Mutual Funds

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Change of Nominee Form For Insurance Coverage

(to be filled by Individual(s) applying Singly or Jointly)

To, Aditya Birla Sun Life Mutu	al Fund. ()ne Inc	lia Bu	ılls Ce	entre	Tow	ver 1. 1	1 7th Flo	or.	Juniter Mill Compound, 84	I1. Senan	ati Banat M	larg. Fl	phinstone Road, Mumbai -	
400 013.	arr arra, c	7110 1110	a Ba		Ji ici o	,	O. 1, 1	17 (111 (0	,01,0	rapitor i ilit compound, o i	11, Conap	аст Вараст-	iai 6, Et	primotorio Roda, Marribar	
I/We request Aditya Birla S avail Insurance Coverage b		sset N	⁄lanag	geme	nt Co	. Ltd.	. (AMC	C) / Adity	ya B	irla Sun Life Mutual Fund ((Mutual Fi	und) to upd	ate the	Nomination in the folio to	
Folio No:															
NOMINATION DETAILS															
I/We do hereby nominate the as provided herein. Name and Address of Nomine		nore pa	rticul	arly d	escrib	ed he	reunde	er / and ca	ance	l the nomination made by me	/us earlier,	if any, in res	pect of	account (folio) held by me/us	
Name & Address of the Nominee (s)	Nominee's relationship with the unitholder					Date of Birth (in case nominee is minor)				"Percentage (%)* of Allocation(*should not be in decimals)"	Gua	& Address of rdian (in cas inee is mino	e	Signature of Nominee/Guardian (Guardian, in case nominee is a Minor)	
1.					D D M M Y Y Y Y				Υ						
2.					D D M M Y Y Y Y				Υ						
3.					D	D M	M	YYY	Υ						
Unit holder (s): (To be signed by	by all joint h	olders,	even i	f the r	node (of hold	ling is r	not "joint"	')						
Name of the Unit Holders										Signature					
1.															
2.															
3.															
Terms and Conditions															
should be in whole nun 3. In the event of the Unit the claim equally amor	o indicate nbers with tholders n ngst all the	clearl nout ar ot ind e nom	y the property that the property decorated with the property that	perce cimal g the	entag s mal e perc	e of a king a entag	allocat a total ge of a	tion / sh of 100 p allocatio	are i perco on / s	n favour of each of the nor ent.	minees ag	gainst their AMCs, by ir	name a	and such allocation / share	
Acknowledgement Slip ((To be fille	d in by	the In	vesto	r)					CHAN	IGE OF NO	OMINEE FO	RM FC	OR INSURANCE COVERAGE	
Application No.													ABS	Collection Centre / SLAMC Stamp & Signature	
Received from Mr. / Ms										Date :/	/				

