



## SIP Pause / SIP Cancellation Form

[For investment through ECS/NACH / Direct Debit]

Date          

|                           |                                                                                                                                                                         |                                |                                                                                                                                                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please tick (✓) (any one) |                                                                                                                                                                         | <input type="checkbox"/> Pause | <input type="checkbox"/> Cancellation                                                                                                                                   |
| Pause 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"/> | Pause 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"/> |
| Reason: _____             |                                                                                                                                                                         | Please Specify _____           |                                                                                                                                                                         |

Existing Folio No.          Sole/First Applicant's Name Mr. Ms. M/s                   

Scheme Name: Aditya Birla Sun Life \_\_\_\_\_

Plan/Option: \_\_\_\_\_ Sub-Option: \_\_\_\_\_

Each SIP Amount:           Rupees in words: \_\_\_\_\_

|                                                  |                                  |                                               |                                           |                |                                                                                                                               |              |                                                                                                                               |
|--------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|
| SIP Frequency Please tick (✓)                    | <input type="checkbox"/> Monthly | SIP Date                                      | <input type="text"/> <input type="text"/> | SIP Start Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | SIP End Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| (Pause facility available for monthly frequency) | <input type="checkbox"/> OR      |                                               |                                           |                |                                                                                                                               |              |                                                                                                                               |
|                                                  | <input type="checkbox"/> Weekly  | (Please mention day between Monday to Friday) |                                           |                |                                                                                                                               |              |                                                                                                                               |

"Please Pause/Cancel my SIP registered in the above referred Folio no, Scheme, Amount and stop the ECS/NACH/Direct Debit from my Bank  
 \_\_\_\_\_ Account no \_\_\_\_\_ with effect from \_\_\_\_\_"

\*(Specify Month and Year from which you need to Pause/Cancel SIP)

1st Holder

2nd Holder

3rd Holder

Acknowledgement Slip (To be filled in by the Investor)

SIP Pause / Cancellation Form

Please tick (✓) ☐ Pause ☐ Cancellation

Sip Amount ₹ \_\_\_\_\_

Sip Frequency: ☐ Monthly ☐ Weekly

Scheme Name: \_\_\_\_\_

Option: \_\_\_\_\_

Sub-Option: \_\_\_\_\_

Acknowledgment  
Stamp

## General Instructions

### A) General Instructions

1. Investors need to provide their folio number in this SIP Pause/Cancellation form
2. The applicant will have the right to Pause/Cancel SIP which are directly registered with our AMC, at any time he or she so desires by filling in the SIP Pause/Cancellation form and submitting the same at the office of the Aditya Birla Sun Life Mutual Fund or its Authorized Collection Centres. Notice of Cancellation should be received 30 calendar days prior to the subsequent SIP date. Notice of Pause should be received 15 working days prior to the subsequent SIP date.
3. SIP Pause/Cancellation form incomplete in any respect are liable to be rejected.
4. The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers in case his/her bank is not able to effect any of the payment instructions for whatsoever reason.

### B) SIP Pause

1. The applicant will have the right to Pause SIP at any time he or she so desires by filling in the SIP Pause/Cancellation form and submitting the same at the office of the Aditya Birla Sun Life Mutual Fund or its Authorized Collection Centres. Notice of Pause should be received 15 working days prior to the subsequent SIP date.
2. The SIP Pause facility is only available for SIP registration with Monthly frequency.
3. The SIP shall restart from the immediate month after the completion of Pause period.
4. SIP Pause facility will allow existing investor to 'Pause' their SIP for a specified period of time. i.e Minimum 1 month and Maximum 3 months. The SIP Pause tenure shall not exceed more than 3 months.
5. Investors can avail this facility only once in the tenure of the existing SIP.
6. In case of Step Up SIP, the Pause facility shall not be available between two separate instalment amount and would be liable to be rejected. i.e SIP Pause period is 3 months, SIP amount for 1st month is ₹1000 and subsequent 2nd and 3rd instalment amount is increased with Step up amount of ₹ 1500, in such case Pause request shall be rejected.
7. SIP Pause is allowed only for ECS/NACH / Direct Debit Registrations.
8. Pause facility is not allowed in Century SIP.

### C) SIP Cancellation

1. The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 calendar days in advance of the immediate next due date to any of the offices of Aditya Birla Sun Life Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated.
2. If the trigger feed already been shared with service provider and credit is received units will be allotted. No refund shall be initiated within 15 days from the receipt of cancellation request.

