|------------------|-----------------|

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. | GSTIN |
|--------------------|-------|

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 Card)#

PAN / PEKRN (Mandatory)

CKYC Number

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

PAN / PEKRN (Mandatory)

CKYC Number

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

PAN / PEKRN (Mandatory)

CKYC Number

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

Mr. Ms. M/s.

PAN / PEKRN (Mandatory)

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

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 ☐ FPIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body

☐ Trust ☐ NRI - NRE ☐ Bank and FI ☐ Sole Proprietor ☐ Partnership Firm ☐ Provident Fund ☐ Others (Please Specify)

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Received from Mr. / Ms. Date :

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

Common Application Form

Collection Centre /
ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)

Regn. No.: 109, Regd Office: One World Center, Tower 1, 17th Floor, Jupiter Mills,
Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: L65991MH1994PLC080811

Contact Us:
1800-270-7000

adityabirlacapital.com



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

OVERSEAS ADDRESS (Mandatory for NRI/FPI Applicant.)

2. GO GREEN [Please tick (✓)] (Refer Instruction No. 10)

Mobile No. provided pertains to ☐ Self ☐ Family Member (Note: If Mobile No. pertains to Family Member please select any one) ☐ Spouse ☐ Dependent Parents ☐ Dependent Children

Email ID provided pertains to ☐ Self ☐ Family Member (Note: If email pertains to Family Member please select any one) ☐ Spouse ☐ Dependent Parents ☐ Dependent Children

| Facebook Id | Twitter Id |
|-------------|------------|
| | |

[illegible][illegible][illegible]

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| 11 Digit IFSC Code | | | | | | | | | | | | 9 Digit MICR Code | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|

| S. No. | Scheme Name* | Plan/Option | Amount Invested (₹) |
|--------|--------------|-------------|---------------------|
|--------|--------------|-------------|---------------------|

| S. No. | Scheme Name | Plan/Option | Amount Invested (₹) |
|--------|-------------|-------------|---------------------|
| | | | |

| | | | |
|----|------|--|--|
| 1. | ABSL | | |
|----|------|--|--|

[illegible]

| | | | |
|----|------|--|--|
| 2. | ABSL | | |
|----|------|--|--|

| | |
|----|------|
| 3. | ABSL |
|----|------|

[illegible]

| | | | |
|----|------|--|--|
| 4. | ABSL | | |
|----|------|--|--|

| | | | |
|----|------|--|--|
| 5. | ABSL | | |
|----|------|--|--|

| | | | |
|--|--|--|--|
| | | | |
| | | | |

| | | | |
|----|------|--|--|
| 6. | ABSL | | |
|----|------|--|--|

| | | | |
|---|------|--|--|
| 7 | ABSI | | |
|---|------|--|--|

| | | | |
|----|------|--|--|
| 7. | ADSL | | |
| | | | |

| | | | |
|----|------|--|--|
| 8. | ABSL | | |
|----|------|--|--|

| | | | |
|---|------|--|--|
| 0 | ABCI | | |
|---|------|--|--|

| | | | |
|----|------|--|--|
| 9. | ABSL | | |
| | | | |

| | | | |
|-----|------|--|--|
| 10. | ABSL | | |
|-----|------|--|--|

| | | | |
|----|------|--|--|
| | | | |
| 11 | 1991 | | |

| | | | |
|-----|------|--|--|
| 11. | ABSL | | |
|-----|------|--|--|

| | | | |
|-----|------|--|--|
| 12. | ABSL | | |
|-----|------|--|--|

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

| 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 | | | | |

PAYMENT DETAILS

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|------------|--|--------|
| | Cheque Date | | Cheque No. | | Amount |
| In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only | | | | | |
| Drawn on Bank and Branch | | | | | |
| <input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration) (In case of minor, mandate should be registered in the same of minor or in the name of Joint account of Minor with the guardian only) | | | | | |
| Bank Name | | | A/c No. | | |

Cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund".

