

Asset Management Company:
 SBI Funds Management Pvt. Ltd.
 (A Joint Venture between State Bank of India & AMUNDI)

KEY INFORMATION MEMORANDUM



MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN

An open-ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier)

Product Labelling	
<p>This product is suitable for investors who are seeking*:</p> <ul style="list-style-type: none"> • Long term capital appreciation • Investment primarily in actively managed equity and equity related instruments and secondarily in debt and money market securities. 	 <p>Investors understand that their principal will be at moderately high risk</p>

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

Offer of Units of Rs. 10 each during the New Fund Offer and NAV related prices on Ongoing basis

New Fund Offer Opens on	New Fund Offer Closes on	Scheme re-opens on or before
September 8, 2020	September 22, 2020	Within 5 business days from the date of allotment

Sponsor: State Bank of India

Trustee Company: SBI Mutual Fund Trustee Company Pvt. Ltd. (CIN: U65991MH2003PTC138496)

Asset Management Company: SBI Funds Management Pvt. Ltd., (CIN: U65990MH1992PTC065289)

Registered Office: 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.

Visit us at www.sbimf.com

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the Scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. Investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the SBIFMPL branches or distributors or from the website www.sbimf.com.**

APPLICATION FORM FOR SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN - 48012				E053085	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)	1st Applicant / Parent / Legal Guardian
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 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 MINOR FOLIO INFORMATION

FOLIO No. (Mention an existing folio, if any, with SBI Magnum Children's Benefit Fund - Savings Plan)

1. APPLICANT INFORMATION (MINOR DETAILS)

Name
Master/ Miss.

Nationality **PAN/PEKRN**

Gender Male Female **Date of Birth** **Proof*** Birth Certificate Aadhar Card
(Mandatory) Passport Other

CKYC Number

Address of Applicant
PIN

CONTACT DETAILS **STD Code**

Tel. : Off. **Res.** **Mobile**

Fax **Email**

2. MINOR APPLICANT OTHER DETAILS (Mandatory) (Please ✓)

Tax Status: Resident Non-Resident Others

3. BANK ACCOUNT DETAILS OF MINOR APPLICANT

Name of Bank

Branch Name and Address

City **Pin**

Account No. **Account Type (Please ✓)**
 Savings NRO FCNR
 Current NRE Others

IFSC Code (Please provide a copy of CANCELLED cheque leaf)

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/>					Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	
SBI Magnum Children's Benefit Fund - Investment Plan	<input type="checkbox"/> Regular	<input checked="" type="checkbox"/> Growth			
Attachments				All purchases are subject to realisation of cheque / demand draft	

4. PARENT / LEGAL GUARDIAN OF MINOR APPLICANT

Name of the Parent / Legal guardian of Minor Mr. / Ms. _____

Relationship with Minor Father Mother Legal Guardian Proof attached [Please (✓)]

Nationality _____

PAN*/PEKRN* _____

CKYC Number _____ KYC* (Mandatory) [Please (✓)] Proof Attached

Address _____ PIN _____

Overseas Address (Mandatory for NRI) _____

CITY _____ COUNTRY _____ ZIP CODE _____

Tel. : STD Code Office _____ Country Code _____ _____

Mobile No _____ Email _____

5 ALTERNATE CHILD INFORMATION

Name of the Alternate Child Mast. / Miss. _____
(Not exceeding 18 years of age)

Nationality _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Proof attached [Please (✓)]

Name of the Parent / Legal guardian of Alternate Child Mr. / Ms. _____

Relationship with Alternate Child [Please (✓)] Father Mother Court appointed Legal Guardian Proof attached [Please (✓)]

Address of the Alternate Child _____ PIN _____

	Status (of the Alternate Child) (Mandatory) [Please (✓)]	Occupation (of the Alternate Child) (Mandatory) [Please (✓)]
Single <input type="checkbox"/>	Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)	Student <input type="checkbox"/> Others _____ (please specify)

