

Aditya Birla Sun Life Mutual Fund




**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

**ADITYA BIRLA SUN LIFE BAL BHAVISHYA YOJNA** For Resident Indians and NRIs/FPIs

(An open ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier))

Investment Plan	This Product is suitable for investors who are seeking*:	Riskometer
<b>Aditya Birla Sun Life Bal Bhavishya Vojna – Wealth Plan</b>	<ul style="list-style-type: none"> <li>• long term capital growth</li> <li>• investment in predominantly equity and equity related securities as well as debt and money market instruments</li> </ul>	 <p>Investors understand that their principal will be at Moderately High risk</p>

\*Investors should consult their financial advisers if in doubt whether the product is suitable for them

(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.)

<b>Distributor Name &amp; ARN/ RIA No.</b>	<b>Sub Broker Name &amp; ARN/ RIA No.</b>	<b>Sub Broker Code</b>	<b>Employee Unique ID. No. (EUIIN)</b>	<b>Application No.</b>
ARN-115979			EUIIN-E 172792	
<b>Distributor Mobile No.</b>		<b>Distributor Email Id</b>		

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.

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

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.

## 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.

<b>1. Existing Folio No.</b>		<b>OR</b>	<b>Application no.</b>	
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## 2. MINOR DETAILS

[illegible]

### 3. DONOR DETAILS (Refer Instruction 3)

[illegible]**Acknowledgement Slip** (To be filled in by the Investor)

### Aditya Birla Sun Life Bal Bhavishya Yojna

Application No.									
Received from Mr. / Ms. _____ Date : ____/____/_____									
[Please Tick (✓)] Enclosed <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied <input type="checkbox"/> NECS Form <input type="checkbox"/> Yes <input type="checkbox"/> No									

**Aditya Birla Sun Life AMC Limited**

**(Formerly known as Birla Sun Life Asset Management Company Limited)**

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,  
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013

+91 22 4356 7000 | [care.mutualfunds@adityabirlacapital.com](mailto:care.mutualfunds@adityabirlacapital.com) | [www.adityabirlasunlifemf.com](http://www.adityabirlasunlifemf.com) | CIN: U65991MH1994PLC080811

**Contact Us:**

**1800-270-7000**

adityabirlacapital.com



**ADITYA BIRLA  
CAPITAL**

[illegible][illegible]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO/OCI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank and FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others _____ (Please Specify)

**OCCUPATION** [Please tick (✓)]

<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)			

☐ Below 1 Lac
 ☐ 1-5 Lacs
 ☐ 5-10 Lacs
 ☐ 10-25 Lacs
 ☐ > 25 Lacs - 1 Crore
 ☐ > 1 Crore

Net worth (Mandatory for Non - Individuals) Rs. \_\_\_\_\_ as on D D M M Y Y Y Y [Not older than 1 year]

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)	
				Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
Donor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Guardian/Legal Guardian Details (as per PAN Card)		<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"/>		
Relationship with Minor (Proof Mandatory)	<input type="text"/> Father	<input type="text"/> Mother	<input type="text"/> Legal Guardian	PAN / PEKRN (Mandatory)						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="text"/> Male	<input type="text"/> Female	Country of birth	<input type="text"/>						
Nationality	<input type="text"/>		CKYC Number	<input type="text"/>	(Prefix, if any)	<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"/>	POA	<input type="text"/>	(In case of POA appointed by Guardian please fill FATCA/CRS form available at website)

[illegible][illegible]

☐ Resident Individual    ☐ NRI - NRO    ☐ NRI - NRE    ☐ PIO/OCI    ☐ Others \_\_\_\_\_ (Please Specify)

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.	<input type="checkbox"/> ABSL Bal Bhavishya Yojna - Wealth Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth			
			<input type="checkbox"/> Dividend Payout			
		<input type="checkbox"/> Direct				

**OCCUPATION** [Please tick (✓)]

**5. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor**

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

#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.

### 7. BANK ACCOUNT DETAILS (For Payout) (Refer Instruction 6)



**8. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 6 & 9) (If this section is left blank, only folio will be created)

Single cheque/ demand draft must be issued for both investment drawn in favour of Aditya Birla Sun Life Bal Bhavishya Yojna and the instrument should be crossed "A/c Payee Only".  
Please tick appropriate scheme name as well as the Plan/Option/Sub Option

Scheme Name	Plan	Option	Cheque Date	Amount	DD Charges	Net Amount	Cheque/DD No./UTR No.
<input type="checkbox"/> <b>ABSL Bal Bhavishya Yojna - Wealth Plan</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth					
		<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Direct						

In case of valid application received without indicating choice between options under the scheme, the same shall be considered as Growth Option and processed accordingly.

**9. DEMAT ACCOUNT DETAILS (OPTIONAL)** (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. 14

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></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></tr></table>																								

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

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

**10. DECLARATION(S) & SIGNATURE(S)** (Refer Instruction No. 1)

To, The Trustee, Aditya Birla Sun Life AMC Ltd.	<table><tr><td>Date</td><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>	Date	D	D	M	M	Y	Y	Y	Y
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 Ltd. 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 Ltd. (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.adityabir-lacapital.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.

**Third Party Payment Declarations applicable to Donor:**

- I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.
- I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.
- I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form

**Third Party Payment Declarations applicable to Parents/ Legal Guardian:**

- I/We hereby confirm that the information provided herein by the Donor is true and correct.
- I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor

"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."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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)

<div>Signature of Guardian/Legal Guardian</div>	<div>Signature of Donor</div>
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**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 :-

- 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.
- 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

# Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## SIP Facility Application Form for Aditya Birla Sun Life Bal Bhavishya Yojna

(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)
ARN-115979			EUIN-E 172792

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

Guardian/ Legal Guardian	Donor
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### Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction B-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. MINOR INFORMATION Miss/Master

### 2. INVESTMENT DETAILS (Refer Instruction A) (\*MANDATORY)

SCHEME NAME	ABSL Bal Bhavishya Yojna - Wealth Plan		PLAN	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	OPTION	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout
SIP Frequency	<input type="checkbox"/> Monthly	SIP Date	D D (any date between 1-28) OR <input type="checkbox"/> Weekly (Please mention any day between Monday to Friday)			
Tenure	From: M M Y Y Y Y	To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others M M Y Y Y 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			
Drawn on Bank and Branch						
<input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration)						
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 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-16).

Signature(s)	Name of Guardian/Legal Guardian	Name of the Donor

### 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		D D M M Y Y Y Y
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.:		
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
		3 1 1 2 2 0 9 9
	or	<input type="checkbox"/> Until Cancelled

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.