

A PARTNER		E	IO A OTIONI	N ID /DI	CIL: DI OO				S-2021				
ADM 6 Name of Dia	Audinosta u	Branch Code		SLIP (Please				EUIN*	- In (N				
ARN & Name of Dis	stributor	(only for SBG)	Sub-Brok	er ARN Code	Sub-Broker	Code		e Identification N	Reference No.				
eclaration for "execution-or I/We hereby confirm that the EU	IN box has been i	intentionally left blank by	me/us as this is an "	execution-only" trans	action without any in	nteraction or a	dvice by the emplo	oyee/relationship	nanager/sales person of the abo				
stributor or notwithstanding the	advice of in-appro	opriateness, if any, provid	ed by the employee	relationship manager	/sales person of the	distributor an	d the distributor ha	is not charged any	advisory fees on this transaction				
1st Appli pront commission shall be	paid directly by		IFI registered Dist		he investors' asse	essment of v	arious factors in	pplicant / Autl cluding the serv	norised Signatory ice rendered by the distribut				
case the subscription am	ount is Rs. 10	,000/- or more and if	your Distributor	has opted to rece	ive Transaction (Charges, R	s. 150 (for first	time mutual fur	nd investor) or Rs. 100/- (fine balance amount investe				
NVESTOR DETAILS			icted from the st	oscription amount	and paid to the	distributor.	Offics will be is	sueu agamst ti	ie balance amount investe				
EXISTING FOLIO NO	D					1 1	1 1	I I I					
Mr/Ms/M/s) Email ID													
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First Application			l l	Second Appli	cant		1 1	Third Ap	plicant				
AN Exempt KYC Ref n	10	P	'AN Exempt K'	/C Ref no			AN Exempt K	YC Ref no					
PEKRN for Micro investm		`	PEKRN for Micro	investments) -		· · ·	PEKRN for Mici) -				
(IN (KYC Identification I	No.)	<u> </u>	IN (KYC Identi	ication No.)			IN (KYC Ident	ification No.)					
egal Entity Identifier.	(LEI) for N	lon-Individuals _					Val	lidity					
ADDITIONAL PURCH	ASE REQU	JEST											
Scheme Name Plan (Please ✓)		Regular	Direct		In case of IDC	W Transfer	facility, please me	ention target sch	eme along with plan/option.				
Option (Please ✓) Income Distribution cum C		Growth Reinvestment	☐ IDCW	Scheme / Plan / Option									
Withdrawal (IDCW) Facility Please refer to Note 27 for deta		enaming			Bank and Bran	ch		Chegu	e / D.D. No. & Date				
Crieque	/ DD AIIIOUIII	(ns.)		Diami of	Dain and Dian			Onequi	or B.B. No. & Bate				
Investment A	Amount (Rs. i	in Figures)			Investi	ment Amo	unt (Rs. in Wo	rds)					
DEMAT ACCOUNT D		t mode please pr	ovide below (letails and enc	lose the lates	t Client N	/laster / Dem	at Account S	Statement (Mandatory				
Please ensure that the National Sec	sequence o	of names as menti pository Limited	oned in the a	oplication form	matches with Central D	that of t	he account h / Services (I	eld with the	Depository Participant				
Depository Participant Name ———	1 1	1 1 1 1	1 1	Depositor Participan	y t Name								
DP ID No. Beneficiary Account No.	l N			Beneficiary	Account No.	1 1	1 1		1 1 1 1				
					-				otment of units (throug epository Participant onl				
SWITCH REQUEST Amount				OR Numbe	r of Units			OR	☐ All units (Please ✓)				
From Scheme					To Scheme								
Plan (✔) ☐ Regular	Option Growth	(✓)			Plan (✔) ☐ Regular		Option (✔) Growth	F	IDCW Facility(✓) Reinvestment ☐ Payout				
☐ Direct	☐ IDCW					ransfer facili	DCW ty, please mentio		ransfer along with plan/option.				
REDEMPTION REQU	EST				Scheme / Plan / G	Option—							
Scheme Plan (✔) ☐ Regular	Dir	rect	Option (✓)	Growth] IDCW (Reinve	estment / F	Payout /Transfe	r) _					
Amount			OR	Number of Units	·		OR	All units (Ple	ase ✓)				
				TEAR HERE —			Sponsor : State	Denk of the "					
SBI MUTUAL A PARTNER FO Folio No.	FUND R LIFE	TRANSAC		- ACKNOW ed in by the Inve		NT	Investment Mar		s Management Pvt. Ltd. MUNDI)				
(To be filled in by the Firs	t applicant/Au	thorized Signatory) :	:			<u> </u>			Stamp Signature & Date				
Additional Purchase / Redemption		Scheme Name /Plar	n/Option/IDCW F	acility		Amount		Units	Signature & Date				
Systematic Investment Plan / Withdrawal Plan	Sch	neme Name /Plan/Op	tion/IDCW Facili	у	Amount (Rs.)		Frequency		SIP/SWP Date 5th 10th 15th 20				
Systematic Transfer			(0 :: "0014					25 th	30th (For February, last business day)				
		Scheme Name /Pla	in/Option/IDCW		Ar	mount		Units	STP Commencement				
Plan / Switch Over		Scheme Name /Pla From	an/Option/IDGW	-асшту То	Ar	mount		Units	STP Commencement Date				

