

**CONSENT FORM FOR RESETTING (EXTENSION) OF MATURITY DATE**

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.

Sub: Resetting the maturity date for _____ (Name of the scheme)

I/We have read and understood the features and terms of resetting the maturity of the captioned scheme. I/We hereby express my/our consent to the resetting of the maturity date.

Name of the Unit Holder(s)	_____ (Unit holder)
	_____ (1 st Joint Unit holder)
	_____ (2 nd Joint Unit Holder)
Folio No / Demat Account no.	_____
AMOUNT/ UNITS [Please tick appropriate box]	<input type="checkbox"/> All Units OR (to be filled ONLY incase of consent for extension of partial units / amount) _____ Units Amount in Rs. _____/-
Signature(s) [Please sign as per mode of holding]	
<input type="checkbox"/> Sole/First Unit Holder	<input type="checkbox"/> Second Unit Holder
<input type="checkbox"/> Third Unit Holder	

I/We hereby agree and confirm that (i) the declaration(s) furnished by me/us to Aditya Birla Sun Life AMC Limited ("ABSLAMC") / Aditya Birla Sun Life Trustee Private Limited under the initial Application Form for the Scheme shall continue to be binding on me/us in respect of this Application for resetting the maturity and (ii) I/We have read and understood the contents of the letter intimating resetting of maturity of the Scheme (iii) The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions, payable to him/them for different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Note: The approval slip can be submitted either at the nearest branch of ABSLAMC or at any of the Investor Service Centers of Computer Age Management Services Limited or by way of an email from the email ID registered in the folio to abslamc.fmpollover@adityabirlacapital.com on or before the timeline as specified in the addendum / letter to unit holder intimating resetting of maturity of the above Scheme..

SWITCH REQUEST

I / We would like to switch to any one of the below scheme			Folio no /Demat account no :- _____
ARN No. / RIA No.	Sub Broker ARN No.	Sub Broker Code	EUIN No.
To Scheme : - ABSL Floating Rate Fund Option _____ <input type="checkbox"/> - ABSL Government Securities Fund Option _____ <input type="checkbox"/> - Any other open ended ABSL scheme: _____ Option _____			
Units/Amount: <input type="checkbox"/> All Units Or Partial Units/Amount: _____			
Declaration:-			
To, The Trustee, Aditya 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 scheme & 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail omission 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. I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code: I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information. I/We confirm that details provided by me/us are true and correct.			
Signature(s) [Please sign as per mode of holding]			
<input type="checkbox"/> Sole/First Unit Holder	<input type="checkbox"/> Second Unit Holder	<input type="checkbox"/> Third Unit Holder	