SBI MUTUAL FUND
A PARTNER FOR LIFE

| This product is suitable for investors who are seeking*: | Riskometer |
|---|---|
| • Long term Capital appreciation<br>• An open ended equity scheme investing in equity and equity related instruments based on the Quality Factor |  |

*Investors should consult their financial advisers if in doubt about whether the product is suitable

SBI QUALITY FUND
An open-ended equity scheme following Quality Factor theme.

Application No.

# APPLICATION FORM FOR SBI QUALITY 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. |
|---|---|---|---|---|---|
| | | | | | |

**Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:**
***** 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.
****** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.

| SIGNATURE (S) | 1st Holder/Authorised Signatory/Guardian | 2nd Holder/Authorised Signatory | 3rd Holder/Authorised Signatory |
|---|---|---|---|

## SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

| Investor Details | 1st Applicant/Minor | 2nd Applicant | 3rd Applicant |
|---|---|---|---|
| Investor Name (As per Income Tax) | | | |
| PAN Number | | | |
| Date of Birth (As per Income Tax) | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y |
| Guardian Details (In case of Minor) (Please fill details as per Income Tax) | Guardian Name | Relationship with Minor: Father / Mother / Legal Guardian | Relationship Proof attached: ☐ Birth Certificate ☐ Passport |
| | Guardian PAN | Guardian Date of Birth D D / M M / Y Y Y Y | ☐ Aadhar Card ☐ Court Order |
| Mode of Holding | ☐ Single ☐ Joint | ☐ Anyone or Survivor(s) | *(Joint applicants not allowed in case of Minor investment)* |
| CKYC Number (KIN) | | | |
| Tax Status | ☐ Resident Individual ☐ Resident Minor | ☐ Resident Individual ☐ PIO | ☐ Resident Individual ☐ PIO |
| | ☐ NRI (Repatriable) ☐ NRI (Non Repatriable) | ☐ NRI (Repatriable) ☐ NRI (Non Repatriable) | ☐ NRI (Repatriable) ☐ NRI (Non Repatriable) |
| | ☐ NRI - Minor (Repatriable) ☐ NRI - Minor (Non Repatriable) | | |
| | ☐ PIO ☐ Sole Proprietor ***(Please attach GST Certificate)*** | | |

**Power of Attorney (POA) Details - If applicable**

| | | | |
|---|---|---|---|
| POA Holder Name | | | |
| PAN of POA Holder | | | |
| POA copy attached | ☐ | ☐ | ☐ |

## SECTION II NON - INDIVIDUAL INVESTOR

| | | | |
|---|---|---|---|
| Investor Name (As per Income Tax) | | | |
| PAN Number | | Date of Incorporation (As per Income Tax) D D / M M / Y Y Y Y | CKYC Number (KIN) |
| Contact Person Name | | | |
| Legal Entity Identifier (LEI Copy to enclosed) | LEI No. | Validity D D / M M / Y Y Y Y | **Note: LEI code mandatory if investment value is equal to or exceeds `50 crore limit.** |

| Tax Status of Entity | | | | | |
|---|---|---|---|---|---|
| | ☐ Partnership Firm | ☐ Private Limited Company | ☐ AOP | ☐ NPO* | ☐ Bank & Institutions |
| | ☐ HUF | ☐ Public Limited Company | ☐ BOI | ☐ NGO* | ☐ Gratuity Fund |
| | ☐ LLP | ☐ Government Body | ☐ FOF | ☐ Trust* | ☐ Body Corporate |
| | ☐ FII/FPI | ☐ Pension & Retirement Fund | ☐ Society* | ☐ NPS Trust* | ☐ Others ________ |

***NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)**

***I/We are Non-profit organisation (NPO)** ☐ **Yes** ☐ **No. If yes, please quote registration number of Darpan Portal**________________

We are falling under "Non-Profit organisation (NPO) which has been constituted for religious or charitable purpose referred to in clause (15) of section of 2 of Income-Tax Act,1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State Legislation or Company Registered under the section 8 of the Companies Act,2013 (18 of 2013).

