

APPLICATION FORM FOR SBI RETIREMENT BENEFIT FUND (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code <small>(only for SBG)</small>	Sub-Broker ARN Code	Sub-Broker Code	EUIN* <small>(Employee Unique Identification Number)</small>	Reference No.
ARN-24952				E347831	

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.

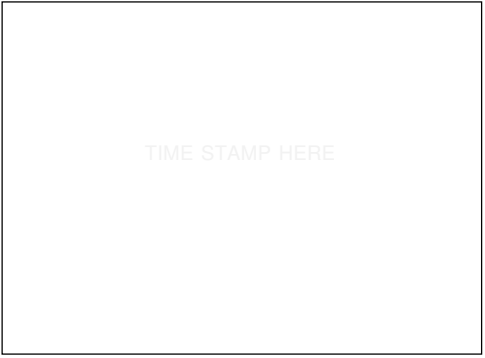
SIGNATURE(S)			
<input checked="" type="checkbox"/>			
1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	

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 FOLIO NO.	NAME

1. FIRST APPLICANT DETAILS

Name (Mr. / Ms. / M/s.) _____
 (Name should be as per PAN)
Name of Guardian (in case of Minor) _____
Relationship of Guardian Father Mother Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]
PAN/PEKRN NO. (Enclose KYC Acknowledgement) _____ **Date of Birth** (Maximum age limit: 65 years) (mandatory) DD MM YY
Legal Entity Identifier (LEI) for Non-Individuals _____ **Validity** _____
KIN (CKYC Identification No.) _____
Email ID _____
Email ID pertains to Self(default) Spouse Dependent Children Dependent Sibling Dependent Parents Guardian PMS Custodian POA
Mobile No. Country Code _____ **Telephone (O)** _____ **Telephone (R)** _____
Mobile No. pertains to Self(default) Spouse Dependent Children Dependent Sibling Dependent Parents Guardian PMS Custodian POA
Correspondence Address of 1st Applicant _____
 City _____
 Pin _____ State _____
Address for Correspondence for NRI Applicants only (Please (✓) Indian by Default Foreign) Indian by Default Foreign
Foreign Address (Mandatory for NRI) _____
 City _____
 Zip _____ Country _____



2. MODE OF HOLDING (Please ✓)

Single Joint Anyone or Survivor

3. JOINT APPLICANT DETAILS

	Second Applicant	Third Applicant
Name (Name should be as per PAN)		
PAN/PEKRN (Enclose KYC Acknowledgement)		
KIN (CKYC Identification No.)		

4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)

Name of Bank _____
Branch Name and Address _____
 City _____ Pin _____
Account No. _____
IFS Code _____ (Please provide a copy of CANCELLED cheque leaf)
9 digit MICR Code _____

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

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

Scheme Name	Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Signature, Date & Stamp
SBI RETIREMENT BENEFIT FUND-PLAN	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments	All purchases are subject to realisation of cheque / demand draft						

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory).

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
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)

6. INVESTMENT AND PAYMENT DETAILS

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

Scheme Name	SBI Retirement Benefit Fund			
Select any one	<input type="checkbox"/> My Choice	or	<input type="checkbox"/> Auto Transfer Facility (Not Applicable for units held in demat) (Plan name mentioned in the cheque should be as per age bracket of the investor)	
	Plan (Select any one)		Plan as per age range (Select the plan as per your current age)	
	<input type="checkbox"/> Aggressive Plan		<input type="checkbox"/> Aggressive Plan (Till age 40)	
	<input type="checkbox"/> Aggressive Hybrid Plan		<input type="checkbox"/> Aggressive Hybrid Plan (Above age 40 to age 50)	
	<input type="checkbox"/> Conservative Hybrid Plan		<input type="checkbox"/> Conservative Hybrid Plan (Above age 50 to age 60)	
	<input type="checkbox"/> Conservative Plan		<input type="checkbox"/> Conservative Plan (Above age 60)	

My choice: Under "My Choice" Facility, investor will stay invested to the plan of his choice throughout the period

Auto Transfer: Investors opting for this facility will be able to automatically shift/switch their investments from one plan to the other based on the age of the investor. For example, if the investor has availed the auto transfer facility and is invested in The Aggressive Plan at 36 years of age then as he completes 40 his investments will automatically be switched in The Aggressive Hybrid Plan and subsequently as he completes 50 his investments will be switched from The Aggressive Hybrid Plan to The Conservative Hybrid Plan. This switch within plans based on Auto Transfer Facility can also happen within the lock-in period.

