

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

| | | | | | |
|-----------|------------------|------------------------------------|-----------------|---------------------------------|---|
| ARN:54854 | ARN No. /RIA No. | Sub Broker Name / ARN No. /RIA No. | Sub Broker Code | Employee Unique ID, No. (EUIIN) | 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. |
|-----------|------------------|------------------------------------|-----------------|---------------------------------|---|

Please sign below, in case the EUIN is left blank/not provided: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (refer inst no. A-4) [To be signed by all applicants, if mode of holding is joint]

FOLIO NUMBER (Mandatory) :

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 Date :

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

| 1st Unitholder Name | | | | | | | | | | | | | 2nd Unitholder Name | | | | | | | | | | | | | 3rd Unitholder Name | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PAN / PEKRN (Mandatory) | | | | | | | | | | | | | PAN / PEKRN (Mandatory) | | | | | | | | | | | | | PAN / PEKRN (Mandatory) | | | | | | | | | | | | |
| CKYC Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | CKYC Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | CKYC Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | |
| (Prefix if any) | | | | | | | | | | | | | Prefix if any | | | | | | | | | | | | | Prefix if any | | | | | | | | | | | | |

ADDITIONAL PURCHASE (Cheque / DD payment favouring "Scheme Name") Refer Instruction Section B

Scheme: **ABSL** Plan : _____ Option: _____ Sweep to (applicable only for Dividend Option) _____

Payment Mode: OTM (One Time Mandate) ☐ Cheque/DD ☐ NEFT/RTGS ☐ Fund Transfer ☐ Others ☐ *Please Specify* payable to the above scheme drawn on (Bank Name & Branch Address) *Mandatory for OTM*

Amount (₹):

DD Charges:

Net Amount (₹):

Chg/DD No.: / UTR / REF. No. Dated:

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

In case you do not mention the Plan and Option, units will be allotted under default option as per respective scheme related documents.

☐ SWITCH

I/We would like to switch ₹ _____ or _____ units

FROM SCHEME / PLAN ABSL Option _____ TO SCHEME / PLAN ABSL Option _____ Sweep to (applicable only for Dividend Option) _____

☐ **ALLOT UNITS IN DEMAT MODE (OPTIONAL)** (Please ensure that the sequence of names in the folio matches with that of the A/c. held with the depository participant)

| | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|------------|--|---|---|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|
| NSDL: Depository Participant Name: | | DP ID No.: | | I | N | | | | | | | Beneficiary A/c No. | | | | | | | Enclosed: Client Master <input type="checkbox"/> |
|------------------------------------|--|------------|--|---|---|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|

CDSL: Depository Participant Name: Beneficiary A/c No. Transaction/ Statement Copy/ DIS Copy ☐

DECLARATION(S) & SIGNATURE(S)

To,
The Trustee, Aditya Birla Sun Life Mutual Fund

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of scheme & agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction fees under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that may suffer, incur or become subject to in connection therewith or arising from such fraud, disclosing and transferring of the aforesaid information. I/We confirm that details provided by me/us are true and correct.

Acknowledgement Slip (To be filled in by the Investor)

Folio No.: _____ ☐ Purchase ☐ Switch Date: _____

| Scheme: ABSL | Amount (₹) | or Units |
|---------------------|--------------|----------|
|---------------------|--------------|----------|

From Scheme (in case of switch) _____ To Scheme _____

COMMON TRANSACTION FORM

Collection Centre /
ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109, Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7600 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us:
1800-270-7000

adityabirlacapital.com



MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

COMMON TRANSACTION FORM (for One Transaction Only)

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

| | | | | | | | | | | | | | | | | | |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| FOLIO NUMBER (Mandatory) : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1st Unitholder Name | | 2nd Unitholder Name | | | | | | | | 3rd Unitholder Name | | | | | | | |

☐ **REDEMPTION**

Scheme: ABSL Plan : _____ Option: _____

Please redeem (₹): or _____ units.

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 redemption 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.

DECLARATION(S) & SIGNATURE(S)

To,
The Trustee, Aditya Birla Sun Life Mutual Fund

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. 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. I/We confirm that details provided by me/us are true and correct.

| | | | |
|-----------|---|----------------------|----------------------|
| Signature | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First Unitholder / Authorised Signatory | Second Unitholder | Third Unitholder |

A. Common Instructions:

- Please read the Scheme related documents, Addenda, KIM carefully before submitting the form.
- KYC:** According to guidelines issued by SEBI under 'The Prevention of Money Laundering Act, 2002', it is made compulsory for all unitholders to be KRA-KYC compliant while making an application for subscription of units. For more information on KRA-KYC, please log on to www.birlasunlife.com before investing. Applications are liable to be rejected without any intimation to the applicants, if required KRA-KYC compliance is not complied by all the unit holders.
- If the broker details are changed / re-written, please countersign near the broker box for confirmation.
- Employee Unique Identification Number (EUIIN):** For applications routed through distributors, in addition to the ARN of the distributor, Unitholders are requested to also provide the EUIIN of the individual ARN holder or of employee/relationship manager/sale person of the Distributor interacting with the investor. Providing appropriate EUIIN would assist in tackling the problem of mis-selling even if the Sales personnel on whose advice the transaction was executed by investor leaves the employment of the distributor or his/her sub broker. If the distributor has not given any advice pertaining to the investment (i.e. transaction is 'execution only'), then the EUIIN box may be left blank, but it would be mandatory for the investor to provide signed confirmation as mentioned in the form. EUIIN is not required to be provided for redemption transactions.
- In case ARN No/ Broker Code is mentioned in the form, but 'Direct Plan' is indicated, the ARN No/ Broker Code will be ignored and the application will be processed under Direct Plan under respective scheme, subject to it being complete in all other aspects. Further, where application is received for 'Regular Plan' without Distributor code or 'Direct' mentioned in the ARN Column, the application will be processed under 'Direct Plan' of the scheme.

B. Specific Instructions For Additional Purchases:

- To make an additional purchase, the first unit holder should be one of the bank account holders in the pay-in bank account i.e. the bank account used for issuing the payments to the Mutual Fund. Unitholder should attach necessary supporting documents as required by the Mutual Fund, if this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT/OTM request, or demand drafts.
- Additional Purchase request should necessarily mention the pay-in bank account details i.e. account number and bank, branch name used for issuing the payments to the Mutual Fund.
- Payment through Stock invest, outstation cheques, and third party payments will not be accepted. D.D. charges, if any, would be borne by the AMC only for the investors residing at places which are not covered by our offices / authorised centres. The maximum charges so borne by the AMC would be restricted to limits as prescribed by State Bank of India.

C. Specific Instructions For Redemption/Switch: Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Redemptions/Switches will be processed only if amount/ units is clearly mentioned. If there is no sufficient amount/ units, the balance available free units in the respective account/folio will be redeemed/ shifted /switched. Proceeds of any redemption request will be sent only to a bank account that is already registered in the folio at the time of redemption transaction processing.

Acknowledgement Slip (To be filled in by the Investor)

COMMON TRANSACTION FORM

Folio No.: _____ ☐ Redemption Date: _____

Scheme: ABSL Amount (₹) _____ or Units _____

Collection Centre /
ABSLAMC Stamp & Signature

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(Formerly known as Birla Sun Life Asset Management Company Limited)
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CAPITAL