COMMON APPLICATION FORM

For Resident Indians and NRIs/FII:

Received from Mr. / Ms.

[Please tick (/)] ENCLOSED PAN Proof KYC Complied



(PLEASE READ THE INSTRUCTIONS REFORE FILLING UP THE FORM) Application No. ARN-58711 EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9 TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii)) In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.) **Existing Folio No.** 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii) NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. PAN (Mandatory) Date of Birth** NAME OF THE SECOND APPLICANT Mr. Ms. M/s. PAN (Mandatory) NAME OF THE THIRD APPLICANT PAN (Mandatory) Date of Birth** ** Mandatory in case the First / Sole Applicant is Minor NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors) Mr Ms M/s RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii)) ISD CODE TEL: OFF. TEL: RESI TAX STATUS [Please tick (🗸)] Resident Individual ■ NRI - NRO HUF Club / Society ☐ PIO Body Corporate Minor Government Body Partnership Firm QFI ☐ Trust ■ NRI - NRE Bank & FI Sole Proprietor Others _ **KYC DETAILS (Mandatory)** OCCUPATION [Please tick (🗸)] FIRST APPLICANT □ Private Sector Service □ Public Sector Service □ Government Service □ Business □ Professional □ Agriculturist □ Retired □ Housewife Student SECOND APPLICANT □ Private Sector Service □ Public Sector Service □ Government Service □ Business □ Professional □ Agriculturist □ Retired □ Housewife Student Forex Dealer Others (please specify) THIRD APPLICANT □ Private Sector Service □ Public Sector Service □ Government Service □ Business □ Professional □ Agriculturist □ Retired □ Housewife Student Forex Dealer Others (please specify) GROSS ANNUAL INCOME [Please tick (🗸)] \square Below 1 Lac \square 1-5 Lacs \square 5-10 Lacs \square 10-25 Lacs \square > 25 Lacs - 1 Crore \square > 1 Crore FIRST APPLICANT D M M Y Y Y Y [Not older than 1 year] Net worth (Mandatory for Non - Individuals Rs. as on \square Below 1 Lac \square 1-5 Lacs \square 5-10 Lacs \square 10-25 Lacs \square > 25 Lacs - 1 Crore \square > 1 Crore 0R Net Worth SECOND APPLICANT \square Below 1 Lac \square 1-5 Lacs \square 5-10 Lacs \square 10-25 Lacs \square > 25 Lacs - 1 Crore \square > 1 Crore OR Net Worth THIRD APPLICANT For Individuals For Non-Individual Investors (Companies, Trust, Partnership etc.) I am Politically Exposed Person Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes □ No I am Related to Politically Exposed Person (If No, please attach mandatory UBO Declaration) ■ Not Applicable Foreign Exchange / Money Charger Services Yes □ No Gaming / Gambling / Lottery / Casino Services Yes ■ No Money Lending / Pawning Yes □ No MODE OF HOLDING (Please tick (🗸)) (Please Refer Instruction No. 2(v)) Single Anyone or Survivor (Default option is Anyone or survivor) MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/Fils) PIN CODE CITY STATE ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **COMMON APPLICATION FORM** Application No. Birla Sun Life Asset Management Company Limited One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life Collection Centre / BSLAMC Stamp & Signature Mutual Fund Toll Free: 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

