

APPLICATION FORM FOR SBI RETIREMENT BENEFIT FUND (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-307640				E584535	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

* 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 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

EXISTING FOLIO NO. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	NAME <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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1. FIRST APPLICANT DETAILS

Name	
(Mr. / Ms. / M/s.)	
(Name should be as per PAN)	
Name of Guardian (in case of Minor)	
Relationship of Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <small>[Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]</small>	
PAN/PEKRN NO. (Enclose KYC Acknowledgement)	Date of Birth (Maximum age limit: 65 years) (mandatory)
	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> DDMMYYYY </div>
Legal Entity Identifier (LEI) for Non-Individuals	Validity
KIN (CKYC Identification No.)	
Email ID	

Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Mobile No.  Country Code **Telephone (O)** **Telephone (R)**



Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

[illegible]

2. MODE OF HOLDING (Please ✓)

☐ Single ☐ Joint ☐ Anyone or Survivor

3. JOINT APPLICANT DETAILS

	Second Applicant	Third Applicant
Name (Name should be as per PAN) 		
PAN / PEKRN  (Enclose KYC Acknowledgement)		
KIN (CKYC Identification No.)		

4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)

Name of Bank																									
Branch Name and Address																									
City																					Pin				
Account No.																									
IFS Code											(Please provide a copy of CANCELLED cheque leaf)														
9 digit MICR Code																									

Account Type (Please ✓)

<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

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ACKNOWLEDGEMENT SLIP

APPLICATION NO.

(A Joint Venture between SBI & AMINDIA)							(To be filled in by the investor)							Signature, Date & Stamp
(To be filled in by the First applicant/Authorized Signatory) : Received from : _____														
Scheme Name		Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque Amount (Rs.)	Bank and Branch	Cheque No. & Date							
SBI RETIREMENT BENEFIT FUND- PLAN		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer										
Attachments					All purchases are subject to realisation of cheque									

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?									
First Applicant (including Minor)			Second Applicant			Third Applicant			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No^			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

6. INVESTMENT AND PAYMENT DETAILS

☐ One time Investment ☐ Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

Scheme Name	SBI Retirement Benefit Fund		
Select any one	<input type="checkbox"/> My Choice	or	<input type="checkbox"/> Auto Transfer Facility (Not Applicable for units held in demat) (Plan name mentioned in the cheque should be as per age bracket of the investor)
	Plan (Select any one)		Plan as per age range (Select the plan as per your current age)
	<input type="checkbox"/> Aggressive Plan		<input type="checkbox"/> Aggressive Plan (Till age 40)
	<input type="checkbox"/> Aggressive Hybrid Plan		<input type="checkbox"/> Aggressive Hybrid Plan (Above age 40 to age 50)
	<input type="checkbox"/> Conservative Hybrid Plan		<input type="checkbox"/> Conservative Hybrid Plan (Above age 50 to age 60)
	<input type="checkbox"/> Conservative Plan		<input type="checkbox"/> Conservative Plan (Above age 60)

For more details, please refer to terms and conditions in general instruction of KIM

Plan (Please ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____
Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW <u>Frequency</u>	
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	<input type="checkbox"/> Payout	<input type="checkbox"/> Transfer	
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
Cheque No. & Date	Cheque Amount (Rs.)	Drawn on Bank and Branch	

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> NRI (Non-Repatriable)
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Sole-Proprietor	

If you wish to hold units in Demat mode, please provide below details and enclose ☐ Latest Client Master / ☐ Demat Account Statement
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)										Central Depository Services (India) Limited (CDSL)									
Depository Participant Name _____										Depository Participant Name _____									
DP ID No.		<div> <div>I</div> <div>N</div> </div>								Beneficiary Account No. _____									
Beneficiary Account No.																			

