

**COMMON APPLICATION FORM FOR DEBT AND LIQUID SCHEMES (Please fill in BLOCK Letters)**

|                                      |   |                        |  |
|--------------------------------------|---|------------------------|--|
| <b>ARN &amp; Name of Distributor</b> | <b>Branch Code (only for SBI and Associate Banks)</b> | <b>Sub-Broker Code</b> | <b>Reference No. (To be filled by Registrar)</b> |
| <b>ARN - 30156</b>                   |   |                        |  |

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

**1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)**

|  |   |  |   |
|--|---|--|---|
| <b>EXISTING FOLIO NO.</b>  | (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)                                |  |   |
| <b>Name</b><br>(Mr/Ms/M/s)   |   |  |   |
| <b>Date of Birth*</b>  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Email ID</b>  | <input type="text"/>  |
| *Mandatory in case of Minor  |   |  |   |
| <b>Telephone No. (O)</b>   | <input type="text"/>  | Please (✓) only in case you want paper based communication |   |
| <b>Telephone No. (R)</b>   | <input type="text"/>  | <b>Mobile No.</b>  | <input type="text"/>  |
| <b>Name of Father/<br/>Guardian in case of Minor</b>                 | <input type="text"/>  |  |   |
| <b>Name of Contact Person</b><br>(in case of Institutional Investor) | <input type="text"/>  |  |   |
| <b>PAN</b>   | <input type="text"/>  | <b>Attached</b> <input type="checkbox"/> PAN Proof         | [Are you KYC Compliant Please (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No] |

**2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 2)**

|                             |                      |  |   |
|-----------------------------|----------------------|--|---|
| <b>Name</b><br>Mr./Ms./M/s. | <input type="text"/> |  |   |
| <b>PAN</b>                  | <input type="text"/> | <b>Attached</b> <input type="checkbox"/> PAN Proof | [Are you KYC Compliant Please (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No] |

**3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 2)**

|                             |                      |  |   |
|-----------------------------|----------------------|--|---|
| <b>Name</b><br>Mr./Ms./M/s. | <input type="text"/> |  |   |
| <b>PAN</b>                  | <input type="text"/> | <b>Attached</b> <input type="checkbox"/> PAN Proof | [Are you KYC Compliant Please (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No] |

**4. GENERAL INFORMATION - Please (✓) wherever applicable (SEE NOTE 1 m & n)**

|                                     |  |   |                                       |  |                                       |                                    |
|-------------------------------------|--|---|---------------------------------------|--|---------------------------------------|------------------------------------|
| <b>Status (Please ✓)</b>            |  |   | <b>Mode of Holding (Please ✓)</b>     |  | <b>Occupation (Please ✓)</b>          |                                    |
| <input type="checkbox"/> Individual | <input type="checkbox"/> PSU             | <input type="checkbox"/> Partnership Firm       | <input type="checkbox"/> Bank         | <input type="checkbox"/> Single              | <input type="checkbox"/> Professional | <input type="checkbox"/> Housewife |
| <input type="checkbox"/> Trust      | <input type="checkbox"/> FII             | <input type="checkbox"/> Minor through Guardian | <input type="checkbox"/> PIO          | <input type="checkbox"/> Joint               | <input type="checkbox"/> Business     | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Society    | <input type="checkbox"/> HUF             | <input type="checkbox"/> Company/Body Corporate | <input type="checkbox"/> NRI          | <input type="checkbox"/> Any one or Survivor | <input type="checkbox"/> Student      | <input type="checkbox"/> Service   |
| <input type="checkbox"/> AOP/BOI    | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Government Body        | <input type="checkbox"/> Others _____ |  | <input type="checkbox"/> Others _____ |                                    |

**5. CONTACT DETAILS (SEE NOTE 1)**

|   |                      |            |                      |
|---|----------------------|------------|----------------------|
| <b>Local Address of 1st Applicant</b>   | <input type="text"/> |            |                      |
| <b>Landmark</b>   | <input type="text"/> |            |                      |
| <b>City</b>   | <input type="text"/> | <b>Pin</b> | <input type="text"/> |
| <b>State</b>  | <input type="text"/> |            |                      |
| Address for Correspondence for NRI Applicants only (Please ✓) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/> |                      |            |                      |
| <b>Foreign Address</b><br>(NRI / FII Applicants)  | <input type="text"/> |            |                      |
| <b>City</b>   | <input type="text"/> |            |                      |
| <b>Country</b>  | <input type="text"/> | <b>Zip</b> | <input type="text"/> |

**6. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)**

|  |                              |                                       |                      |
|--|------------------------------|---------------------------------------|----------------------|
| <b>Name of Bank</b>  | <input type="text"/>         |                                       |                      |
| <b>Branch Name and Address</b>   | <input type="text"/>         |                                       |                      |
| <b>City</b>  | <input type="text"/>         | <b>Pin</b>                            | <input type="text"/> |
| <b>Account No.</b>   | <input type="text"/>         |                                       |                      |
| <b>9 digit MICR Code</b>   | <input type="text"/>         |                                       |                      |
| <b>IFS Code</b>  | <input type="text"/>         |                                       |                      |
| (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf) |                              |                                       |                      |
| <b>Account Type (Please ✓)</b>   |                              |                                       |                      |
| <input type="checkbox"/> Savings   | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR         |                      |
| <input type="checkbox"/> Current   | <input type="checkbox"/> NRE | <input type="checkbox"/> Others _____ |                      |

**7. DIRECT CREDIT OF DIVIDEND/ REDEMPTION (SEE NOTE 6)**

Unit holders having core banking account with selected banks will receive their redemption/dividend proceeds (if any) directly into their bank account. Please attach a copy of a CANCELLED cheque leaf.

