

Special Products Application Form (STP / SWP)

☐ STP ☐ SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign
24603		E024583	

EUIN is mandatory for "Execution Only" transactions

Request for	<input type="checkbox"/> Fresh Registration <input type="checkbox"/> Renewal	
Application / Folio No.	<div style="display: flex; gap: 2px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>	Date <div style="display: flex; gap: 2px;"> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">D</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">D</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">M</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">M</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">Y</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">Y</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">Y</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">Y</div> </div>

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)[illegible][illegible][illegible]

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>(14 Digit CKYC No.)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Prefix if any</div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Second Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>(14 Digit CKYC No.)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Prefix if any</div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Third Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>(14 Digit CKYC No.)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Prefix if any</div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Guardian	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>(14 Digit CKYC No.)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Prefix if any</div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

*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 <input type="checkbox"/> Please tick(✓) <input type="checkbox"/> FIXED Amount (₹) (in figures) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> or <input type="checkbox"/> APPRECIATION WITHDRAWAL																																														
Withdrawal Frequency <input type="checkbox"/> Please tick(✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ <small>(Please mention any day between Monday to Friday) (Default day is Wednesday)</small>										<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> YEARLY <small>(Only Monthly, Quarterly, Half Yearly and Yearly option available for Appreciation Withdrawal)</small>																																				
Dates (Only one date) <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 <small>(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)</small>										Withdrawal 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><td>To</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>										D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y																														

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" style="display: inline-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> No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction In case of Daily STP minimum no of transfers is 20		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" style="display: inline-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> 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" style="display: inline-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> Transfer Period To <table border="1" style="display: inline-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> 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																														
D	D	M	M	Y	Y	Y	Y																														
D	D	M	M	Y	Y	Y	Y																														
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/FIIs 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/NRPS 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 Holde / Third Applicant

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