

**GOLD ACCUMULATION FACILITY STP (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-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) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**

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
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> 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) - _____

**STP FACILITY REQUEST**

From (Scheme)		To (Scheme)	
Scheme		<b>SBI GOLD FUND</b>	
Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
		Dividend Facility (✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> 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)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP - No. of Units of SBI GETS (Minimum units: 100 units of SBI GETS & in multiples of thereof)	STP From _____ STP To _____
		OR <input type="checkbox"/> Perpetual (Select any one)	

**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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory	

Date	Place
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**TRANSACTION SLIP - ACKNOWLEDGEMENT**

To be filled in by the Investor

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

Folio No. \_\_\_\_\_

(To be filled in by the First applicant/Authorized Signatory) :					Stamp Signature & Date
Received from	Scheme Name /Plan/Option/Dividend Facility		STP Commencement Date	Amount	Units
	From	To			
Systematic Transfer Plan / Switch Over					

## TERMS & CONDITIONS FOR THE GOLD ACCUMULATION FACILITY STP

1. Target scheme: SBI Gold Fund
2. Source scheme: All open ended schemes
3. Frequency: Weekly, Monthly & Quarterly
4. Minimum units: 100 units of SBI GETS & in multiples of thereof.
5. Minimum number of instalments: 6 for weekly & monthly STP & 4 for quarterly STP.
6. Instalment amount will be calculated based on SBI GETS NAV on the day of transaction, and will be rounded off to the nearest rupee and accordingly units will be allotted for SBI Gold Fund.
7. Weekly STP will be done on 1st, 8th, 15th & 22nd in a month. In case any of these day is non-business day then the immediate next business day will be considered.
8. Investor will mention number of units of SBI GETS as STP instalment in STP form.
9. Completed application form for STP should be submitted by investors at least 10 days before the first transaction date
10. Exit load as applicable in the target/source schemes
11. Default frequency for STP is Monthly & default date for the start of STP is 10th.
12. STP can be done without any restriction on maintaining the minimum balance requirement as stipulated for the switch out scheme.
13. All other terms & conditions of regular STP will be applicable for Gold Accumulation Facility STP in SBI Gold Fund

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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 :**

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](mailto:customer.delight@sbimf.com)

**TOLL FREE NO : 1800 425 5425/1800 2093333**  
**ALTERNATE NON TOLL FREE NO. :**  
**+91-22-62511600 / +91-80-25512131**  
**Website : [www.sbimf.com](http://www.sbimf.com)**

**Registrar:**

Computer Age Management Services Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Email: [enq\\_sbimf@camsonline.com](mailto:enq_sbimf@camsonline.com)  
Website: [www.camsonline.com](http://www.camsonline.com)