If not registered, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

| Other Details | Is the entity involved/providing any of the following service(s) : | YES | NO |
|---|---|---|---|
| | For foreign exchange/money changer services | ☐ | ☐ |
| | Money Lending/Pawning | ☐ | ☐ |
| | Gaming/Gambling/Lottery services (eg Casinos/betting syndicates) | ☐ | ☐ |
| Networth in Rs. (Not older than 1 year) Mandatory | Rs. | As on D D / M M / Y Y Y Y | |

**Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.**

*Contd...*

## SECTION III - CONTACT & BANK DETAILS

| Address for Communication | Correspondence Address (Address as per KRA records) | | Overseas Address (Mandatory for NRI/PIO/FII applicant) | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | City/Town | Pin | City/Town | Zip |
| | State | Country | State | Country |
| | Tel. (Res.) | Tel. (Off.) | Tel. (Res.) | Tel. (Off.) |

| Bank Details (Please attach Bank Account proof) | | | |
|---|---|---|---|
| | Bank Name | Bank Account No. | |
| | Branch Name | IFSC | MICR (9 Digit) |
| | Branch Address | City | Pin code |

A/C Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ____________

| Contact Details | 1st Applicant/Minor | | | 2nd Applicant | | | 3rd Applicant | | |
|---|---|---|---|---|---|---|---|---|---|
| Mobile Number | Country Code - | | | Country Code - | | | Country Code - | | |
| Given Mobile Number Pertains to | ☐ Self | ☐ Dependent Children | | ☐ Self | ☐ Dependent Children | | ☐ Self | ☐ Dependent Children | |
| | ☐ Spouse | ☐ Dependent Parents | | ☐ Spouse | ☐ Dependent Parents | | ☐ Spouse | ☐ Dependent Parents | |
| | ☐ Guardian | ☐ Dependent Sibling | | ☐ Guardian | ☐ Dependent Sibling | | ☐ Guardian | ☐ Dependent Sibling | |
| | ☐ Custodian | ☐ POA | ☐ PMS | ☐ Custodian | ☐ POA | ☐ PMS | ☐ Custodian | ☐ POA | ☐ PMS |
| Email ID | | | | | | | | | |
| Given Email ID Pertains to | ☐ Self | ☐ Dependent Children | | ☐ Self | ☐ Dependent Children | | ☐ Self | ☐ Dependent Children | |
| | ☐ Spouse | ☐ Dependent Parents | | ☐ Spouse | ☐ Dependent Parents | | ☐ Spouse | ☐ Dependent Parents | |
| | ☐ Guardian | ☐ Dependent Sibling | | ☐ Guardian | ☐ Dependent Sibling | | ☐ Guardian | ☐ Dependent Sibling | |
| | ☐ Custodian | ☐ POA | ☐ PMS | ☐ Custodian | ☐ POA | ☐ PMS | ☐ Custodian | ☐ POA | ☐ PMS |

