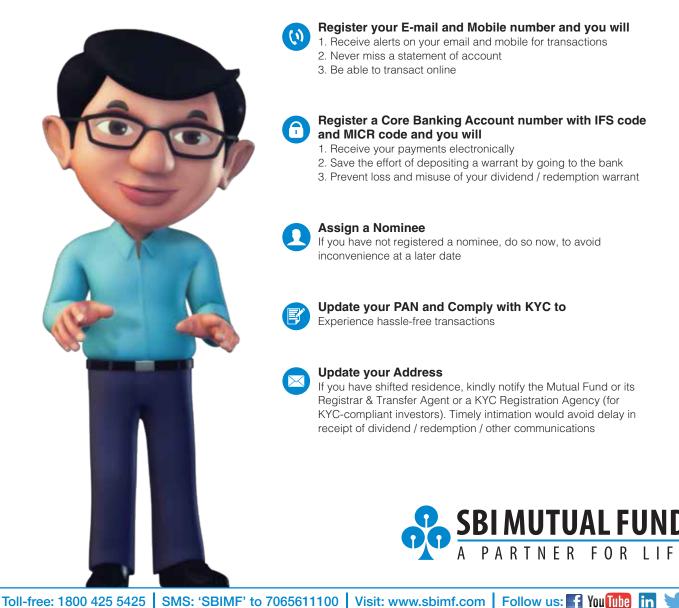
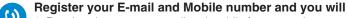


| 1. PERSONAL DETAILS                                                                                            |                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Folio No.:                                                                                                     |                                                                                                            |
| Name of the First Unit Holder:                                                                                 |                                                                                                            |
| 2. SIP CANCELLATION REQUEST                                                                                    |                                                                                                            |
| I / We wish to discontinue my Systematic Investment Plan (SIP) for $\ensuremath{^{\text{T}}}$                  | he below given details:                                                                                    |
| Scheme: Plan:                                                                                                  | Option:                                                                                                    |
| SIP Auto Debit Date: 1st 5th 10th 15th 20th 25th                                                               | i <sup>th</sup> 30 <sup>th</sup> (For February, last business day)                                         |
| (Any other date from 1st to 30th)                                                                              |                                                                                                            |
| Frequency: Weekly (1st, 8th, 15th and 22nd) Monthly                                                            | Quarterly Half-yearly Annual                                                                               |
| SIP Installment Amount: ₹                                                                                      |                                                                                                            |
| SIP period: From To To                                                                                         |                                                                                                            |
| Bank name Ad                                                                                                   | count Number                                                                                               |
| (SIP cancellation request must be submitted 30 days in advance otherwise request will be liable for rejection) | e from the next SIP due date. All the above fields are mandatory                                           |
| 3. STP CANCELLATION REQUEST                                                                                    |                                                                                                            |
| I / We wish to discontinue my Systematic Transfer Plan (STP) for the                                           | below given details:                                                                                       |
| Regular STP CASTP Flex STP                                                                                     |                                                                                                            |
| From Scheme: Plan:                                                                                             | Option:                                                                                                    |
| To Scheme:Plan:                                                                                                | Option:                                                                                                    |
| STP Frequency: Daily Weekly Monthly Qu                                                                         | arterly                                                                                                    |
| STP Installment Amount: ₹                                                                                      |                                                                                                            |
| STP Period: From to                                                                                            |                                                                                                            |
| (STP cancellation request must be submitted 10 days in advance                                                 | e from the next STP due date.)                                                                             |
| 4. SWP CANCELLATION REQUEST                                                                                    |                                                                                                            |
| I / We wish to discontinue my Systematic Withdrawal Plan (SWP) fo                                              | the below given details:                                                                                   |
| Scheme:Plan:                                                                                                   | Option:                                                                                                    |
| Frequency: Weekly (1st, 8th, 15th and 22nd) Monthly Quan                                                       | terly 🗌 Half Yearly 🔲 Annual                                                                               |
| SWP Installment Amount ₹                                                                                       |                                                                                                            |
| SWP Date: 1st 5th 10th 15th 20th                                                                               | 25 <sup>th</sup> 30 <sup>th</sup> (For February last business day)                                         |
| SWP Period: From to                                                                                            |                                                                                                            |
| (SWP cancellation request must be submitted 10 days in advan                                                   | ce from the next SWP due date.)                                                                            |
| 5. SIGNATURE/S AS PER MODE OF HOLDING IN THE FOLIO:                                                            |                                                                                                            |
|                                                                                                                |                                                                                                            |
| Authorised Signatory Authorise                                                                                 | nit Holder / Third Unit Holder / d Signatory Authorised Signatory                                          |
| SBI MUTUAL FUND SIP / STP / SWP CANCELLATION FORM                                                              | Sponsor : State Bank of India                                                                              |
| SIP/STP/SWP CANCELLATION FORM                                                                                  | 1 - Acknowledgement Investment manager: SBI Funds Management Ltd. (A Joint Venture between SBI and AMUNDI) |
| SIP / STP / SWP Cancellation Form received from(subject to verification of documents)                          | for Folio.                                                                                                 |
| (Subject to verification of documents)                                                                         | Signature, Date & Stamp of Receiving Branch of SBI Mutual Fund                                             |

## SBI FUND GURU RECOMMENDS THE FOLLOWING TO SECUR YOUR INVESTMENTS





- 1. Receive alerts on your email and mobile for transactions
- 2. Never miss a statement of account
- 3. Be able to transact online
- Register a Core Banking Account number with IFS code and MICR code and you will
  - 1. Receive your payments electronically
  - 2. Save the effort of depositing a warrant by going to the bank
  - 3. Prevent loss and misuse of your dividend / redemption warrant
- Assign a Nominee If you have not registered a nominee, do so now, to avoid inconvenience at a later date
- Update your PAN and Comply with KYC to Experience hassle-free transactions
- **Update your Address** If you have shifted residence, kindly notify the Mutual Fund or its Registrar & Transfer Agent or a KYC Registration Agency (for KYC-compliant investors). Timely intimation would avoid delay in receipt of dividend / redemption / other communications



Mutual Fund investments are subject to market risks,

# read all scheme related documents carefully.

All future communication in connection with this application should be addressed to the Registrar of the scheme or SBI Mutual Fund Corporate Office.

### **Investment Manager:**

SBI Funds Management Ltd. 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051 Tel: 022 - 61793537

Email: customer.delight@sbimf.com

Website: www.sbimf.com

### Registrar:

Tel: 044 - 28435797

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