



Special Products Application Form (STP / SWP)

STP SWP

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No. ARN-4464	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN) E032737	Official Acceptance Point Stamp & Sign
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EUIN is mandatory for "Execution Only" transactions

Application / Folio No. Date

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)

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED Amount (₹) (in figures) <input type="text"/> or <input type="checkbox"/> APPRECIATION WITHDRAWAL		
Withdrawal Frequency Please tick (✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> 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) <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	Withdrawal Period From <input type="text"/>	To <input type="text"/>

(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.)

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the SWP proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered in the folio.

Bank Name Account No.

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

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION
(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)		
<input type="checkbox"/> STP	<input type="checkbox"/> Value STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly
(Please mention any day between Monday to Friday, default day is Wednesday)	Amount per transfer: <input type="text"/>	Transfer Period From <input type="text"/>
Amount per transfer: <input type="text"/>	Transfer Period From <input type="text"/>	Transfer Period To <input type="text"/>
Transfer Period From <input type="text"/>	No of Transfers <input type="text"/> OR	OR
No of Transfers <input type="text"/> OR <input type="checkbox"/> Till Further Instruction	<input type="checkbox"/> Till Further Instruction	<input type="checkbox"/> Till Further Instruction
In case of Daily STP minimum no of transfers is 20		
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/Flis 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Third Unit Holder/ Third Applicant

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