

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

Scheme Name	
Plans / Sub Plans	
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	
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

(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 (Please ✓ any one only)	<input type="checkbox"/> Cheques (Please provide the details below) <input type="checkbox"/> SIP ECS/Direct Debit (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)								
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day) No of SIPs <input type="text"/>								
3. SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
4. Cheque(s) Details	<table border="1"> <tr> <th>No. of Cheques</th> <th>SIP Amount (in figures)</th> <th>Cheque Nos</th> <th>Cheques drawn on</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	No. of Cheques	SIP Amount (in figures)	Cheque Nos	Cheques drawn on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Cheques	SIP Amount (in figures)	Cheque Nos	Cheques drawn on						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

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

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

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

<p>GOOD HEALTH DECLARATION : 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
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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	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian*	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of Nominee/ Guardian*	<input type="text"/>		

⊗ Signature of Guardian* (*Mandatory in case of Minor nominee)

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

13. SERVICES (Please ✓) (SEE NOTE 4)

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

SIGNATURE(S) 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.

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