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SIP with Ch	neque					SIP	witho	ut Che	que						I	n case	this a	pplica	tion is	for M	icro SI	P (Ple	ease tic	ck (✔))		MICRO	SIP
Scheme Name/PI IDCW Frequency	an/Opt	ion/																									
1 -	Payment Mechanism (Please ✓ any one)					Post Dated Cheques (Please provide the details below)									SIP Direct Debit/ NACH (Please complete SIP Direct Debit/NACH Registration cum Mandate Form)												
Frequency (Please	e 🗸 any o	ne)			Wee	ekly S	IP (1 st	t, 8 th ,15	th and	22 nd)					Mont	hly SI	P (Def	ault)					Quarte	rly SI	Р		
SIP Date (for Mon (Plea	nthly & 0 use ✔)	Quart	erly)	1st 5 th 10 th							15 th 20 th 25 th						30 th (For February, last business day) Any other Date between 1 th to 30 th										
SIP Tenure 'Form date' should be after 'form submission		ım 15 d	days	From D D M M Y Y To D D M M Y Y						Y Y OR 15 years					5 years 10 years OR No of SIP Installmen							ts					
Cheque(s) Details	s			No. of Cheques						SIP Installment Amount (in fig					gures) Cheque Nos												
Cheques drawn o	n			Name of Bank & Branch																							
SWP / STP FA	CILIT	Y RI	EQUE	ST																							
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					SWP From M M Y Y Y					Y SWPT						To M M Y Y Y						Weekly (1st, 8th, 15th & 22nd) Monthly Quarterly Half-yearly					
				SWF	Date		1 st	5 ^{tr}	,	10 th		15 th	<u> </u>	:0 th		25 th		30 th	(For Fe	bruary, la	st busines	s day)		an-yea nnual	Hy		
				STP Facility Request (Please ✓ any						, 9						C/	ASTP				x STF						
Systematic Trans	fer Pla	n (ST	P)	Scheme From (Sc						Scheme	cheme)										To (S	chem	e)				
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				· · ·				Grow							Optio	on (√)			☐ Gr	owth			IDCW				
																IDC	W Fac	ility(√)	☐ Re	invest	ment		Payou	ıt [Trar	nsfer
														In case of IDCWTransfer facility, please mention target scheme along with plan/opt Scheme / Plan / Option							tion.						
STP Frequency & Enrolment				Daily Monthly STP Install							tallment Amount (Rs.)					STP From STP To											
Period (Please ✓ any on	e)			_ w	eekly	, _П	Quar	terly							D D	M	M	Υ	Υ	Y Y	П	D	M	M	Υ	Y	Υ
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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.

Investment Manager :

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Website: www.sbimf.com

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