



Special Products Application Form (STP / SWP)

STP SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No. ARN - 98471	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN) E115901	Official Acceptance Point Stamp & Sign
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EUIN is mandatory for "Execution Only" transactions

Request for Fresh Registration Renewal

Application / Folio No. _____ Date

D	D	M	M	Y	Y	Y	Y
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1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. _____

NAME OF THE THIRD APPLICANT Mr. Ms. M/s. _____

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 to Instruction No. B.9) _____

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**								
Sole / First Applicant	_____	<input type="checkbox"/> _____ (14 digit CKYC No.) Prefix if any _____	<table border="1"><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				
Second Applicant	_____	<input type="checkbox"/> _____ (14 digit CKYC No.) Prefix if any _____	<table border="1"><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				
Third Applicant	_____	<input type="checkbox"/> _____ (14 digit CKYC No.) Prefix if any _____	<table border="1"><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				
Guardian	_____	<input type="checkbox"/> _____ (14 digit CKYC No.) Prefix if any _____	<table border="1"><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				

*Ref. Instruction No. B-6

**Mandatory in case the First / Sole applicant is a Minor

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME _____ PLAN _____ OPTION _____

Withdrawal Option [Please tick(✓)] FIXED Amount (₹) (in figures) _____ or APPRECIATION WITHDRAWAL

Withdrawal Frequency [Please tick(✓)] DAILY WEEKLY _____ MONTHLY QUARTERLY HALF YEARLY YEARLY
(Please mention any day between Monday to Friday) (Default day is Wednesday) (Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawal)

Dates (Only one date) 1st 7th 10th 14th 20th 21st 28th Withdrawal Period From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.) (Please attach cancelled cheque / cheque copy to opt for electronic payout.)

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE) _____ PLAN _____ OPTION _____

TO SCHEME (TARGET) _____ PLAN _____ OPTION _____

(For Target scheme under Daily STP, Daily Dividend option not available and for Value STP, only Growth Option available)

<input type="checkbox"/> STP Frequency [Please tick(✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY (Please mention any day between Monday to Friday, default day is Wednesday) <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From <table border="1"><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> No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Value STP Frequency [Please tick(✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From <table border="1"><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> No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Capital Appreciation Transfer Plan Frequency [Please tick(✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Transfer Period From <table border="1"><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> Transfer Period To <table border="1"><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> OR <input type="checkbox"/> Till Further Instruction	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																											
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D	D	M	M	Y	Y	Y	Y																											
Dates [Please tick(✓)] <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)																																		

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Aditya Birla Sun Life Mutual Fund for units of scheme(s) of Aditya Birla Sun Life Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme(s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/We have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time. For NRIs/FILs 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 Account/FCNR account/NRO/NRSR Account. 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.

Signature(s) _____ Sole / Unit Holder / First Applicant	_____ Second Unit Holder / Second Applicant	_____ Second Unit Holder / Third Applicant
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(To be signed by All Applicants if mode of operation is Joint)