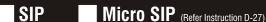
SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)

Mutual Fund

Received from Mr. / Ms.





(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM) SIP THROUGH ECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for ECS (Debt Clearing) Date D D M M Y Y Y Y Stamp & Sign Naimisha Parekh est for ARN - 82087 Registration of SIP Ref. Instruction No. D-22 ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor. Renewal of SIP Change in Bank Detail Existing Investor Folio No. New Application No. Additional Micro SIP 1. 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 ^ Mr. Ms. M/s ^ (in case of First / Sole Applicant is a Minor) / CONTACT PERSON – DESIGNATION (in case of non-individual Investors) PAN* (Mandatory for SIP) Date of birth Reference / Identification No. (Mandatory for Micro SIP, not for additional Micro SIP in same folio Sole / First Applicant Second Applicant Third Applicant Guardian Ref. Instruction No. D-21 **Document submitted for Micro SIP:** 2. SYSTEMATIC INVESTMENT PLAN (SIP) **SCHEME** PLAN OPTION PLAN / OPTION SWEEP TO (Ref. Instruction D-23) SCHEME First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No. 1st Cheque Dated Amount (Rs.) (in figures) SIP End Date Frequency [Please tick (🗸)] MONTHLY (max 4 SIP dates in a months) QUARTERLY (Only one date) Each SIP Amount (Rs.) Ref. Instruction No. D-26 3. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) Name of 1st Applicant as in Bank Records Name of Bank Branch City Pin Code Account No. Account Type [Please tick (✓)] ☐ SAVINGS ☐ CURRENT ☐ OTHERS (please specify) MICR CODE New hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by ECS Debit Clearing for collection of SIP payments. (We understand that the information provided by mey'us may be shared with third parties for facilitating transaction processing for the auto debit process or for compliance with any legal or regulatory requirements. (We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all reasons of incomplete information. (We will not hold responsible. (We will also inform, about any changes in my bank account immediately. (We have read and agreed to the terms and conditions mentioned overleat. (We understand to what the funding account of the terms and conditions mentioned overleat. (We understand complete, if the funding account in the terms and conditions mentioned overleat. (We understand complete information.) (We have read and agreed to the terms and conditions mentioned overleat. (We understand complete information in the date of each to hereby declare that the particulars given above are correct and express my/our willingness to mention and complete information. (We will also inform, about any changes in my bank account immediately. (We have read and agreed to the terms and conditions in the funding account immediately.) (We have read and agreed to reduce the subject of (To be signed by All Applicants if mode of operation is Joint in SIP Application Form) Authorisation of the Bank Account Holder: This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our my/our investment in Birla Sun Life Mutual Fund shall be made from my/our my/our my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to **Bank Account Number** get it verified & executed. Mandate verification charges if any, may be charged to my / our account Name & Signature(s) (As in Bank Records) Name of Second Account Holder Name of Third Account Holder (To be signed by All Applicants if mode of operation is Joint) (As in Bank Records) Signature verified & Debit mandate received Yes No Authorisation of Branch Manager & Date ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SIP THROUGH ECS FACILITY APPLICATION FORM Application No. Birla Sun Life Asset Management Company Limited Collection Centre One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life AMC Stamp & Signature

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