

**SYSTEMATIC WITHDRAWAL PLAN ENROLMENT FORM (Please fill in BLOCK Letters)**
**INVESTOR DETAILS (MANDATORY)**
**EXISTING FOLIO NO./ APPLICATION NO.**  
 (For existing unitholders) (For new investors)

**Name**  
 (Mr/Ms/M/s)

**E-mail ID**
**Mobile No.**
**SWP DETAILS**

	1		2		3	
<b>Scheme Name</b>						
<b>Plan</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
<b>Option</b>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>
<b>Dividend Facility</b>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
<b>SWP Instalment Amount</b>						
<b>SWP Frequency</b>	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
<b>SWP Date</b> (For frequency other than Weekly)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup>
	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>	(For February, last business day)	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>	(For February, last business day)
	<input type="checkbox"/> 10 <sup>th</sup>	<input type="checkbox"/> 25 <sup>th</sup>		<input type="checkbox"/> 10 <sup>th</sup>	<input type="checkbox"/> 25 <sup>th</sup>	
<b>SWP Period</b>	From <u>M M Y Y Y Y Y</u>	To <u>M M Y Y Y Y Y</u>	From <u>M M Y Y Y Y Y</u>	To <u>M M Y Y Y Y Y</u>	From <u>M M Y Y Y Y Y</u>	To <u>M M Y Y Y Y Y</u>
	OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual	

**DECLARATION** I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and 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).

\* 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.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs

**SIGNATURE(S)**

Applicants must sign as per mode of holding in the Folio

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**1<sup>st</sup> Applicant / Guardian / Authorised Signatory**

⊗

**2<sup>nd</sup> Applicant / Authorised Signatory**

⊗

**3<sup>rd</sup> Applicant / Authorised Signatory**

Date

Place