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 <table><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> [Not older than 1 year] | | | | | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | |
| 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 _____ | | | | | | | | |

| | | | | | |
|----------------------|---------------------------------|--------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| For Individuals | | | | For Non-Individual Investors (Companies, Trust, Partnership etc.) | |
| | I am Politically Exposed Person | I am Related to Politically Exposed Person | Not Applicable | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration) | |
| Sole/First Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Second Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Third Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No | |

5. DEMAT ACCOUNT DETAILS (OPTIONAL)

(If Demat details are provided, units will be compulsorily given in Demat form only) (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.: <table><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | I | N | | | | | | | Beneficiary A/c No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | |
| I | N | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDSL: Depository Participant Name: _____ | Beneficiary A/c No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

Enclosed: ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory)

(Refer Instruction No. 7)

Nomination Details

Mandatory section for Individuals (Single or Joint)

☐ I/We wish to nominate ☐ I/We do not wish to nominate\$\$

| | | | | | | | | | | |
|--------------|-----|----------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------|---|---|---|---|--|
| Nominee Name | PAN | Relationship with Investor | Date of Birth | Guardian Name and Relationship (In case of Minor) | Allocation % | | | | | |
| Nominee 1 | | | <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | |
| D | D | M | M | Y | Y | | | | | |
| Nominee 2 | | | <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | |
| D | D | M | M | Y | Y | | | | | |
| Nominee 3 | | | <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | |
| D | D | M | M | Y | Y | | | | | |

⁵⁵I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by court or other such competent authority, based on the value of assets held in my/our folio.

| | | |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| Signature of the 1 st unitholder | Signature of the 2 nd unitholder | Signature of the 3 rd unitholder |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|



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

To,
The Trustee,
Aditya Birla Sun Life Trustee Private Limited.

Date

D

D

M

M

Y

Y

Y

Y

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 Limited 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 Limited (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.adityabirlasunlifemf.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."
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

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 :-
1. 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.
2. 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



SIP Facility Application Form

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

| Distributor Name & ARN/ RIA No. | Sub Broker Name & ARN/ RIA No. | Sub Broker Code | Employee Unique ID. No. (EUIN) |
|---------------------------------|--------------------------------|-----------------|--------------------------------|
| | | | |

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. C-3

I/we hereby confirm that the EUIN box has been intentionally left blank my 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 |
|----------------------------------------|------------------|-----------------|

Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-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.

[illegible]

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

2. INVESTMENT DETAILS (Refer Instruction B)

(*MANDATORY)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------------------------------------------|--------------------------------|------------|--|----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|-----------------------------------|--|---------------------------------|--|---------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SCHEME NAME | ABSL | | | | | | | | | | PLAN | | | | | | | | | | OPTION | | | | | | | | | | | | | | | | | | | | | |
| SIP Frequency | <input type="checkbox"/> Monthly | | SIP Date | | <input type="text" value="D"/> | <input type="text" value="D"/> | (any date between 1-28) | | | | | | | | | | OR | | <input type="checkbox"/> Weekly | | (Please mention any day between Monday to Friday) | | | | | | | | | | | | | | | | | | | | | |
| Tenure | From: | | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | To: | | <input type="checkbox"/> 5 years | | <input type="checkbox"/> 10 years | | <input type="checkbox"/> 15 years | | <input type="checkbox"/> 30 years | | <input type="checkbox"/> Others | | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | | | | | | | | | | | | | | | | |
| SIP Installment Amount | | | | | | | Step Up (OPTIONAL - and available only for SIP 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: _____ | | | | | | | | | | | | | |
| First Installment | Cheque Date | | | | | | | | Cheque No. | | | | | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (In case of Minor, payment should be from the Minor account or from a joint account of Minor with guardian only.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drawn on Bank and Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration. In case of minor, mandate should be registered in the name of the minor or in the name of the joint account of minor with the guardian only.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | A/c No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. 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 SIP 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 we expressly warrant and agree to make payments referred above through participation in NACH/ Auto Debit Clearing. The transaction is delayed only if the transaction is not effected due to incomplete or incorrect information. I/We will not hold ABSLAMC/MF or their respective service providers representative responsible. I/We will also inform about any change in 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."

