Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

MUTUAL FUNDS

EXISTING SIP MODIFICATION APPLICATION FORM

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SIPCHG 26/26 -V1

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIN)	Official Acceptance Point Stamp & Sign

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3
I/we hereby confirm that the EUIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant

Change of Scheme/Modification in Existing ☐ **SIP Change of OTM Bank for Existing SIP** ☐ Date D D M M Y Y Y Y

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Existing Investor Folio No.				
NAME OF FIRST / SOLE APPLICANT	Mr.	Ms.	M/s.	

2. CHANGE OF SCHEME/MODIFICATION IN EXISTING SIP [Please tick (✓)]

Particulars	Existing Details	Modification/ New Scheme details
Scheme Name	ABSL	ABSL
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option/Sub Option		
SIP Installment Amount	₹	₹
SIP date	D D	D D
End Month Year	M M Y Y Y Y	M M Y Y Y Y
SIP Frequency	☐ Weekly _____ (Any day from Monday to Friday). ☐ Monthly	☐ Weekly _____ (Any day from Monday to Friday). ☐ Monthly (Any Date between 1 - 31)

3. CHANGE OF OTM BANK FOR EXISTING SIP [Please tick (✓)] (Mention the Existing SIP Scheme Details in point no. 2 under Existing Details)

New Bank Name		☐ To be registered (Attach OTM form given below, duly signed along with cancelled cheque of new bank account)
New Bank Account Number		☐ OTM is already registered

4. DECLARATION & SIGNATURES

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatoryrequirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. 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. Having read and understood the contents of scheme related documents and details above I/We hereby request you to change bank account or change in scheme for future instalments or cancel the existing registrations as stated above and agreed to abide by terms and conditions, rules and regulations of the relevant Scheme(s).

Signature(s)

Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

---

5. PAN BASED DEBIT MANDATE-ONE TIME MANDATE

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

UMRN Date D D M M Y Y Y Y

(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 ₹

DEBIT TYPE ☐ ~~Fixed Amount~~ ☑ Maximum Amount

FREQUENCY ☐ ~~Daily~~ ☐ ~~Weekly~~ ☐ ~~Bi-Monthly~~ ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half-Yearly~~ ☐ ~~Annually~~ ☑ As & when presented

Reference 1: PAN No: Mobile

Reference 2: Folio No/ 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 D D M M Y Y Y Y
to 3 0 0 4 2 0 6 6
Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

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. **I/We understand and accept that in case transaction initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instrument Act).**

TERMS AND CONDITION

1. In order to change the details mentioned in the form, investors need to submit the request 30 calendar days before the next SIP debit date. In case the next SIP debit date does not satisfy this condition, the changes will be effected from the immediately following month.
2. The Existing Modification of SIP details is not applicable for Step-Up SIP's.
3. Incase of a rejection of new bank mandate by investor's banker, SIP would be terminated.
4. Incase the existing registeration details mentioned in the form is incorrect the request would be rejected.
5. Form to be used only for single change request. Incase multiple request opted only first request will be considered.
6. Mandate can be issued for a maximum duration of 40 years from the date of issuance.

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.
- 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.
- Mandate can be issued for a maximum duration of 40 years from the date of issuance.

Acknowledgement		ISC Stamp
Investor Name: _____	Folio No/Application No. _____	
☐ DEBIT MANDATE FORM ☐ SIP FORM		