## SECTION IV - INVESTMENT DETAILS

| | | |
|---|---|---|
| Investment Type | ☐ **Lumpsum Investment** ☐ **Systematic Investment Plan (SIP)** (Please Attach SIP & OTM Form) ☐ **Lumpsum with SIP Investment** (Please Attach SIP & OTM Form) | |
| Scheme Details | | |
| Scheme Name | **SBI QUALITY FUND** | |
| Plan | ☐ Regular | ☐ Direct |
| Option | ☐ Growth | ☐ IDCW (Dividend) |
| IDCW Facility | ☐ Payout | ☐ Reinvest |
| | ☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)* | |
| IDCW Transfer Details (If selected IDCW transfer) | To Scheme Name | |
| | Plan | Option |
| | IDCW Facility | IDCW Frequency |
| IDCW Frequency | ☐ Daily | ☐ Weekly |
| | ☐ Fortnightly | ☐ Monthly |
| | ☐ Quarterly | ☐ Annual |
| Payment Details (Cheque in favour of Scheme Name) | Cheque No. / UTR No./ Reference No. | |
| | Cheque Date | D D / M M / Y Y Y Y |
| Amount in Rs. | | |
| Amount in Words | | |
| Drawn on | Bank Name | |
| | Branch Name | |
| | Bank A/c No. | |
| Payment Mode | ☐ Cheque | ☐ RTGS/NEFT |
| | ☐ Fund Transfer | ☐ OTM |
| DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat) | Depository Participant Name | Proof Attached ☐ Latest Client Master ☐ Demat Account Statement |
| | ☐ **National Securities Depository Limited (NSDL)** | ☐ **Central Depository Securities (India) Limited (CDSL)** |
| | DP ID & Beneficiary Account No. | Beneficiary Account No. |

**Note:** The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.

*Contd...*

## SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR

**Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.**

| FATCA & CRS | 1st Applicant | 2nd Applicant | 3rd Applicant | Guardian |
|---|---|---|---|---|
| Country of Birth | | | | |
| Place/City of Birth | | | | |
| Nationality | | | | |
| Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India | Yes No | Yes No | Yes No | Yes No |
| **If Yes, Please provide following information:** | | | | |
| Country of Tax Residency 1 | | | | |
| Identification Type | | | | |
| Tax Payer Ref ID No. | | | | |
| Country of Tax Residency 2 | | | | |
| Identification Type | | | | |
| Tax Payer Ref ID No. | | | | |
| Country of Tax Residency 3 | | | | |
| Identification Type | | | | |
| Tax Payer Ref ID No. | | | | |

**Note:** In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)

## SECTION VI - OTHER PERSONAL INFORMATION

| Other Information | 1st Applicant/Minor | 2nd Applicant | 3rd Applicant | Guardian |
|---|---|---|---|---|
| Gender | Male Female Other | Male Female Other | Male Female Other | Male Female Other |
| Father's Name | | | | |
| Spouse Name | | | | |
| **Occupation** | Private Sector Public Sector | Private Sector Public Sector | Private Sector Public Sector | Private Sector Public Sector |
| | Government Service Doctor | Government Service Doctor | Government Service Doctor | Government Service Doctor |
| | Business Professional | Business Professional | Business Professional | Business Professional |
| | Agriculturist Retired | Agriculturist Retired | Agriculturist Retired | Agriculture Retired |
| | Student House Wife | Student House Wife | Student House Wife | Student House Wife |
| | Others (Please Specify) | Others (Please Specify) | Others (Please Specify) | Others (Please Specify) |
| **Gross Income Range (in Rs.) OR Networth in Rs. (Not older than 1 year)** | Below 1 Lac 1-5 Lacs | Below 1 Lac 1-5 Lacs | Below 1 Lac 1-5 Lacs | Below 1 Lac 1-5 Lacs |
| | 5-10 Lacs 10-25 Lacs | 5-10 Lacs 10-25 Lacs | 5-10 Lacs 10-25 Lacs | 5-10 Lacs 10-25 Lacs |
| | 25 lacs - 1 Cr 1-5 Cr | 25 lacs - 1 Cr 1-5 Cr | 25 lacs - 1 Cr 1-5 Cr | 25 lacs - 1 Cr 1-5 Cr |
| | 5-10 Cr > 10cr | 5-10 Cr > 10cr | 5-10 Cr > 10cr | 5-10 Cr > 10cr |
| | Rs. | Rs. | Rs. | Rs. |
| | As on D D / M M / Y Y Y Y | As on D D / M M / Y Y Y Y | As on D D / M M / Y Y Y Y | As on D D / M M / Y Y Y Y |
| **Politically Exposed Person (PEP)** | Yes No Related to PEP | Yes No Related to PEP | Yes No Related to PEP | Yes No Related to PEP |
| **Type of Address given at KRA** | Residential Business Registered Office | Residential Business Registered Office | Residential Business Registered Office | Residential Business Registered Office |