For more details, please refer to terms and conditions in general instruction of KIM

Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="text" value="Frequency"/>	
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer	

Payment Mode Cheque DD (Third Party Declaration Mandatory) Fund Transfer RTGS

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

7. TAX STATUS (Please ✓)

Resident Individual Resident Minor (through Guardian) NRI (Repatriable) NRI (Non-Repatriable)
 NRI-Minor (Repatriable) NRI-Minor (Non-Repatriable) Sole-Proprietor

8. DEMAT ACCOUNT DETAILS (OPTIONAL) (Auto transfer not applicable in Demat mode)

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.

----- TEAR HERE -----

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

Investment Manager :
 SBI Funds Management 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- 61793537
 Email: customer.delight@sbimf.com

TOLL FREE NO: 1800 425 5425 / 1800 209 3333
Alternate Non Toll Free No:
+91 22 62511600 / +91 80 25512131

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

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Networth as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

	Nominee 1	Nominee 2	Nominee 3
Not applicable in case of investment from minors			
Name of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Allocation % (Mandatory if more than one Nominee) (Should not be in decimal)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/our mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s) (ALL Applicants must sign)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

12. 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

13. 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) ** 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; (vii) 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; (viii) 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; (ix) 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; (x) 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. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

** Applicable to NRIs;

SIGNATURE(S) (ALL Applicants must sign)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Place	<input type="text"/>	<input type="text"/>

SBI RETIREMENT BENEFIT FUND - SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM
New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-24952				E347831	

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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

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	
Folio No./Application No.	
Name of 1 st Applicant	
Date of Birth (mandatory)	
Mobile No. (mandatory)	
SIP 1 st Cheque No/s :	

INVESTMENT AND PAYMENT DETAILS

Scheme Name	SBI Retirement Benefit Fund		
Select any one	<input type="checkbox"/> My Choice	or	<input type="checkbox"/> Auto Transfer Facility (Not Applicable for units held in demat) (Plan name mentioned in the cheque should be as per age bracket of the investor)
	Plan (Select any one)		Plan as per age range (Select the plan as per your current age)
	<input type="checkbox"/> Aggressive Plan		<input type="checkbox"/> Aggressive Plan (Till age 40)
	<input type="checkbox"/> Aggressive Hybrid Plan		<input type="checkbox"/> Aggressive Hybrid Plan (Above age 40 to age 50)
	<input type="checkbox"/> Conservative Hybrid Plan		<input type="checkbox"/> Conservative Hybrid Plan (Above age 50 to age 60)
	<input type="checkbox"/> Conservative Plan		<input type="checkbox"/> Conservative Plan (Above age 60)

My Choice: Under "My Choice" Facility, investor will stay invested to the plan of his choice throughout the period

Auto Transfer: Investors opting for this facility will be able to automatically shift/switch their investments from one plan to the other based on the age of the investor. For example, if the investor has availed the auto transfer facility and is invested in The Aggressive Plan at 36 years of age then as he completes 40 his investments will automatically be switched in The Aggressive Hybrid Plan and subsequently as he completes 50 his investments will be switched from The Aggressive Hybrid Plan to The Conservative Hybrid Plan. This switch within plans based on auto transfer facility can also happen within the lock-in period.

For more details, please refer to terms and conditions in general instruction of KIM

Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="text" value="Frequency"/>
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Payout
Each SIP Instalment Amount (₹)	
SIP Frequency	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day) <input type="text" value="(Any other date from 1<sup>st</sup> to 30<sup>th</sup>)"/>
SIP Period	From <input type="text" value="M M Y Y"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Upto age 65 To <input type="text" value="M M Y Y"/> (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	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual



Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN Date

Sponsor Bank Code Utility Code

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please)
 MODIFY
 CANCEL

Bank A/c No.

with Bank 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
 Or Until cancelled

Signature of 1st Bank Account Holder
 Signature of 2nd Bank Account Holder
 Signature of 3rd Bank Account Holder

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.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility need not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
- Please provide all the information / details in the OTM.

MANDATORY INFORMATION TO BE PROVIDED IN ONE TIME DEBIT MANDATE (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

Name of the Investor: _____

 Scheme: **SBI Retirement Benefit Fund-** _____ Plan SIP Amount Rs. _____

 SIP Frequency: Daily Weekly Fortnightly Monthly Quarterly

Acknowledgement Stamp