NECS Form Yes No

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



								Mutuai Fund
NVESTMENT TH	ROUGH	ECS/ NECS	/ RECS/ AL	JTO DEB	IT/ PDC (PLEA		S BEFORE FILLING UP THE FORM. PLI	EASE ENSURE COMPLETION OF SECTION 4 INCASE OF CENTURY
ARN-5	8711					Stamp & Sign Of	icial Acceptance Point	
IN is mandatory for "Execution Instruction No. G-3	n Only" transa	ctions					iolar 7000ptalloo 1 oliit	Date D D M M Y Y Y
Request for								
Registration of SIP/	CSIP	Ren	ewal of SIP		Change in Bank	Details	Additional Micro SIP in sa	ame folio
TRANSACTION CHARGES	FOR APPLIC	CATIONS ROUTED	THROUGH DISTE	RIBUTORS/AC	GENTS ONLY (Refer I	Instruction G (9))		
							irst time mutual fund investor) wi amount per SIP installment x No.	ll be deducted and paid to your distributor if opted to rec of installments) amounts to ₹ 10,000/- or more. Units wi
Existing Investor Folio No.					Application No.			(New Folio will be Generated for CSIP)
FIRST / SOLE APPLICA	NT INFORI	MATION (MANDATO	DRY)					
Mobile No.			En	nail Id				
AME OF FIRST / SOLE A	PPLICANT	Mr. Ms. M/s.						
AME OF THE SECOND A		Mr. Ms. M/s.						
AME OF THE THIRD APF		Mr. Ms. M/s.						
Applicant	LIONITI	PAN* (Mandator)	u)	. KYC	l na	te of birth**	Document Type*	Document No."
		TAN (Wandator	9)	Mandatory			(Photo Id/ Address Proof)	(Mandatory for Micro SIP, not for additional Micro SIP in same for
Sole / First Applicant				44	D D M	MYYYY		
Second Applicant					D D M I		′	
Third Applicant					D D M	M Y Y Y	/	
						VI 1 1 1 1		
Guardian/POA Holder						MIYYY		
Ref. Instruction No. G-2	"For Micro	SIP Only ** Mand	latory in case the	First/Sole Ap	oplicant is Minor			
ME OF THE GUARDIA	N (In case o	of minor) / CONT	TACT PERSON -	DESIGNAT	ION / Poa HOLDE	R (In case of Non-in	dividual Investors)	
Ir. Ms. M/s.								
ELATIONSHIP OF GUA	RDIAN (Re	fer to Instruction No.	E.24)					
	`		,					
INVESTMENT DETA	AILS (PLEAS	E REFER INSTRUCTION	S D & F-1 FOR INFORM	MATION ON ELIGI	BLE SCHEMES. ONLY ON	E SCHEME PER APPLICATION	I FORM)	
Birla Sun Life Fron	tline Equity	Fund				PLAN		OPTION
Birla Sun Life Divid	lend Yield I	Plus				PLAN		OPTION
Any Other Scheme	BSL					PLAN		OPTION
SWEEP TO Refer G-4				SCHEME		I		PLAN/OPTION
	of the belov	w as your Installn	nent amount OR	enter the an	nount of your choic	e. In case of multiple	entries, the highest amount w	vill be chosen.