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. (refer Instruction no: B-16).

| | | | |
|--------------|---------------------------|----------------------------|---------------------------|
| 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)

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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------|--|--|--|--|---|--|--|--|--|
| (tick✓) | | UMRN | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL | | Sponsor Bank Code | | | | | | | | | | | | | | | Utility Code | | | | | | | | | | | | | | |
| | | Office use only | | | | | | | | | | | | | | | Office use only | | | | | | | | | | | | | | |
| I/We hereby authorize: | | ADITYA BIRLA SUN LIFE MUTUAL FUND | | | | | | | | | | | | | | | to debit (tick✓) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| Bank A/c No.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| With Bank: | | Bank Name & Branch | | | | | | | | | | | | | | | IFSC | | | | | OR MICR | | | | | | | | | |
| an amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | |
| FREQUENCY | | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented | | | | | | | | | | | | | | | DEBIT TYPE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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

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.

INTENTIONALLY LEFT BLANK

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Aditya Birla Sun Life Mutual Fund.
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.
- Mandate can be issued for a maximum duration of 30 years from the date of issuance.
- In the event of SIP end date being equal to the End date of OTM mandate where the last trigger date is a non-business day, the last SIP installment shall be processed will be a month Prior.

Multi Scheme SIP Facility Application Form

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

Single investment cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund". For investment in single scheme, cheque should be drawn favoring scheme name.

| Distributor Name & ARN/ RIA No. | Sub Broker Name & ARN/ RIA No. | Sub Broker Code | Employee Unique ID. No. (EUIIN) |
|---------------------------------|--------------------------------|-----------------|---------------------------------|
| | | | E |

EUIIN is mandatory for "Advisory" transactions. Ref. Instruction No. C-3
I/we hereby confirm that the EUIIN box has been intentionally left blank my 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 |
|----------------------------------------|------------------|-----------------|

Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-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 |
|-----------------------------|--|-----------------|--|------|---|---|---|---|---|---|---|---|

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

| | | | | |
|--------------------------------|-----|-----|-----|--|
| NAME OF FIRST / SOLE APPLICANT | Mr. | Ms. | M/s | |
|--------------------------------|-----|-----|-----|--|

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C) (*MANDATORY)

| | | | |
|------------------------|---------|---------|---------|
| Scheme Name | 1. ABSL | 2. ABSL | 3. ABSL |
| PLAN | | | |
| OPTION | | | |
| SIP Installment Amount | | | |

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

| | | | |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Step Up Amount | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <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 | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Step Up Max Amount | | | |

| | |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIP Frequency | <input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday) |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tenure | From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|------|--|--|--|
| Goal | | | |
|------|--|--|--|

| | | | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal Target Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-------------|--|--|--|
| Goal Amount | | | |
|-------------|--|--|--|

| | | | |
|------------------------|---------|---------|---------|
| Scheme Name | 4. ABSL | 5. ABSL | 6. ABSL |
| PLAN | | | |
| OPTION | | | |
| SIP Installment Amount | | | |

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

| | | | |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Step Up Amount | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <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 | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Step Up Max Amount | | | |

| | |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIP Frequency | <input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday) |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tenure | From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|------|--|--|--|
| Goal | | | |
|------|--|--|--|

| | | | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal Target Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-------------|--|--|--|
| Goal Amount | | | |
|-------------|--|--|--|

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C)

(*MANDATORY)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| Scheme Name | 7. ABSL | 8. ABSL | 9. ABSL | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIP Installment Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up (OPTIONAL - and available only for SIP Investments through NACH) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up Amount | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <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 | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up Max Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIP Frequency | <input type="checkbox"/> Monthly SIP Date <table><tr><td>D</td><td>D</td></tr></table> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday) | | | D | D | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenure | From: <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | M | M | Y | Y | Y | Y | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| Goal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goal Target Date | <table><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 | <table><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 | <table><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 | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| Goal Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheme Name | 10. ABSL | 11. ABSL | 12. ABSL | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIP Installment Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up (OPTIONAL - and available only for SIP Investments through NACH) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up Amount | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ | <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 | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Up Max Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIP Frequency | <input type="checkbox"/> Monthly SIP Date <table><tr><td>D</td><td>D</td></tr></table> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday) | | | D | D | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenure | From: <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | M | M | Y | Y | Y | Y | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| Goal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goal Target Date | <table><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 | <table><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 | <table><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 | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| Goal Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. PAYMENT DETAILS