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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

Registrar:
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

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Network as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

Not applicable in case of investment from minors	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
PAN of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Allocation % (Mandatory if more than one Nominee) (Should not be in decimal)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)			
	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/our mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s) (ALL Applicants must sign)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

12. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode ☐

13. DECLARATION I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/ to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the 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; (iii) the money invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/ resident of Canada; (v) 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 a scheme of the Fund is being recommended to me/us; (vi) ** I/We am/are Non Resident of Indian Nationality/Origin and 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; (vii) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (viii) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/ revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (ix) I/ We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (x) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

**** Applicable to NRIs:**

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place

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ONE TIME DEBIT MANDATE FORM (OTM)

UMRN

Date

D

D

M

M

Y

Y

Y

Y

Sponsor Bank Code

Utility Code

CREATE ✓

MODIFY

CANCEL

I/We, hereby authorize **SBI Mutual Fund**

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:

☒ 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

Signature of 1st Bank Account Holder

Signature of 2nd Bank Account Holder

Signature of 3rd Bank Account Holder

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/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.

APPLICATION FOR SYSTEMATIC WITHDRAWAL PLAN (A) UNDER SBI RETIREMENT BENEFIT FUND

Systematic Withdrawal Plan (A) is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns

1. Folio No.:

2. PAN: (First Unit Holder)

3. Name of the Unitholder(s)

First Unit Holder:

Second Unit Holder:

Third Unit Holder:

Registration ☐ Cancellation ☐ Date:

I / We wish to avail/cancel Systematic Withdrawal Plan (A) under the **SBI RETIREMENT BENEFIT FUND**

Start Date: End Date:

(The SWP (A) will be processed on quarterly basis on 25th of the month, the defined quarters are March, June, September, December)

• Systematic Withdrawal (%): 2% ☐ 1.5% ☐ 1% ☐ Any Other % (below 2%)

Or

• Systematic Withdrawal (in Rs.): in figures

(The amount mentioned should be equal to or below 2% of the folio balance at the time of registration **OR** Minimum Amount: Rs. 500.

Please refer to the instructions as mentioned overleaf of this application form.)

4. **Declaration:** I/We hereby apply to SBI Mutual Fund for Systematic Withdrawal Plan (A) as per the details mentioned above and agree to abide by terms & conditions and the provisions of Scheme Information Documents, as amended from time to time.

5. **Signature(s)** (To be signed as per mode of holding. In case of non-individual, to be signed by Authorised Signatory)

(First Unit Holder / Guardian / POA /
Authorised Signatory)

(Second Unit Holder / Authorised Signatory)

(Third Unit Holder / Authorised Signatory)

TEAR HERE

ACKNOWLEDGEMENT - SYSTEMATIC WITHDRAWAL PLAN (A) REQUEST

We acknowledge the receipt of request for

Registration ☐ Cancellation ☐ Date:

Folio No.:

PAN: (First Unit Holder)

Start Date: End Date:

• Systematic Withdrawal (%): 2% ☐ 1.5% ☐ 1% ☐ Any Other % (below 2%) Or

• Systematic Withdrawal (in Rs.): in figures

The scheme will also have SWP (A) facility, subject to the lock-in and exit load. The Minimum Account Balance to avail SWP (A) should be INR 1 lakh at the time of registering for this facility.

This feature will allow investors to redeem a fixed sum of money periodically at the prevailing Net Asset Value (NAV) depending on the option chosen by the investor. Some of the features are as given below:

- a. Investors can opt for this facility and withdraw their investments systematically on a Quarterly basis (applicable quarters are end of December, March, June, September). Withdrawals will be made/ effected on the 25th of every month of that particular quarter and would be treated as redemptions. In case 25th is a holiday, then it would be effected on next business day.
- b. Investor can opt for this facility by specifying the period (which will be 25th of the month of the defined quarter as mentioned in point a), subject to exit load if any provided a minimum time gap of 5 days from the date of request. In case start date is not selected/not legible/not clear, the withdrawal under SWP (A) will start from the subsequent quarter. Investors are required to submit SWP (A) registration request at least 5 days prior to the date of 1st withdrawal.
- c. Investor has to submit a separate registration form. The withdrawal under SWP (A) will terminate automatically if no balance is available in the scheme on the date of SWP (A) trigger or if the enrollment period expires; whichever is earlier. In case the balance in the folio/scheme falls below the specified amount/% for SWP (A), the remaining amount in the folio/scheme will be processed.
- d. The applicant will have the right to discontinue the SWP (A) at any time, if he / she so desires, by providing a written request at any of the SBI Funds Management Customer Service Centres or Centres of RTAs. Request for discontinuing SWP (A) shall be subject to an advance notice of 10 days.
- e. The withdrawal installment amount (under SWP (A)) per quarter will be fixed at 2% of the initial investment amount or amount specified by investor (provided that withdrawal amount is less than or equal to 2% per quarter, minimum withdrawal should be INR 500) and will be rounded-off to the nearest highest multiple of Re.1. Minimum investment amount required for availing the said facility is Rs. 1 lakh at the time of registration.
- f. Conversion of physical unit to demat mode will nullify any existing / future SWP (A) registration request and the request cannot be re-submitted.
- g. In case the investor mentions both % and amount (minimum withdrawal should be INR 500), then % will be considered to process SWP (A) (with a maximum of 2% as default in case the % mentioned is higher).
- h. In case of there is an ongoing SWP and the investor opts for an SWP (A), the SWP (A) will begin if the initial balance in the account is INR 1 lakh or more at the time of registration. In this case both SWP and SWP (A) will happen from the scheme.

