

SIP APPLICATION FORM SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN

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

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) _____
1st Applicant / Parent / Legal Guardian

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

Existing Folio No./Application No. _____

MINOR NAME Miss/Master _____

SIP Cheque No/s : _____

Scheme Name **SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN**

Plan Regular Direct

Option Growth

Each SIP Instalment Amount (₹) _____

SIP Frequency Weekly (1st, 8th, 15th and 22nd) Daily Monthly (Default) Quarterly Annual Half - Yearly

SIP Date (for Monthly, Quarterly, Half-Yearly & Annual) 1st 5th 10th (Default) 15th 20th 30th (For February, last business day) 25th (Any other date from 1st to 30th)

SIP Period From _____ To _____ OR 3 yrs 5 yrs 10 yrs 15 yrs (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 Half - Yearly Annual

TOP-UP SIP CAP (Investor has to choose only one option)

Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount) _____ OR _____

Top-Up SIP CAP Month-Year _____

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

SBI MUTUAL FUND A PARTNER FOR LIFE

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please) **SB / CA / CC / SB-NRE / SB-NRO / Other**

MODIFY _____

CANCEL _____

Bank A/c No. _____

with Bank _____ Bank Name _____ 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 **3 1 1 2 2 0 9 9** Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3rd Bank Account Holder

Or Until cancelled 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.