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|------------|--|---------|--|
| First Installment | Cheque Date | | Cheque No. | | Amount | |
| | In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only | | | | | |
| Drawn on Bank and Branch | | | | | | |
| <input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration) (In case of minor, mandate should be registered in the name of minor or in the name of joint account of Minor with the guardian only) | | | | | | |
| Bank Name | | | | | A/c No. | |

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 SIP 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."

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. (refer Instruction no: B-15).

| | | | |
|--------------|---------------------------|----------------------------|---------------------------|
| 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 | Micro SIP (Upto ₹ 50,000 Investment in a year) |
| First Purchase through cheque | Recommended | Recommended |
| Different amount for first cheque and subsequent installment | Allowed | Allowed |
| Minimum Amount Criteria (For list of eligible schemes please refer the SIP instructions.) | ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each. | ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each. |
| Application with Minor as first applicant | Allowed | Allowed |

A. SCHEMES AVAILABLE UNDER SIP

Aditya Birla Sun Life Equity Advantage Fund / Aditya Birla Sun Life Dividend Yield Fund / Aditya Birla Sun Life MNC Fund / Aditya Birla Sun Life Midcap Fund / Aditya Birla Sun Life India GenNext Fund / Aditya Birla Sun Life Flexi Cap Fund / Aditya Birla Sun Life Digital India Fund / Aditya Birla Sun Life Frontline Equity Fund / Aditya Birla Sun Life Tax Relief '96 / Aditya Birla Sun Life Commodity Equities Fund - Global Agri Plan / Aditya Birla Sun Life Equity Hybrid 95 Fund / Aditya Birla Sun Life Focussed Equity Fund / Aditya Birla Sun Life Infrastructure Fund / Aditya Birla Sun Life Small Cap Fund / Aditya Birla Sun Life International Equity Fund / Aditya Birla Sun Life Index Fund / Aditya Birla Sun Life Pure Value Fund / Aditya Birla Sun Life Savings Fund / Aditya Birla Sun Life Short Term Fund / Aditya Birla Sun Life Dynamic Bond Fund / Aditya Birla Sun Life Floating Rate Fund - Long Term Plan / Aditya Birla Sun Life Government Securities Fund / Aditya Birla Sun Life Income Fund / Aditya Birla Sun Life Low Duration Fund / Aditya Birla Sun Life Banking & PSU Debt Fund / Aditya Birla Sun Life Corporate Bond Fund / Aditya Birla Sun Life Arbitrage Fund / Aditya Birla Sun Life Gold Fund / Aditya Birla Sun Life Banking and Financial Services Fund / Aditya Birla Sun Life Manufacturing Equity Fund / Aditya Birla Sun Life Equity Savings Fund / Aditya Birla Sun Life Credit Risk Fund / Aditya Birla Sun Life Regular Savings Fund / Aditya Birla Sun Life Medium Term Plan / Aditya Birla Sun Life Money Manager Fund / Aditya Birla Sun Life Financial Planning FOF - Aggressive Plan / Aditya Birla Sun Life Financial Planning FOF - Moderate Plan / Aditya Birla Sun Life Financial Planning FOF - Conservative Plan / Aditya Birla Sun Life Special Opportunities Fund / Aditya Birla Sun Life ESG Fund / Aditya Birla Sun Life Nifty Midcap 150 Index Fund / Aditya Birla Sun Life Nifty Smallcap 50 Index Fund

