SBI MUTUAL FUND
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TRANSACTION SLIP (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				**E-053085**	

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 / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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 (SEE NOTE 16)

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 (MANDATORY)

EXISTING FOLIO NO.

Name (Mr/Ms/M/s)

Email ID

Mobile No.

Telephone No.

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	**Mandatory Enclosures**	**Mandatory Enclosures**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	**PAN Exempt KYC Ref no** (PEKRN for Micro investments) - _____	**PAN Exempt KYC Ref no** (PEKRN for Micro investments) - _____

ADDITIONAL PURCHASE REQUEST

Scheme Name

Plan (Please ✓)	☑ **Regular**	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	☐ Growth ☐ Dividend	**Scheme / Plan / Option**_____
Dividend Facility (Please ✓)	☐ Reinvestment ☐ Payout ☐ Transfer	

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

DEMAT ACCOUNT DETAILS –(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form (Please (✓)) ☐ Yes   ☐ No   If Yes, please provide the below details

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository	Depository
Participant Name	Participant Name
DP ID No. I N	Target ID No.
Beneficiary Account No.	

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT.

SWITCH REQUEST

Amount _____   OR Number of Units _____   OR ☐ All units (Please ✓)

From Scheme _____   To Scheme _____

Plan (✓)	Option (✓)	Plan (✓)	Option (✓)	Dividend Facility(✓)
☑ Regular	☐ Growth	☑ Regular	☐ Growth	☐ Reinvestment ☐ Payout
☐ Direct	☐ Dividend		☐ Dividend	☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Scheme / Plan / Option_____

REDEMPTION REQUEST

Scheme _____

Plan (✓) ☐ **Regular**   ☐ **Direct**   Option (✓) ☐ Growth   ☐ Dividend

Amount _____   OR Number of Units _____   OR ☐ All units (Please ✓)

-- ✂ -- TEAR HERE -- ✂ --

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TRANSACTION SLIP - ACKNOWLEDGEMENT
To be filled in by the Investor

Sponsor : State Bank of India,
Investment Manager : SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)

Folio No.

(To be filled in by the First applicant/Authorized Signatory) :

Received from _____

			Stamp Signature & Date
Nature of Transaction	☐ Change of Bank Particulars ☐ Change of Address ☐ Nomination		

For Additional Purchase / Redemption	Scheme Name /Plan/Option/Dividend Facility	Amount	Units

Systematic Investment / Withdrawal Plan	Scheme Name /Plan/Option/Dividend Facility	Amount (Rs.)	Frequency	SIP Commencement Date
				☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day)

Systematic Transfer Plan / Switch Over	Scheme Name /Plan/Option/Dividend Facility		STP Commencement Date	Amount	Units
	From	To			

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)

☐ SIP with Cheque	☐ SIP without Cheque	In case this application is for Micro SIP (Please tick (✓)) ☐ **MICRO SIP**

1. Payment Mechanism (Please ✓ any one only)

☐ **Cheques** (Please provide the details below)　　　　☐ **SIP ECS/ Direct Debit** (Please complete SIP ECS/Direct Debit Facility Registration cum Mandate Form)

SIP Date (Please ✓)　☐ 5th　☐ 10th　☐ 15th　☐ 20th　☐ 25th　☐ 30th (For February, last business day)　　**No of SIP Installments** [　　　]

2. Frequency (Please ✓ any one only)　☐ Monthly SIP (Default)　☐ Quarterly SIP

4. SIP Period

From [D D M M Y Y Y Y]

To [D D M M Y Y Y Y] **OR** ☐ 3 years　☐ 5 years　☐ 10 years　☐ 15 years　☐ Perpetual (Select any one)

4. Cheque(s) Details

No. of Cheques	SIP Installment Amount (in figures)	Cheque Nos

Cheques drawn on — Name of Bank & Branch

TOP- UP SIP　　　　　　　　　　　　　　　　　　　　　　　**(SEE NOTE 12, 13 & 14)**

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

Top-up Frequency (Please ✓ any one)　☐ Half - Yearly　☐ Annual

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)

Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one only)
			☐ Monthly ☐ Quarterly

SWP From [M M Y Y Y Y]　　SWP To [M M Y Y Y Y]

Systematic Transfer Plan (STP)

STP Facility Request (Please ✓ any one only) ☐ Regular STP　☐ CASTP　☐ Flex STP (See Note 8)

	From (Scheme)		To (Scheme)	
Scheme				
Plan (✓)	☐ Regular	☐ Direct	Plan (✓)	✓ Regular
Option (✓)	☐ Growth	☐ Dividend	Option (✓)	☐ Growth ☐ Dividend
			Dividend Facility(✓)	☐ Reinvestment ☐ Payout ☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option. **Scheme / Plan / Option** _____

STP Frequency & Enrolment Period (Please ✓ any one only)

☐ Daily　☐ Monthly　☐ Weekly　☐ Quarterly

STP Installment Amount (Rs.)	STP From	STP To
	[D D M M Y Y Y Y]	[D D M M Y Y Y Y]

CHANGE OF ADDRESS FOR NON-KYC FOLIOS (Identity and Address proof mandatory)

Local Address of 1st Applicant [　　　　　　　　　　]

Landmark [　　　　　　　　　　]

City [　　　　　] **Pin** [　　　]

State [　　　　　]

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default ☐　　Foreign ☐

Foreign Address (Mandatory for NRI / FII) [　　　　　　　　　　]

City [　　　　　]

Country [　　　] **Zip** [　　　]

DECLARATION :

I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We hereby declare that I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual 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. I/We certify that the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 the scheme is being recommended to me/us. * I/We certify that 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. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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. *** I/We hereby declare that I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand). * Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments";

SIGNATURE(S) Applicants must sign as per mode of holding

⊗ **1st Applicant/Guardian// Authorised Signatory**　　⊗ **2nd Applicant/Authorised Signatory**　　⊗ **3rd Applicant/ Authorised Signatory**

Date [　　　]　　　　Place [　　　]

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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.