Each Installment Amount		20,000/-	₹ 10.000/-	_	₹ 6,000/-	₹ 3,000/-	Amount	
	()	, · <u>–</u>	-,,			, , _		
_	_	1 M Y Y			_ ` _		te for CSIP and Step Up SIP	")
nvestment Dates 1st	7th	10th	14th	20th _	21st	28th		
STEP-UP SIP (OP	TIONAL - ai	nd available only	for SIP/CSIP I	nvestments	through NECS) (R	efer Instruction E-25)		
Amount (Default of ₹ 500)/-) ₹ 500)/-	000 /- A	mount (In mi	ultiples of ₹ 500/-)		STEP-UP SIP Frequency	(Default Yearly) Half Yearly Yearly
At Birla Sun Life Mutual						^ SEL	ECT YOUR SIP PERIOD R	efer Instruction E-11 & F-5
lexibility to discontinue you 1800-270-7000/1800-2			Till you instruc	t Birla Sun	Life Mutual Fund to	discontinue your SI	P OR Enter	SIP End Date D D M M Y Y Y
connect@birlasunlife.com			CSIP Tenure (Ir	surance cove	er would be as per 1s	t installment): 55 years	- Your Current Age	years = years Frequency: Monthly (
For Regular SIP - "Default en	id date is Dece	ember 31, 2099. In c	,			, ,		099 by default". For CSIP – refer instruction F5
First Installment through				neque / DD N		, , , , , , , , , , , , , , , , , ,	1st Cheque D	
rawn on Bank	1		,				Amount (₹) (in figur	
						City	7 in out it (x) (in rigur	
Branch						Oity		
							RD PARTY PAYMENTS REFER INSTRU	ICTION NO. (G, 7(ii))
	AU IU DI	EBII AGGUUN	I DEIAILS (T	O BE FILLED BY			S/ NECS/ RECS/ AUTO DEBIT/ PDC)	
Bank Account No.					Bank	Name		
Branch				City				PIN
MICR Code			Account	Type Sa	avings C	urrent Oth	ers	(Please Spe
UTHORISATION OF BANK AC	CCOUNT HOL	DER: This is to inform	n that I/We have req	jistered for RB	l's electronic clearing	service (Debit Clearing) a	nd that my/our payment toward's	my/our investment in Birla Sun Life Mutual Fund shall be
om my/our above mentioned	Dank account	ı witn your bank. I/W	e autnorise the repr			te to get it verified and ex cants if mode of Operation		es if any, may be charged to my/our account.
Nam Scords)	e of First	: Account Hold	ler			cond Account Hol		Name of Third Account Holder
Recor Recor	First Acc	ount Holder			Second	Account Holder		Third Account Holder
WLEDGEMENT SLIP (To	be filled in b	y the Investor)	SYSTEMATIC IN	VESTMENT	THROUGH NECS	/ DIRECT DEBIT / PI	C FACILITY APPLICATION I	ORM Application No.
		Birla	Sun Life	Asset	Manage	ment Com	pany Limited	
			Ille Centre Tower 1		_		•	Collection Centre /