The AMC reserves the right to reject the registration request without any notice to the investor, if the request made under the Scheme is not in line with the applicable provisions of the scheme related documents. Further, the AMC or Trustees of SBI Mutual Fund may at their sole and absolute discretion decide to amend / terminate this facility under the Scheme. All the aforesaid conditions shall be applicable to the Scheme till further notice.

All other terms and conditions of the above Scheme remain unchanged. This addendum forms an integral part of the Scheme Information Document/Key Information Memorandum of the abovementioned Scheme as amended from time to time.

FINANCIAL TRANSACTION FORM

(Use separate slips for each Financial Transaction)

 FOR EXISTING INVESTOR ONLY
For Purchase/Redemption/Switch

ARN / RIA CODE & NAME		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 Holder/Guardian /Authorised Signatory	2nd Holder		3rd Holder	
Folio No.				Tax Status		
Name of Investor				Mode of Holding		
PAN / PEKRN	1st Holder/Guardian		2nd Holder		3rd Holder	
KYC Status	1st Holder/Guardian		2nd Holder		3rd Holder	
Any alterations / corrections made on the Transaction slip needs to be counter signed by the unit holder(s).						

ADDITIONAL PURCHASE				SWITCH			
Scheme Name				From Scheme			
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"/> IDCW (Dividend)		Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW (Dividend)	
		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly			<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly			<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly
IDCW Facility	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest		No. of Units/ Amount	<input type="checkbox"/> _____ Units OR <input type="checkbox"/> All Units OR <input type="checkbox"/> _____ (Amt. in Rs.)		
Mode of Payment	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> OTM		Amount in Words		
Amount	_____ (Amt. in Rs.)			To Scheme			
	Amount in Words			Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	
Cheque/DD/RTGS/ NEFT/OTM Ref. No.			Date	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW (Dividend)	
Bank A/c No.					<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
Bank Name					<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Annually
Branch Name				IDCW Facility	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	
REDEMPTION				SIGNATURE(S)			
Scheme Name				I/We have read & understood the contents of the Scheme Information Document, KIM and Addendum(s) of the respective Scheme(s) and agree to abide by the Terms & Conditions, Rules & Registrations as applicable from time to time. Please sign as per mode of holding in Folio.			
Plan							
Option				Signature of 1st Applicant/Guardian/Authorised Signatory			
<input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)							
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually				Signature of 2nd Applicant			
No. of Units/ Amount <input type="checkbox"/> _____ Units OR <input type="checkbox"/> All Units OR <input type="checkbox"/> _____ (Amt. in Rs.)							
Redemption Payout Bank (Payment will be made only to the Registered Bank account)				Signature of 3rd Applicant			
<input type="checkbox"/> To my Default Bank account Registered in the Folio OR <input type="checkbox"/> To the following other Bank account Registered in the Folio							
Bank Name/Branch							
Bank Account Number							

Date:

Place:

ACKNOWLEDGEMENT		
Folio No.	Investor Name	
Scheme Name	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW
<input type="checkbox"/> Additional Purchase	<input type="checkbox"/> Redemption	<input type="checkbox"/> Switch
Cheque Details	No of Units	To Scheme Name
Amount (Rs.)	Amount (Rs.)	Units/Amount (Rs.)