*Contd...*

SBI MUTUAL FUND
A PARTNER FOR LIFE

## ACKNOWLEDGMENT SLIP

**Application No.:**

| | | | | |
|---|---|---|---|---|
| **Name of the Investor** | | | **ARN No.:** | **EUIN No.:** |
| | | | **Scheme Name:** SBI QUALITY FUND | |
| **Investment Details** | **Date:** D D / M M / Y Y Y Y | **Amount:** | **Plan:** Regular Direct | **Option:** Growth IDCW |
| | **Cheque/UTR No.:** | | | |
| | **Bank & Branch Name:** | | Signature, Date & Stamp | |

## SECTION VII - NOMINATION

| Nomination (Applicable for individual Investors except Minor) | ☐ I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY)<br>OR<br>☐ I/We do not wish to Nominate - Nominee OPT Out (Please sign Declaration for No Nomination) # | | |
|---|---|---|---|
| **Nominee Details** | **Nominee 1** | **Nominee 2** | **Nominee 3** |
| Name of the Nominee | | | |
| PAN of Nominee (Optional) | | | |
| Allocation% (Total of allocation% should be 100%) | | | |
| Relationship of Nominee with investor | | | |
| Nominee Date of Birth (Mandatory if Nominee is Minor) | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y |
| Guardian Name (In case Nominee is Minor) | | | |
| Nominee/Guardian Address | | | |
| Nominee/Guardian Contact Details | Mobile No.<br>Email Id | Mobile No.<br>Email Id | Mobile No.<br>Email Id |
| Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option | ☐ PAN Card ☐ Aadhar (last 4 Digits)<br>☐ Passport(NRI/PIO/OCI) ☐ Driving Licence | ☐ PAN Card ☐ Aadhar (last 4 Digits)<br>☐ Passport(NRI/PIO/OCI) ☐ Driving Licence | ☐ PAN Card ☐ Aadhar (last 4 Digits)<br>☐ Passport(NRI/PIO/OCI) ☐ Driving Licence |
| Please mention ID Number of the opted Option | Identification Number | Identification Number | Identification Number |
| **# Declaration for No Nomination:** | 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 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 competent authority, based on the values of assets held in my/our mutual fund folio. | | |
| ***Signature(s)** (All Applicants must Sign) | 1st Applicant | 2nd Applicant | 3rd Applicant |

***If the account holder affixes thumb impression instead of signature, Please use separate nomination form.**

I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)

☐ Name of Nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

Go Green Initiative

**All communications related to your investment, Scheme wise Annual Report or Abridged Summary will be sent to your registered email id. However, if you don't have Email ID, you could view and download Scheme wise Annual Report or Abridged Summary from our Website, www.sbimf.com. In case you still wish to receive the above in physical form, please tick box given below.**

☐ **I wish to receive scheme wise annual report or abridged summary through physical mode.**

**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 monies invested by me/us 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)** $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. **(vii)** @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. **(viii)** I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand) per Financial year per AMC (Applicable for "Micro Investments" only). **(ix)** 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. **(x)** 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. **(xi)** 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. **(xii)** 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 these form, including the tax payer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and accept the same. **(xiii)** I/We understand that, a penalty shall be levied on every inaccurate reportable account as provided under the Income Tax Act, 1961. The MF/AMC has the right to recover this penalty from the unit holder(s) or retain out of any money in its possession, due to inaccurate information or false self-certifications provided by unit holders. **(xiv)** If the name/date of birth/date of incorporation given in the Application is not matching with PAN, Application may liable to get rejected or further transactions may be liable to get rejected. By using this application, I/We agree to issue a cheque in favour of the scheme which will be invested as per the option selected/mentioned under clause (Section IV) of the form. **$Applicable to other than Individuals/HUF; @Applicable to NRI**

