## SYSTEMATIC INVESTMENT APPLICATION FORM SIP (WITH MICRO SIP) / CENTURY SIP



	lio Ltd.					amp & Sign			
0186							al Acceptance Point		
JIN is mandatory for "Execution of. Instruction No. G-3	on Only" transac	ctions						Date D D M M Y Y Y	
Request for									
Registration of SIP	/CSIP	Ren	ewal of SIP	[	Change in Bank Details		Additional Micro SIP in sa	me folio	
TRANSACTION CHARGE case of subscriptions thro e transaction charges. In s	S FOR APPLIC ough SIPs, tran such cases the	CATIONS ROUTED  Is action charge of ₹  transaction charge  out amounts investe	THROUGH DISTF 150/- (for first tim shall be recovered	RIBUTORS/A ne mutual fun d in 3-4 instal	GENTS ONLY (Refer Instructi d investor) or ₹ 100/- (for inve llments but only where total co	on G (9)) stor other than first ommitment (i.e. amo	time mutual fund investor) wil ount per SIP installment x No. (	II be deducted and paid to your distributor if opted to re of installments) amounts to₹ 10,000/- or more. Units w	
Existing Investor Folio No		int amounts invosto	u.		Application No.			(New Folio will be Generated for CSIP)	
FIRST / SOLE APPLIC	ANT INFORI	MATION (MANDATO	IRY)						
Mobile No.			En	nail Id					
AME OF FIRST / SOLE	APPLICANT	Mr. Ms. M/s.							
AME OF THE SECOND	APPLICANT	Mr. Ms. M/s.							
AME OF THE THIRD AP	PLICANT	Mr. Ms. M/s.							
Applicant		PAN* (Mandatory	/)	KYC Mandator	Date of bir	th**	Document Type" (Photo Id/ Address Proof)	Document No.# (Mandatory for Micro SIP, not for additional Micro SIP in same for	
Sole / First Applicant					D D M M Y	YYY	(i note to zadiosa i rodi)	, and a sum of the sum	
Second Applicant					D D M M Y	YYY			
Third Applicant					D D M M Y	YYY			
Guardian/POA Holder					D D M M Y	YYY			
Ref. Instruction No. G-2	*For Micro S	SIP Only ** Mano	latory in case the	First/Sole A	pplicant is Minor			I	
_	AILS (PLEASI	E REFER INSTRUCTION		MATION ON ELIG	BIBLE SCHEMES. ONLY ONE SCHEM		RM)	T	
Birla Sun Life From						PLAN		OPTION	
Birla Sun Life Divi		Plus				PLAN		OPTION	
Any Other Scheme BSL				00115145		PLAN		OPTION PLAN/OPTION	
WEED TO Defee 0 4									
SWEEP TO Refer G-4	F of the helov	w as your Installm	ent amount OR	SCHEME enter the ar		se of multiple ent	ries the highest amount w	·	
		w as your Installn 20,000/-	nent amount OR ₹ <b>10,000</b> /-	enter the ar	mount of your choice. In ca	se of multiple ent	ries, the highest amount w	·	
(Please tick (✓) any ON		20,000/-		enter the ar	mount of your choice. In ca	₹ 3,000/-		ill be chosen.	
Please tick (✓) any ONI Each Installment Amount Investment Start Date	(₹) ₹ <b>2</b> D D M 7th	20,000/	₹ <b>10,000</b> /-  Y Y Freque  14th	enter the ar	mount of your choice. In ca ₹ <b>6,000</b> /- ITHLY (max 4 debit dates) 21st 28t	₹ 3,000/- (Only one date to	Amount	ill be chosen.	
Please tick (✓) any ONI Each Installment Amount Investment Start Date Investment Dates 1st Investment Dates 1st Investment SIP (OF	(₹) ₹ 2 D D M Tth PTIONAL - ar	20,000/	₹ 10,000/-  Y Y Freque  14th  for SIP/CSIP II	enter the ar	mount of your choice. In ca ₹ 6,000/- ☐ ITHLY (max 4 debit dates) ☐ 21st ☐ 28t s through NECS) (Refer Inst	(Only one date to	Amount for CSIP and Step Up SIP	ill be chosen.	
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Received from Mr. / Ms. \_

 $One \ India \ Bulls \ Centre\ , Tower\ 1,\ 17th\ Floor,\ Jupiter\ Mill\ Compound,\ 841,\ Senapati\ Bapat\ Marg,\ Elphinstone\ Road,\ Mumbai\ 400\ 013$ Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Date :\_

Collection Centre / BSLAMC Stamp & Signature

B. POST DATED CHEQUE DETAILS (TO BE Cheque Dates From D D M M Y D	Y Y Y To D D M M Y Y	Cheque Nos. From	To
Account Type [Please tick (✓)] ☐ SAVING	S □ CURRENT □ OTHERS	(please specify)	
Drawn on Bank			
Branch		Bank A/C No	
4. FOR CENTURY SIP (Please read detailed	Ferms & Conditions for availing CSIP)		
	Manda	atory	
DECLARATION OF GOOD HEALTH (All the fie	lds are mandatory) [Please tick (✓)] Yes or No – Oth	nerwise The Application Will Be Invalid (Ref. Instruction	on No. F-17)
		disease, stroke, chest pain, kidney disease, AIDS ase, digestive and bowel disorder, disorder of the box	
	f medication for more than 14 consecutive days to t	, ,	Yes
3. Have you within the last 2 years consulted any me	edical practitioner for any condition other than mino	r impairment such as cold or flu?	☐ Yes ☐
understand and agree that the answers to the questio nstitution or any other person, to disclose to Birla Sun	ns in this Declaration of Good Health are true and c	omplete to the best of my knowledge and belief. I aut	horize any medical practitioner, hospital, em
nswer any question in this Declaration truthfully will r	ender the insurance cover invalid and void.	blading to my notation omproyment now or at any and	o in the rattare. Tander stand and agree that la
Date of Birth D D M M Y Y Y Y	Signature of the Life Assured	Date D D W	
GENDER MALE FEMALE	Sign of the Asset	Place	
NOMINATION DETAILS (Refer Instruction No. F-14)	Nomination as stated below, shall be considered	dered and prevail over nomination details pro	vided in Common Application Form.
We do hereby nominate the undermentioned Nomine		no. in the event of my / our death. I / We also understa	nd that all payments and settlements made to
lominee (upon such documentation) shall be a valid o	discharge by the AMC / Mutual Fund / Trustees.		
ominee Name : Guard elationship : Guard	lion / Dovont Name (		<b>th</b> (in case of minor)://
ddress : duard			
/itness Name:			Signature of Nominee or Parent / Guardian
			Signature of the Witness
		in the application form matches with that of the A/c. held with the	
NSDL: Depository Participant Name:	DPID	No.: I N Bene	ficiary A/c No.
CDSL: Depository Participant Name:		Beneficiary A/c No.	
L			
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