B. GENERAL INSTRUCTIONS FOR SIP

- General Instructions**
- New investors who wish to enroll for SIP should fill this form in addition to the Common Application Form. Please quote the application number of the Common Application Form on this SIP Form. Details of the SIP should be provided on this form. Both Forms should be submitted together.
 - Existing investors needs to fill up only this form and first purchase cheque with existing folio details. The AMC reserves the right to assign any of the existing Folio Number of the investor against multiple applications and / or subsequent purchases under this new application form lodged, with identical mode of holding and address and such other criterions and integrity checks as may be determined by the AMC from time to time.
Note: Investors can also start a SIP without any initial Investment. New investors need to submit this application form along with Common Application Form, whereas existing investors can start SIP without initial investment by submitting this form along with existing folio details.
 - The name of the bank provided for OTM/ NACH/ Auto Debit should participate in local MICR clearing.
 - The investor hereby agrees to abide by the terms and conditions of OTM/ NACH/ Auto Debit facility of Reserve Bank of India (RBI).
 - SIP form should be submitted 30 days before the first Debit through NACH/ Auto Debit. In case the auto debit start date as mentioned in the form does not satisfy this condition, the first date shall be rolled over to begin from the immediately following month.
 - Investor should provide 9 digit MICR code and complete bank address for SIP auto debit transactions. MICR starting with 000 and end with 000 will not be acceptable.
- Default Details**
- Default Dates:**
Monthly SIP: In case of any ambiguity in selection of investment dates, the SIP date will be 7 of each month.
Weekly SIP: In case of any ambiguity in selection of investment day, the SIP day will be as 'Wednesday'.
 - Default Frequency:**
If investor fails to mention frequency the same shall be considered as 'Monthly' as default option.
 - For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 30 years.

(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.

(tick3)

☒ CREATE

☒ MODIFY

☒ CANCEL

UMRN

Date

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

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 SIP FACILITY APPLICATION FORM

Application No.

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

Collection Centre / ABSLAMC Stamp & Signature

B. GENERAL INSTRUCTIONS FOR SIP (Contd...)

10. Minimum Amount

For Monthly and Weekly SIP:

- (i) Monthly Systematic Investment Plan - Minimum 6 installments (including the first installment) of Rs. 500/- each and above per month
- (ii) Weekly Systematic Investment Plan - Minimum 6 installments (including the first installment) of Rs. 500/- each and above

11a. The first investment cheque amount shall be considered as the first installment

11b. The initial/ first SIP investment amount can be different from the subsequent SIP amount provided the initial/ first SIP investment amount also confirms to the minimum SIP amount criteria of the respective scheme.

12. Cheques should be drawn payable at locations of Aditya Birla Sun Life AMC Limited branches & authorised centres. Non MICR / outstation post dated cheques will not be accepted for SIP.

13. Allotment of Units

Monthly/Weekly - NAV will be as per Credit received date

14. Discontinue / Cancellation of SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 calendar days in advance of the immediate next due date to any of the offices of Aditya Birla Sun Life Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated.

15. MICRO SIP :-

1. As per AMFI notification and Guidelines issued on July 14, 2009, SIPs or lumpsum by eligible investors where aggregate (under all schemes of Mutual Fund) in a rolling 12 month period or in a financial year i.e. April to March does not exceed ₹ 50,000 (known as "Micro SIP") shall be exempted from the requirement of PAN.

2. This exemption of PAN requirement is only available to individuals (including Joint Holders, NRIs but not PIOs), Minors and Sole proprietary firms who do not possess PAN*. HUFs and other categories will not be eligible for this exemption.

** In case of joint holders, first holder must not possess a PAN.*

3. Please note that for availing Micro SIP, investor have to submit KYC/ KRA acknowledgement/ confirmation quoting PAN Exempt KYC Reference No. (PEKRN) obtained from KYC Registration Agency (KRA) along with the application form for such investments. Eligible investors must hold only one PEKRN.

4. Please note that investors holding a valid permanent Account Number (PAN) issued by Income tax Department are mandatorily required to be KYC compliant and submit the KYC/KRA acknowledgement/confirmation.

5. Additional Micro SIP in same folio: For Subsequent Micro SIP applications, investor can quote the existing folio number where a Micro SIP has been registered and need not resubmit the supporting document.

