

**SBI MULTI SELECT - SIP  
SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**

New investor opting for Multi Select SIP must submit this form along with SBI Multi Select 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.

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 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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 <sup>st</sup> Applicant	
SIP 1 <sup>st</sup> Cheque No/s :	

<b>Plan A</b> <input type="checkbox"/> <input type="checkbox"/> SBI Focused Equity Fund ₹ _____ <input type="checkbox"/> SBI Contra Fund ₹ _____ <input type="checkbox"/> SBI Credit Risk Fund ₹ _____ <input type="checkbox"/> SBI Equity Savings Fund ₹ _____ <b>TOTAL ₹</b> _____	<b>Plan B</b> <input type="checkbox"/> <input type="checkbox"/> SBI Flexicap Fund ₹ _____ <input type="checkbox"/> SBI Equity Hybrid Fund ₹ _____ <input type="checkbox"/> SBI Short Term Debt Fund ₹ _____ <input type="checkbox"/> SBI Savings Fund ₹ _____ <b>TOTAL ₹</b> _____
<b>Plan C</b> <input type="checkbox"/> (Default) <input type="checkbox"/> SBI Bluechip Fund ₹ _____ <input type="checkbox"/> SBI Conservative Hybrid Fund ₹ _____ <input type="checkbox"/> SBI Balanced Advantage Fund ₹ _____ <input type="checkbox"/> SBI Savings Fund ₹ _____ <b>TOTAL ₹</b> _____	<b>Plan D</b> <input type="checkbox"/> <input type="checkbox"/> SBI _____ ₹ _____ <input type="checkbox"/> SBI _____ ₹ _____ <input type="checkbox"/> SBI _____ ₹ _____ <input type="checkbox"/> SBI _____ ₹ _____ <b>TOTAL ₹</b> _____
<b>Plan Unidiverse</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> SBI Contra Fund ₹ _____ <input checked="" type="checkbox"/> SBI Large and Midcap Fund ₹ _____ <input checked="" type="checkbox"/> SBI Focused Equity Fund ₹ _____ <input checked="" type="checkbox"/> SBI Magnum Midcap Fund ₹ _____ <b>TOTAL ₹</b> _____	<b>Plan Trinity</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> SBI Magnum Global Fund ₹ _____ <input checked="" type="checkbox"/> SBI Infrastructure Fund ₹ _____ <input checked="" type="checkbox"/> SBI Banking & Financial Services Fund ₹ _____ <b>TOTAL ₹</b> _____

Note : The minimum investment amount for SIP in all eligible schemes will be as per the existing details pertaining to Monthly SIP as stated in their respective SID/KIM.

<b>Plan</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Income Distribution cum Capital Withdrawal (IDCW) Facility</b> <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <b>SIP Frequency</b> <b>MONTHLY</b> <b>SIP Date</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) _____ (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> ) <b>SIP Period</b> From: DD MM YY To: DD MM YY OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)	<b>Option</b> <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Frequency _____
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<input type="checkbox"/> Use Existing One Time Debit Mandate (if already registered in the Folio)
Bank Name _____ Bank A/c No _____

**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)**

	UMRN _____	Date DD MM YY
Sponsor Bank Code _____	Utility Code _____	
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We, hereby authorize <b>SBI Mutual Fund</b> To debit (Please✓) _____	SB / CA / CC / SB-NRE / SB-NRO / Other
Bank A/c No. _____		
with Bank _____ Bank Name _____ IFSC _____ OR MICR _____		
an amount of Rupees _____ ₹ _____		
FREQUENCY: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE: <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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.		
<b>PERIOD</b> From _____ To <b>3 1 1 2 2 0 9 9</b> Or <input type="checkbox"/> Until cancelled	Signature of 1 <sup>st</sup> Bank Account Holder _____	Signature of 2 <sup>nd</sup> Bank Account Holder _____
	Name as in Bank records	Name as in Bank records
	Signature of 3 <sup>rd</sup> Bank Account Holder _____	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.