6. INVESTMENT AND PAYMENT DETAILS

One time Investment Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

Scheme Name	SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN		
Plan (Please ✓)	<input checked="" type="checkbox"/> Regular		
Option (Please ✓)	<input checked="" type="checkbox"/> Growth		
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD (Third Party Declaration Mandatory)	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS
Cheque / D.D. No. & Date	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	

TEAR HERE

Investment Manager :

SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425
Website : www.sbimf.com

Registrar:

Computer Age Management Services Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai - 600 002
Email: enq_L@camsonline.com
Website: www.camsonline.com

7. FATCA & CRS INFORMATION: For Parent and Legal Guardian

The below information is required for Minor and Guardian

Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?

Beneficiary Child Yes No Parent/ Legal Guardian 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.

Details	Minor	Parent/ Legal Guardian
Country of Birth		
Place/City of Birth		
Nationality		
Country of Tax Residency 1		
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]		

^ In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

8. OTHER PERSONAL INFORMATION (PARENT/LEGAL GUARDIAN)

Occupation (Please ✓)

Professional Business Government Service Agriculturist Private Sector Service Retired
 Public Sector Service Housewife Student Forex Dealer Doctor Others_____

Gross Annual Income in Rs. (Please ✓):

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr.

OR Network in Rs.

Networth as of date Politically Exposed Person [PEP] Yes No Related to PEP

Type of address given at KRA Residential Business Reg. Office

9. DEMAT ACCOUNT DETAILS (OPTIONAL)

If you wish to hold units in Demat mode, please provide below details and enclose Latest Client Master / Demat Account Statement

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <input type="text" value="I N"/>	Beneficiary Account No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

10. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode

11. DECLARATION

I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the money invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) * as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) ** I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (ix) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (x) I/ We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xi) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs;

SIGNATURE(S)	⊗	1st Applicant / Parent / Legal Guardian	
	Date		Place

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) 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 below and hereby accept the same.

Name		
Designation		1st Authorised Signatory
Name		
Designation		2nd Authorised Signatory
Name		
Designation		3rd Authorised Signatory

Place _____

Date / / _____

SIP APPLICATION FORM SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN - 48012				E053085	

Declaration for "execution-only" transaction (only where EUIN box is left blank) : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S) _____
1st Applicant / Parent / Legal Guardian

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 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.

INVESTOR DETAILS

Existing Folio No./Application No. _____

MINOR NAME Miss/Master _____

SIP Cheque No/s : _____

Scheme Name **SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN**

Plan Regular

Option Growth

Each SIP Instalment Amount (₹) _____

SIP Frequency Weekly (1st, 8th, 15th and 22nd) Daily Monthly (Default) Quarterly Annual Half - Yearly

SIP Date (for Monthly, Quarterly, Half-Yearly & Annual) 1st 5th 10th (Default) 15th 20th 30th (For February, last business day) 25th (Any other date from 1st to 30th)

SIP Period From _____ To _____ OR 3 yrs 5 yrs 10 yrs 15 yrs (Select any one)

Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name _____ Bank A/c No _____

TOP-UP SIP

Top-Up Amount Rs. (in multiples of Rs. 500 only) _____

Top-Up Frequency Half - Yearly Annual

TOP-UP SIP CAP (Investor has to choose only one option)

Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount) _____ OR _____

Top-Up SIP CAP Month-Year _____

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please) **SB / CA / CC / SB-NRE / SB-NRO / Other**

MODIFY _____

CANCEL _____

Bank A/c No. _____

with Bank _____ Bank Name _____ IFSC _____ OR MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE : Fixed Amount Maximum Amount

Folio No.: _____ Moblie No.: _____

Appln No. : _____ Email ID: _____

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From _____ To **3 1 1 2 2 0 9 9** Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3rd Bank Account Holder

Or Until cancelled Name as in Bank records Name as in Bank records Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.