6. In case of any deficiencies in the supporting documents or in case of the aggregate of SIP investments exceeding Micro SIP threshold, the Mutual Fund reserves the right to reject the applications.

7. In case the first Micro SIP installment is processed, and the application is found to be defective, the Micro SIP registration will be ceased for future installments. No refund shall be made for the units already allotted and the investors may redeem their investments.

16. **"On behalf of Minor" Accounts:** Name of Guardian must be mentioned if investments are being made on behalf of a minor. Date of birth is mandatory in case of minor. The minor shall be the first and the sole holder in the account (folio). No joint holder will be allowed in an account (folio) where minor is the

first or sole holder. Guardian in the account (folio) on behalf of the minor should either be a natural guardian (i.e. father or mother) or a court appointed legal guardian and the same must be mentioned in the space provided in application form. Copy of document evidencing the date of birth of the minor and relationship of the guardian with the minor (whether natural or legal guardian) should mandatorily be provided while opening of the account (folio). Also, nomination shall not be allowed in a folio/account held on behalf of a minor.

17. STEP-UP SIP

1. Frequency for Step-Up SIP:

- a. **Half Yearly Step-Up SIP:** Under this option, the amount of investment through SIP installment shall be increased by amount chosen/designated by Investor post every 6th (sixth) SIP installment.

- b. **Yearly Step-Up SIP:** Under this option, the amount of investment through SIP installment shall be increased by amount chosen/ designated by Investor post every 12th (twelfth) SIP installment.

2. Minimum Step-Up SIP Amount: ₹ 500 and in multiples of ₹ 500 thereafter.

3. **Default Step-Up SIP Frequency and amount:** In case the investor fails to specify any frequency or amount for Step-Up SIP, the same shall be deemed as Yearly Step-Up SIP and ₹ 500 respectively and the application form shall be processed accordingly. In case the investor fails to specify both, i.e. the frequency for Step-Up SIP and amount for Step-Up SIP, the application form may be processed as conventional SIP, subject to it being complete in all other aspects.

4. SIP application form has "Max Cap Amt", Step up will be registered till each SIP amount reaches max cap amt. Further max cap amount would remain constant for continuing future instalments till its SIP End date.

- OTM max amt and Cap amt should be same, if it is different then which ever is less would be considered as Cap amt.

- If investor fails to mention the "Max Cap Amt" then step up would continue as per the frequency/step up amt mentioned on the application form considering the OTM max amt.

18. In case 3 (three) consecutive instalments are not honoured/ failed on account of reasons attributable to the investors like insufficient balance etc. Aditya Birla Sun Life AMC Limited shall discontinue SIP registrations.

19. Multi SIP Investment Details:

- a. Please mention the names of the Schemes where you plan to make your investment and your preferred options. If you do not indicate your preferred options, your application would be processed based on the terms & conditions set out in the Scheme Information Document.

- b. The SIP frequency for Multi Scheme SIP Investment is Monthly and Weekly.

- c. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.

- d. Third Party Payments for investments are not accepted except in the below cases :

- Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re-imbursements.
- Custodian on behalf of an FPI or Client made by Custodian.
- Payment by an AMC to its empanelled distributor on account of commission/ incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.

In the above cases, necessary declaration/banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

(Contd on Page 5)

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Aditya Birla Sun Life Mutual Fund.
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.
- Mandate can be issued for a maximum duration of 30 years from the date of issuance.
- In the event of SIP end date being equal to the End date of OTM mandate where the last trigger date is a non-business day, the last SIP installment shall be processed will be a month Prior.