Note : AMC, reserves the right to use any mode of payment as deemed appropriate. AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information provided by investor.

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

**TEAR HERE**

|   |   |                                |                        |   |
|---|---|--------------------------------|------------------------|---|
| (To be filled in by the First applicant/Authorized Signatory) :<br>Received from : <input type="text"/> |   |                                |                        | Stamp<br>Signature & Date   |
| <b>Scheme Name</b>  | <b>Options (✓)</b>  | <b>Cheque/ DD Amount (Rs.)</b> | <b>Bank and Branch</b> | <b>Cheque / DD No. &amp; Date</b>                                 |
|   | <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout      |                                |                        |   |
|   | <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Bonus |                                |                        |   |
| Attachments   |   |                                |                        | All purchases are subject to realisation of cheque / demand draft |

# ARN - 30156

## 8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

|  |   |
|--|---|
| <b>Scheme Name</b>   |   |
| <b>Plans / Sub Plans</b>   |   |
| Options (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Bonus <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment  |   |
| Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |   |
| <b>Cheque / DD Amount (Rs.)</b>  | <b>Drawn on Bank and Branch</b>         |
| <b>Investment Amount (Rs. in Figures)</b>  | <b>Investment Amount (Rs. in Words)</b> |

(Please see the Plans & Options and dividend policy details, in the Scheme specific information for Plans/Sub Plans/Options/dividend frequency and dividend mode details before filling the above details).

## 9. SYSTEMATIC INVESTMENT PLAN (SIP)/ MICRO SIP (SEE NOTE 12, 13 & 14)

|   |   |   |                  |
|---|---|---|------------------|
| <input type="checkbox"/> SIP                    |   | In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP  |                  |
| 1. Payment Mechanism<br>(Please ✓ any one only) | <input type="checkbox"/> Cheques<br>(Please provide the details below)  | <input type="checkbox"/> SIP ECS/Direct Debit<br>(Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form) |                  |
|   | SIP Date (Please ✓) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <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) No of SIPs <input style="width: 50px;" type="text"/>   |   |                  |
| 2. Frequency (Please ✓ any one only)            | <input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP   |   |                  |
| 3. SIP Period                                   | From <input style="width: 20px;" type="text"/> D <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y To <input style="width: 20px;" type="text"/> D <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y |   |                  |
| 4. Cheque(s) Details                            | No. of Cheques  | SIP Amount (in figures)   | Cheque Nos       |
|   |   |   | Cheques drawn on |

## 10. ONLY FOR MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 k)

|  |   |  |   |
|--|---|--|---|
| Name of Mother (Mrs/Ms)  |   |  |   |
| Name of Applicant<br>(If different from Parent/Legal Guardian) |   |  |   |
| LOCK IN (Please ✓) :   | <input type="checkbox"/> Required <input type="checkbox"/> Not Required   | REDEMPTION OPTION (Please ✓)                 | <input type="checkbox"/> Lump-sum <input type="checkbox"/> Staggered    |
| Name of Alternate Child  |   | Nomination of an alternate child: (Please ✓) | <input type="checkbox"/> Required <input type="checkbox"/> Not Required |
| Date of Birth of alternate child                               | <input style="width: 20px;" type="text"/> D <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y | Relationship to the Magnum Holder            |   |

## 11. ONLY FOR MAGNUM INCOME PLUS FUND (SEE NOTE 1 k)

|   |                        |
|---|------------------------|
| <p><b>GOOD HEALTH DECLARATION :</b> I declare that I am in sound health, do not have any physical defect/deformity, perform my routine activities independently and, that I have never suffered or have been suffering, or have been hospitalized for any critical illness* or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue averment be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes. * Critical illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.</p> | Signature of Applicant |
|---|------------------------|

## 12. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 10)

|                               |  |   |
|-------------------------------|--|---|
| Name of the Nominee           |  | Percentage  |
| Name of the Guardian*         |  |   |
| Relationship                  | Date of Birth*   | <input style="width: 20px;" type="text"/> D <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> Y |
| Address of Nominee/ Guardian* | ⊗<br>Signature of Guardian*<br>(*Mandatory in case of Minor nominee) |   |

(To nominate more than one person, please fill nomination form separately)

## 13. SERVICES (Please ✓) (SEE NOTE 4)

|  |
|--|
| <input type="checkbox"/> I/We would like to receive the application form for obtaining PIN to view my/our account information online |
|--|

## 14. DECLARATION & SIGNATURE (SEE NOTE 11) : 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 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 are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the 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 NRI; I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors 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

|  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <b>SIGNATURE(S)</b><br>Applicants must sign as per mode of holding | ⊗   | ⊗                                    | ⊗                                    |
|  | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |
| Date   |   |                                      | Place                                |

----- TEAR HERE -----

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

|   |   |
|---|---|
| <p><b>Investment Manager :</b><br/>SBI Funds Management Pvt. Ltd.<br/>(A Joint Venture between SBI &amp; SGAM)<br/>191, Maker Towers 'E', Cuffe Parade,<br/>Mumbai - 400 005.<br/>Tel.: 022-22180244/22180221, Fax : 022 -22180244<br/>E-mail : partnerforlife@sbimf.com,<br/>Website : www.sbimf.com &amp; www.sbfunds.com</p> | <p><b>Registrar:</b><br/>Computer Age Management Services Pvt. Ltd.,<br/>(SEBI Registration No. : INR000002813)<br/>148, Old Mahabalipuram Road, Okkiyam Thuraipakkan,<br/>Chennai 600096, Tamil Nadu<br/>Tel: 044-30407000 &amp; 24587000, Fax: 044-24580982<br/>Email: enq_L@camsonline.com, Website : www.camsonline.com</p> |
|---|---|