ROTECTING INVESTING FINANCIN

Consent Form (PLEASE READ THE INSTRUC		-			, 01	CCII	i cui y	וכין	Ρı	GIIU	11 6/	IVI CI	iiuc	115	
To, Aditya Birla Sun Life Mutual Fund One India Bulls Centre, Tower 1, 1		ill Compound,	841, Sena	apati Bapat I	Marg, Elphir	nstone Ro	bad, Mum	ıbai 40	0013.		Date	D D	MM	ΥY	Y
Sub: Resetting the CSIP End date fo	r	(Name of th	e scheme)		hav	ing SIP tri	gger date	as		and	amount₹	F			
Existing Investor Folio No.															
NAME OF THE UNIT HOLDER(S)															
NAME OF FIRST/ SOLE APPLICANT NAME OF SECOND APPLICANT	Mr. Ms. M/s. Mr. Ms. M/s.														
NAME OF THIRD APPLICANT	Mr. Ms. M/s.														
New CSIP End Date: 60 yea	rs - Your Current Ag	geYea	ars =	Years		OF	2	Till Fu	rther Ir	structio	on				
Use existing One Time Mandate Bank Name:	if the mandate End p	eriod is equal to	or greater		l date mentio		e. (To be f	illed in (case of i	nore tha	n one OTM	l registr	ation)		
(tick√)	UMR	?N			Additional Pu				strations		Date	DD	MM	/cheque c	ору. Ү
CREATE Sponsor Bank C			e use only			Utility			<u> </u>		Office us	-			
CANCEL I/We hereby au		IRLA SUN LIFE M					to deb			B / CA	/ CC / S		= / SB-		
Bank A/c No.:	Bank Name & I	Branch		IF	sc						MICR				
Bank: L an amount of Rupees											₹				
· ·] Quarterly 🛛 H	alf Yearly E] Yearly	🗹 As & w	hen preser	nted		DEBIT	TYPE		d Amoun	ŧ⊿№	laximun	n Amoun	ıt
Reference 1 Folio No:								Mobi	le						
Reference 2 Appln No:					Email:										
From	of mandate process	ing charges by [•]													
to 3 1 1 2 2 0 or Until Cancelled	99	e as in bank rec				as in bank								(mandato	
Declaration: This is to confirm t account based on the instruct the cancellation/amendment	that the declaration ions as agreed and request to Aditya B	n has been ca I signed by me Birla Sun Life I	refully rea e. I have u Mutual Fu	ad, understo understood und or the b	ood & mad that I am a ank where	le by me/ uthorise I have au	/us. I am d to can thorised	authc cel/an the de	rizing nend th		Birla Sun	Life №	lutual F	und to d	lebit
Acknowledgement Slip (To	be filled in by the I	nvestor)		CONSEN	T FORM F	OR RES	ETTING	6 (EXT	ENSIC	N) OF	CENTU	RY SI	P TENI	JRE/MA	NDA
Application No.											F			n Centre mp & Si	
Received from Mr. / Ms						Date	e :	/	/		[
Aditya Birla Sun Life AMC Limit (Formerly known as Birla Sun Life Ass Regn. No.: 109. Regd Office: One Indi 841, Senapati Bapat Marg, Elphinstoi 91 22 4356 7000 care.mutualfur	set Management Comp iabulls Centre, Tower 1 ne Road, Mumbai - 400	any Limited) ., 17th Floor, Ju 0013	piter Mill C	compound,		1MH1994	PLC0808	11		270-70	00 pital.com	1		AD C	NITYA AP

DECLARATION AND SIGNATURE(S) [Please sign as per mode of holding]

Declaration: I/We hereby opt for Aditya Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover

Pls note:- Eligible investor may avail of the Century SIP for such period (in years and whole of months) as may be remaining for the attainment of 60 yrs of age.

Solo/I	Init La	dor / Eirct	Applicant

econd Unit Holder/ Second Applicant

nird Unit Holder/ Third Applicant

Instructions

a. Existing CSIP investors may avail this benefit on insurance cover and the coverage would be extended from 55 years to 60 years of age.

b. If investor has chosen End date beyond 60 years of age the SIP would continue beyond 60 years however without any insurance benefit.

c. Resetting Instruction should be submitted minimum one month prior before completion of 55 years of age.

Note:- All terms and conditions of Century SIP and Insurance Cover remains unchanged.

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.

Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and
email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All
future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.

- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank
 account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s)
 cheque/bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Aditya Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.

The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Acknowledgement	
Investor Name:	Folio No/Application No

Website : www.adityabirlasunlifemf.com | E-mail : care.mutualfunds@adityabirlacapital.com | Contact Centre : 1-800-270-7000

Acknowledgement Slip (To be filled in by the Investor)

CONSENT FORM FOR RESETTING (EXTENSION) OF CENTURY SIP TENURE/MANDATE

ISC Stamp

Scheme Name_ Amount (₹)

Plan_

Option_