

Birla Sun Life Fixed Term Plan - Series OF(1151 days)

A Close ended Income Scheme

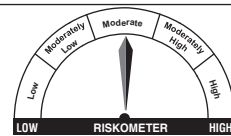
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Offer of units of ₹ 10/- each for cash during the New Fund Offer.

New Fund Offer Opens: Wednesday, 22 February 2017. | **New Fund Offer Closes:** Monday, 06 March 2017.**This Product is suitable for investors who are seeking*:**

- income with capital growth over Long term
- investments in debt and money market securities maturing on or before the tenure of the Scheme

*Investors should consult their financial advisers if in doubt whether the product is suitable for them



Investors understand that their principal will be at Moderate risk

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor Name / ARN No. ARN- 48012	Sub Broker Name / ARN No.	Sub Broker Code	Employee Unique ID. No. (EUIIN) E053085	Application No.
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EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIIN box has been intentionally left blank by 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
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TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor, Units will be issued against the balance amount invested.

EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

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

PAN / PEKRN (Mandatory)

Date of Birth** D D M M Y Y Y Y

AADHAR Card Number

CKYC Number 14 digit CKYC Number

(Prefix if any)

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

PAN / PEKRN (Mandatory)

Date of Birth** D D M M Y Y Y Y

AADHAR Card Number

CKYC Number 14 digit CKYC Number

(Prefix if any)

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

PAN / PEKRN (Mandatory)

Date of Birth** D D M M Y Y Y Y

AADHAR Card Number

CKYC Number 14 digit CKYC Number

(Prefix if any)

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN / PEKRN (Mandatory)

Date of Birth** D D M M Y Y Y Y

AADHAR Card Number

CKYC Number 14 digit CKYC Number

(Prefix if any)

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

ISD CODE

TEL: OFF. S T D

TEL: RESI S T D

Proof of the Relationship with Minor**

**Mandatory in case the First / Sole Applicant is Minor

TAX STATUS (Please tick (✓)) (Applicable for First / Sole Applicant)

- Resident Individual
 FIs
 NRI - NRO
 HUF
 Club / Society
 PIO
 Body Corporate
 Minor
 Government Body
 Trust
 NRI - NRE
 Bank & FI
 Sole Proprietor
 Partnership Firm
 QFI
 Others _____ (Please Specify)

MODE OF HOLDING (Please tick (✓)) (Please Refer Instruction No. 2(v))

- Joint
 Single
 Anyone or Survivor (Default option is Anyone or survivor)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIs)

CITY	STATE	PIN CODE
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2. GO GREEN [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact Online Access **Mobile No.** +91 _____ / We would like to register for my/our SMS Transact and/ or Online Access

Email Id _____

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)] Account Statement Annual Report Other Statutory Information

Email Id _____ **Twitter Id** _____

3. BANK ACCOUNT DETAILS [Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details] Refer Instruction No. 3(A)

Name of the Bank _____

Branch Address _____

Pin Code _____ City _____

Account No. _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify) _____

11 Digit IFSC Code _____ 9 Digit MICR Code _____

4. INVESTMENT DETAILS [Please tick (✓)]

Birla Sun Life Fixed Term Plan - Series OF(1151 Days)	Plan	<input checked="" type="checkbox"/> Regular
	Options	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
	Sub-Options [(Please tick (✓) Only in case of Dividend options)]	<input type="checkbox"/> Normal Dividend Payout <input type="checkbox"/> Quarterly Dividend Payout

Default Plan: Refer KIM for details. Default Option: Growth Option Default Sub Option for Dividend: Normal Dividend payout.

KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

FIRST APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

SECOND APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

THIRD APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore
Net worth (Mandatory for Non - Individuals Rs. _____ as on DD MM YY YY [Not older than 1 year])

SECOND APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth _____

THIRD APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth _____

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	(If No, please attach mandatory UBO Declaration)
<input type="checkbox"/> Not Applicable	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

5. PAYMENT DETAILS Refer Instruction No. 5. (Please mention the application Serial number and the first applicant's name on the reverse of the Cheque /DD. Please ensure there is only one Cheque / DD submitted per application form).

Mode of Payment [Please tick (✓)] Cheque DD Cheque / DD should be drawn favouring "Birla Sun Life MF NFO Account" RTGS / NEFT / Fund Transfer Letter Other (please specify)

Investment Amount (₹)* _____ DD Charges (₹)* _____ Net Amount (₹) _____

Cheque/DD No. _____ Dated DD MM YY YY Bank Name & Branch _____

Account No. _____ UTR No. _____ (In case of RTGS/NEFT)

*To be filled in by investors residing at the location, where the AMC Branches /Collection Bank centres are not located. *Minimum of ₹ 5,000/- and in multiples of ₹ 10/- thereafter during the New Fund Offer period.

6. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: _____ DPID No.: I N _____ Beneficiary A/c No. _____

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

Enclosed: Client Master Transaction/ Statement Copy/ DIS Copy

7. REDEMPTION / DIVIDEND REMITTANCE (Please attach a copy of cancelled cheque Refer Instruction No. 8 & 12)

Electronic Payment

It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details mentioned in Section 3.

Cheque Payment

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

8. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			Total = 100%	

9. FATCA & CRS INFORMATION (Please tick (✓) For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in folio)

Is this applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant / Guardian	Third Applicant
Name of Applicant			
Place / City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA.

[^]In case Tax Identification Number is not available, kindly provide its functional equivalent.

To, Date

D	D	M	M	Y	Y	Y	Y
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The Trustee,
Birla Sun Life Mutual Fund

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA/ AOA/ Trust Deed, etc.), allows us to apply for investment in this scheme of Birla Sun Life Mutual fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

For NRIs only: I/We confirm that I am/We are Non Residents of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.

****** I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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..

FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **Birla Sun Life Fixed Term Plan - Series OF(1151 days)**

Application No. _____



Birla Sun Life Asset Management Company Limited

One India Bulls Centre, Tower 1, 17th floor, Jupiter Mill Compound, 841, S.B. Marg, Elphinstone Road, Mumbai - 400 013
 CIN No.: U65991MH1994PLC080811 | Toll Free: 1800-270-7000 / 1800-22-7000 | sms GAIN to 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

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

[Please tick (✓)] ENCLOSED PAN Proof KYC Complied

Birla Sun Life Fixed Term Plan - Series OF(1151 days)	Plan	<input type="checkbox"/> Regular
	Options	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
	Sub-Options [(Please tick (✓) Only in case of Dividend options)]	<input type="checkbox"/> Normal Dividend Payout <input type="checkbox"/> Quarterly Dividend Payout

Default Plan: Refer KIM for details. **Default Option:** Growth Option **Default Sub Option for Dividend:** Normal Dividend payout.

Investment Amount / Amount Blocked (₹) _____ Cheque No. _____

Net Amount _____ Dated ___/___/___ Drawn on Bank _____

Please tick (✓) if applying through ASBA facility and provide the following details:

ASBA Application number: _____ Bank Account no.: _____

SCSB (Bank and Branch): _____ Date & Time of Submission: _____