

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

SWP - SMART PREMIUM PAYMENT FACILITY (SPPF)

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN No.	Employee Unique I. No (EUIN)	Application No. <input type="text"/>
			Stamp & Sign Official Acceptance Point

EUIN is mandatory for "Execution Only" transactions

Aditya Birla Sunlife Insurance Application / Policy No.*

(*Mandatory requirement)

Date

ABSLAMC Application / Folio No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.	<input type="text"/>
NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.	<input type="text"/>
RELATIONSHIP WITH FIRST APPLICANT	<input type="text"/>	
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.	<input type="text"/>
RELATIONSHIP WITH FIRST APPLICANT	<input type="text"/>	

2. ADDITIONAL PURCHASE

SCHEME NAME - ABSL LOW DURATION FUND GROWTH		
Payment mode:	<input type="checkbox"/> Cheque	Cheque Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Cheque no <input type="text"/>
Bank Name & Address	<input type="text"/>	
Investment Amount:	₹	<input type="text"/>

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Scheme Name - ABSL LOW DURATION FUND GROWTH		
Withdrawl Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
Dates (Only one date):	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th
	<input type="checkbox"/> 10th	<input type="checkbox"/> 14th
	<input type="checkbox"/> 20th	<input type="checkbox"/> 21st
	<input type="checkbox"/> 28th	
SWP Premium Amount (₹)	<input type="text"/>	SWP Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		SWP End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Please tick if already having investment in the above scheme (✓)

5. DECLARATION AND SIGNATURES

I/We hereby declare that the particulars given above are correct and complete. I, being the holder of the above-mentioned policy, express my willingness to remit the premium/s referred to above through participation in ABSL Low Duration Fund Growth and hereby authorize ABSLAMC to debit SWP premium amount from my folio as mentioned above towards the premium/s due to ABSLI Bank account. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of accounts etc., I/ We would not hold Aditya Birla Sun Life AMC, Aditya Birla Sun Life Mutual Fund, the Trustees or its Registrar responsible for the same. I / We have voluntarily subscribed for transacting through this facility and confirm of having read, understood and agree to abide the terms and conditions for availing of the facility, I understand and agree that though I have given this mandate, it shall be my primary responsibility to ensure that the premiums are received by the Aditya Birla Sun Life Insurance in time. In the event of a late payment I shall be liable for the late payment charges and other consequences as may be enforced by the Company.

Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Third Unit Holder / Third Applicant

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

Acknowledgement Slip (To be filled in by the Investor)

SWP - SMART PREMIUM PAYMENT FACILITY (SPPF)

Received from Mr. / Ms. _____

Date : ____/____/____

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

INSTRUCTIONS FOR SWP – SMART PREMIUM PAYMENT FACILITY (SPPF)

1. This facility is allowed only to Aditya Birla Sun Life Mutual Fund (“ABSLMF”) unit holders who have invested in ABSL Low Duration Fund Growth
2. Policy holder name in the policy and first unit holder name in the folio has to be identical. No third party transfer will be allowed.
3. Debit dates are allowed only on 1st, 7th, 10th, 14th, 20th 21st and 28th of every month. In case of any ambiguity in selection of investment dates, the default SPPF date will be 7th of each month.
4. Unit holder to submit the form to ABSLAMC before 30 days in advance prior to premium due date.
5. Unit holders are recommended to maintain sufficient balance in the folio to avoid the premium being dishonored.
6. Multiple folios are not allowed for debit of single premium amount.
7. The minimum premium amount should be Rs.500/ and above with multiple of Rs 1 .If the premium amount is less than Rs. 500 then the mandate will not be registered.
8. **Discontinuation of SWP**
 - a. Investor need to submit termination request at AMC/Cams branches at least 20 days before the due date.
 - b. If at any point of time if the Insurance lapse then the payout would be done in the investors registered account held with ABSL AMC instead of Aditya Birla Sunlife Insurance company's account until and unless termination request is submitted.
 - c. When balance in the Source scheme is less than the registered SWP Premium Amount.
 - i. Available Units would be switched / redeemed.
 - ii. SWP would stand terminated if the available balance during the immediate next instalment continues to be insufficient or nil
 - d. When balance in Source scheme is nil the registration would stand terminated.
9. Before opting the mandate, all the premium due must be paid by unit holders.
10. Payment from MF will made to Aditya Birla Sunlife Insurance pool account only on “Issuance of the Policy”, in case of delay/policy being cancelled the payouts will go to investor’s account
11. In case of any assistance, please contact nearest Investor Services Centre of ABSLMF
12. All prevailing Terms & Conditions of Aditya Birla SunLife Insurance Company will apply

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SWP – SMART PREMIUM PAYMENT FACILITY (SPPF)

Scheme Name - ABSL LOW DURATION FUND GROWTH

SPPF Amount: ₹ _____