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

Received from Mr. / Ms. _ Date : BSLAMC Stamp & Signature

P FUS	et naten ruenile netali e 🚓 s	E EU LED DV INIVERTODO MULO M						
	ST DATED CHEQUE DETAILS (TO B		D M M Y Y Y			To		
	ount Type [Please tick (✓)] ☐ SAVING				que Nos. From	10		
		15 LICORRENI LICII	TENS	(piease	specify)			
	n on Bank			Donk A/C	Mo			
Brand				Bank A/C	NO			
4. FOR	R CENTURY SIP (Please read detailed		iling CSIP) Mandat	tory				
DECLARA	ATION OF GOOD HEALTH (All the fie				ill Be Invalid (Ref. Instruction	on No. F-17)		
1. Have y	ou ever been treated for symptoms of hi	gh blood pressure, diabete	es, heart attack or heart o	disease, stroke, chest pair	n, kidney disease, AIDS	or AIDS related complex,	Yes	□ No
	r or tumor, asthma or respiratory disease, i ou within the last 2 years taken any form o	<i>·</i>		, 0	sorder, disorder of the boi	nes, spine or muscie?	Yes	□ No
I	ou within the last 2 years taken any formo				rflu?		Yes	□ No
Tunderstand	d and agree that the answers to the question	ons in this Declaration of Go	ood Health are true and co	mplete to the best of my kr	owledge and belief. I aut	norize any medical practit	oner, hospital,	employer,
	r any other person, to disclose to Birla Sun question in this Declaration truthfully will r			lating to my health or empl	oyment now or at any tim	e in the future. I understan	d and agree tha	t failure to
Date of Birth	h D D M M Y Y Y	ture Life red			Date D D N	M Y Y		
GENDER	☐ MALE ☐ FEMALE	Signature of the Life Assured			Place			
NOMINAT	TION DETAILS (Refer Instruction No. F-14)		below, shall be consid	lered and prevail over r	omination details pro	vided in Common Appl	ication Form	
	eby nominate the undermentioned Nomin			o. in the event of my / our do	eath. I / We also understa	nd that all payments and s	ettlements ma	le to such
``	pon such documentation) shall be a valid	discharge by the AMC / Mu			Data Of Bi	*	,	
	me : Guar	dian / Parent Name (in case of				th (in case of minor):/	/	
Address :						Circulation of Naminas on Day		
	ne:					Signature of Nominee or Pare	ant / Guardian	
						Signature of the Wit	ness	
- DEN	AAT AGGGUNT DETAILG (ODTIONA							
	MAT ACCOUNT DETAILS (OPTIONA				ith that of the A/c. held with t	ne depository participant.) Refe	r Instruction No. E	(27)
NSDI	L: Depository Participant Name:		DPID N	No.: I N	Bene	ficiary A/c No.		
CDSI	L: Depository Participant Name:			Beneficiary A/c N	0.			
6. DEC	CLARATION(S) & SIGNATURE(S)							
	ereby authorise Birla Sun Life Mutual Fund ar							
hereby	nation provided by me/us may be shared with y declare that the particulars given above ar	e correct and complete and	express my/our willingnes	ss to make payments referre	d above through participa	tion in ECS/ NECS/ RECS/	Auto Debit/PD	uirements. I/W Clearing. If th
	ction is delayed or not effected at all for reaso vill also inform, about any changes in my bank		* *					eed to the term
	onditions mentioned overleaf. RN holder has disclosed to me/us all the com	missions (in the form of trail (commission or any other ma	ode) payable to him for the d	ifferent competing Scheme	es of various Mutual Funds f	rom amonast w	nich the Schem
is bein	ng recommended to me/us. entury SIP: I/We hereby opt for Birla Sun Life (
For Mi	icro SIP only: I hereby declare that I do not h						result in aggre	
	ding₹50,000 in a year. am / are aware and understand that if, at the Ventures Limited would have to be submitte	time of availing the Micro SIF	? I / we hold a valid Perman		ssued by the Income Tax D	enartment of India a KYC a		ate investment
Instruc	Ventures Limited would have to be submitted to be submitted to the submitt	ed by me / us to MF/AMC. A	ccordingly I / we understai	ent account number (PAN) I		opai amont or maia, a rero o	cknowledgmen	
e(s)	Name of First Unit Ho	older		and agree that I / we sha	ll be responsible for the c	onsequences of non-submi	cknowledgmer ssion of the sa	
Signature(s)	First Applicant		Name of	ent Account Number (PAN) I ind and agree that I / we sha Second Unit Holder	Il be responsible for the c	Name of Third		letter issued b
Sig	riist Applicant				Il be responsible for the c		Unit Holde	letter issued b
	T IISt Applicant		Sec	Second Unit Holder		Name of Third	Unit Holde	letter issued b
	r iist Applicant		Sec	Second Unit Holder cond Applicant cants if mode of operation is		Name of Third	Unit Holde	letter issued b
	Particulars Particulars	Regular	Sec (To be signed by All Applic CHECK	Second Unit Holder cond Applicant cants if mode of operation is	loint)	Name of Third Third Ap	Unit Holde plicant (Upto ₹ 50,	letter issued be letter
Declaration of	Particulars		Sec (To be signed by All Applic CHECK	Second Unit Holder cond Applicant cants if mode of operation is LIST Century SIP (with	loint) Life Insurance)	Name of Third Third Ap Micro SIP Investme	Unit Holde plicant	letter issued be letter
Declaration of Nomination	Particulars	Regular Not Applicable Not Required	Sec (To be signed by All Applic CHECK	Second Unit Holder cond Applicant cants if mode of operation is	Life Insurance)	Name of Third Third Ap	Unit Holde plicant (Upto ₹ 50,	letter issued be letter
Nomination First Purchase	Particulars Good Health e through cheque/ DD	Not Applicable	Sec (To be signed by All Applic CHECK	Second Unit Holder cond Applicant cants if mode of operation is a LIST Century SIP (with Mandatory Requirement	Life Insurance)	Name of Third Third Ap Micro SIP Investme	Unit Holde plicant (Upto ₹ 50,	letter issued be letter
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Additional Micro SIP in same folio

Amount (₹) _