

Folio No.: Annin No :

SBI MUTUAL A PARTNER FO	FUND R LIFE									S-2802/18	
		SIP ENROLI	MENT CU	M ONE TI	ME DEBI	T MANDA	ATE FO	ORM Anna	ination Faun		
ARN & Name of Distributor		Branch Code		ker ARN Code	_	oker Code		EUIN*		Reference No.	
103807		(only for SBG)						Unique Identif	fication Number)		
	anacation (anh. who	ra FIMA hay is left blank .* !	ANA havebu applices the	A the FIIIN have been been	a intentionally left hi	lant huma/ua aa shia			a with a standard internation	an an advisa bu the annulaus.	
Declaration for "execution-only" tr relationship manager/sales person of											
SIGNATURE(S)											
1st App Upfront commission shall be paid dire	olicant / Guard ectly by the investor to	ian / Authorised Sig the AMFI registered Distribute	natory ors based on the investo	2 nd Applicant / A ors' assessment of various			y the distributo	3 rd Applicar	nt / 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 1st Applicant											
SIP 1st Cheque No/s:	o/s:										
	1			2				3			
Scheme Name											
Plan	Regular Direct			Regular	Regular Direct			Regular	Direct		
Option	Growth	Growth Dividend Frequency			Growth Dividend Frequency			Growth Dividend Frequency			
Dividend Facility	Reinvest Payout			Reinvest	Payout			Reinvest	Payout		
Each SIP Instalment Amount (₹)											
SIP Frequency	Monthly Half - Y		Weekly (1 st , 8 th , 15 th and 22 nd) Monthly (Default) Quarterly Half - Yearly Annual			, I II	Weekly (1st, 8th, 15th and 22nd) Monthly (Default) Quarterly Half - Yearly Annual				
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	1st 5th 10th (Defau	20 th	30th For February, last business day) other date from 1st to 30th)	1st 5th 10th (Default)	15 th 20 th 25 th	30 th (For February, last but		1st 5th 10th (Default)	15 th 20 th 25 th	30 th (For February, last business day) (Any other date from 1 st to 30 th)	
SIP Period	ToOR 3 yrs	5 yrs	10 yrs kany	From To OR 3 yrs	M Y S yrs	10 yrs	(ect any one) OF		M Y 5 yrs	□ 10 yrs constant to the total	
	□15 yrs	Perpetual (Default) $\frac{\overleftarrow{b}}{\underline{e}}$	□15 yrs	☐ Perpet	tual (Default)	(Selec	☐15 yrs	☐ Perpet	ual (Default)	
Use Existing One Time Debit Mandate (if already registered in the Folio) Bank A/c No											
Bank Name				TOP-UP							
Top-up Amount Rs.		1			2				3		
(in multiples of Rs. 500 c											
Top-up Frequency DECLARATION: I/We here		lalf - Yearly he particulars given in t	Annual		nlf - Yearly	Ann			- Yearly	Annual es of SRI Mutual Fund	
I/We hereby confirm and c that SBI Mutual Fund and not effected for reasons of account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I	declare that the naits service provide fincomplete or in the aggregate of upees Fifty Thou the different contact of the contents of the different of the contents of the different of the differe	nonies invested by me lers and bank are authon correct information, I/ f the lump sum investm sand) (applicable for "N npeting Schemes of van ne SID, SAI, KIM and A	in the schemes of orized to process to We would not hole ent (fresh purchas Micro investments rious Mutual Fund ddenda issued fro ddenda issued fro	f SBI Mutual Fund transactions by de ld the user instituti se & additional pur " only). The ARN I ds from amongst v	do not attract to biting my/our bon responsible chase) and SIP nolder has discly which the Scher	the provisions of lank account thro . I/We will also in installments in r osed to me/us a me is being reco	Foreign Co ough Direct Inform SBI M Olling 12 mo Il the commonmended to	ontribution Re Debit / NACH Mutual Fund/F onths period onissions (in the to me/us. I/W	gulations Act ("F I facility. If the tra ITA about any ch or financial year i. e form of trail cor e have read, und	CRA"). I/We are aware insaction is delayed or langes in my/our bank e. April to March does mmission or any other erstood and agreed to	
SBI MUTUA	L FUND	ON UMRN	E TIME DI	EBIT MAN	DATE FO	 DRM (OTI	VI) Date		ММ	/	
Sponsor Bank Code Utility Code											
	e, hereby auth	norize SBI Mu	tual Fund		Т	o debit (Plea	ase ✓)	SB / CA / C	C / SB-NRE /	SB-NRO / Other	
MODIFY Ban	k A/c No.										
with Bank	Ban	k Name		IFSC				OR MICR			
an amount of Rupees							₹				
FREQUENCY: Weekly Onthly Quarterly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount											

Moblie No.:

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- 1. Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- 3. Alongwith OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- 4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- 5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- 6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- 7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
- 8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
- 9. Please provide all the information / details in the OTM.

Mandatory information to be provided in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records