Website : www.adityabirlasunlifemf.com | E-mail : care.mutualfunds@adityabirlacapital.com | Contact Centre : 1-800-270-7000

Acknowledgement Slip (To be filled in by the Investor)

MULTI SCHEME SIP FACILITY APPLICATION FORM

Scheme Name _____ Plan _____ Option _____ Amount (₹) _____

Scheme Name _____ Plan _____ Option _____ Amount (₹) _____

Scheme Name _____ Plan _____ Option _____ Amount (₹) _____



One Time Debit Mandate Form NACH / Auto Debit

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

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

| | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-----------------|---|---|---|---|---|---|---|---|--|--|
| Request for <input type="checkbox"/> Registration <input type="checkbox"/> Registration Cancellation | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y | | |
| Existing Investor Folio No. | | | | | | | | | | Application No. | | | | | | | | | | |

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Mobile No. | | | | | | | | | | Email Id. | | | | | | | | | | | | | | | | | | | |
| NAME OF FIRST / SOLE APPLICANT | | | | | | | | | | Mr. Ms. M/s. | | | | | | | | | | | | | | | | | | | |
| NAME OF THE GUARDIAN (In case of minor) | | | | | | | | | | Mr. Ms. M/s. | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP OF GUARDIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF THE SECOND APPLICANT | | | | | | | | | | Mr. Ms. M/s. | | | | | | | | | | | | | | | | | | | |
| NAME OF THE THIRD APPLICANT | | | | | | | | | | Mr. Ms. M/s. | | | | | | | | | | | | | | | | | | | |
| FIRST APPLICANT PAN* (Mandatory) | | | | | | | | | | SECOND APPLICANT PAN* (Mandatory) | | | | | | | | | | THIRD APPLICANT PAN* (Mandatory) | | | | | | | | | |
| <input type="checkbox"/> KYC Mandatory | | | | | | | | | | <input type="checkbox"/> KYC Mandatory | | | | | | | | | | <input type="checkbox"/> KYC Mandatory | | | | | | | | | |
| GUARDIAN/ POA HOLDER PAN* (Mandatory) | | | | | | | | | | <input type="checkbox"/> KYC Mandatory | | | | | | | | | | <input type="checkbox"/> I have attached cancelled copy of cheque | | | | | | | | | |

I/We understand that this Facility enables the Unit Holder/s or Aditya Birla Sun Life Mutual Fund ('Fund') to transact with in a simple, convenient and paperless manner by submitting OTM - One Time Mandate registration form to the Fund which authorizes my/our bank to debit my/our account up to a certain specified limit per day, as and when we wish to transact with the Fund, without the need of submitting cheque or fund transfer letter with every transaction thereafter. I/We understand that having registered for this Facility it enables starting a Systematic Investment Plan (SIP) or invest lump sum amounts in any Open Ended Scheme of the Fund by sending instructions through Transaction forms, Online facility, Short Messaging Service ('SMS') or any other mode as specified by AMC from time to time. I/We confirm that details provided by me/us are true and correct. I / We have read and understood the Scheme Information Document / Statement of Additional Information and Key Information Memorandum, Addendum issued from time to time of the Scheme(s) of Aditya Birla Sun Life Mutual Fund.

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

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.

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date | | <div style="display: flex; justify-content: space-between;"> DDMMYY DDMMYY </div> | |
| (tick✓) | | <div style="display: flex; justify-content: space-between;"> UMRN XXXXXXXXXXXXXXXXXXXX </div> | |
| <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> 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✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other | |
| Bank A/c No.: XXXXXXXXXXXXXXXXXXXX | | | |
| With Bank Name & Branch | | IFSC XXXXXXXXXX OR MICR XXXXXXXXXX | |
| an amount of Rupees XXXXXXXXXX | | ₹ XXXXXXXXXX | |
| FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented | | DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | |
| Reference 1 PAN No: XXXXXXXX | | Mobile XXXXXXXXXX | |
| Reference 2 Folio No/ Appln No: XXXXXXXX | | Email: XXXXXXXXXX | |

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 | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | | 1. Sign |
| to | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | | 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)

| | | | | | | | | | | | | | | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|-------------|--------------------------------------------------------------------------------|-----------------------------------------------|
| Application / Folio No. | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | | | | | | | | | | | | Request for | <input type="checkbox"/> Registration <input type="checkbox"/> Cancellation | Date : / / Received from Mr. / Ms. |
| | | | | | | | | | | | | | | | |