

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Consent Form For Resetting (Extension) of Century Sip Tenure/ Mandate

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

CSIP/EXT-06/18-V1

To,
Aditya Birla Sun Life Mutual Fund,
One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013.

Date

Sub: Resetting the CSIP End date for _____ (Name of the scheme) having SIP trigger date as _____ and amount ₹ _____.

Existing Investor Folio No.

1. NAME OF THE UNIT HOLDER(S)

NAME OF FIRST/ SOLE APPLICANT Mr. Ms. M/s.

NAME OF SECOND APPLICANT Mr. Ms. M/s.

NAME OF THIRD APPLICANT Mr. Ms. M/s.

New CSIP End Date: 60 years - Your Current Age _____ Years = _____ Years OR Till Further Instruction

2. Use existing One Time Mandate if the mandate End period is equal to or greater than CSIP End date mentioned above. (To be filled in case of more than one OTM registration)

Bank Name: Bank Account Number:

OR

Please fill the below Debit Mandate - ONE TIME MANDATE/NACH/AUTO DEBIT details for raising the debits beyond 55 years of age.

3. DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

UMRN Date

(tick✓)
 CREATE MODIFY CANCEL
Sponsor Bank Code Office use only Utility Code Office use only
I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 Appln No: Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD
From
to
or Until Cancelled
1. Sign _____ 2. Sign _____ 3. Sign _____
Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)

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

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

4. 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.

Sole/ Unit Holder/ First Applicant	Second Unit Holder/ Second Applicant	Third Unit Holder/ Third Applicant
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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 a 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: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	Folio No./Application No. _____	ISC Stamp
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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**

Scheme Name _____ Plan _____ Option _____

Amount (₹) _____