**I/We have read, understood & agree to the terms & conditions mentioned in the SID & KIM of the respective Scheme(s) along with the above declaration. I/We hereby confirm that the information provided by me/us on this form is true, correct and complete.**

| **Signature(s)** (All Applicants must Sign) | 1st Applicant/Guardian/ Authorised Signatory - Affix Rubber Stamp | 2nd Applicant Authorised Signatory - Affix Rubber Stamp | 3rd Applicant Authorised Signatory - Affix Rubber Stamp |
|---|---|---|---|

**Date:** / / **Place:**

***Any communication in connection with this application should be addressed to the Registrar or the Investment Manager***

**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.

**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

| Toll Free | Email ID | Website |
|---|---|---|
| 1800 425 5425 / 1800 209 3333<br>+91-22-62511600/+91-80-25512131 (for overseas investors) | customer.delight@sbimf.com | www.sbimf.com |

**SBI MUTUAL FUND**
A PARTNER FOR LIFE

| This product is suitable for investors who are seeking*: | Riskometer |
|---|---|
| • Long term Capital appreciation<br>• An open ended equity scheme investing in equity and equity related instruments based on the Quality Factor | RISKOMETER |

*Investors should consult their financial advisers if in doubt about whether the product is suitable

**SBI QUALITY FUND**
An open-ended equity scheme following Quality Factor theme.

# SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

**New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form**

| ARN & Name of Distributor | 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 Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |

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

## INVESTOR DETAILS

Folio No./Application No.

Name of 1st Applicant

| SIP Cheque No/s : | | | |
|---|---|---|---|
| | 1 | 2 | 3 |
| Scheme Name | | | |
| Plan | ☐ Regular ☐ Direct | ☐ Regular ☐ Direct | ☐ Regular ☐ Direct |
| Option | ☐ Growth ☐ IDCW Frequency | ☐ Growth ☐ IDCW Frequency | ☐ Growth ☐ IDCW Frequency |
| Income Distribution cum Capital Withdrawal (IDCW) Facility | ☐ Reinvest ☐ Payout | ☐ Reinvest ☐ Payout | ☐ Reinvest ☐ Payout |
| Each SIP Instalment Amount (₹) | | | |
| SIP Frequency | ☐ Monthly (Default) ☐ Quarterly<br>☐ Daily ☐ Weekly<br>☐ Half - Yearly ☐ Annual | ☐ Monthly (Default) ☐ Quarterly<br>☐ Daily ☐ Weekly<br>☐ Half - Yearly ☐ Annual | ☐ Monthly (Default) ☐ Quarterly<br>☐ Daily ☐ Weekly<br>☐ Half - Yearly ☐ Annual |
| SIP Date (for Monthly, Quarterly, Half-Yearly & Annual) | ☐ 1st ☐ 15th ☐ 30th (For February, last business day)<br>☐ 5th ☐ 20th<br>☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th) | ☐ 1st ☐ 15th ☐ 30th (For February, last business day)<br>☐ 5th ☐ 20th<br>☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th) | ☐ 1st ☐ 15th ☐ 30th (For February, last business day)<br>☐ 5th ☐ 20th<br>☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th) |
| (for Weekly Fixed Date or Day) | ☐ Fixed dates (1,8,15,22)<br>OR<br>☐ Any Day (Default) (Monday to Friday) | ☐ Fixed dates (1,8,15,22)<br>OR<br>☐ Any Day (Default) (Monday to Friday) | ☐ Fixed dates (1,8,15,22)<br>OR<br>☐ Any Day (Default) (Monday to Friday) |
| SIP Period | From M M Y Y Y Y<br>To M M Y Y Y Y<br>OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs<br>☐ 15 yrs ☐ 20 yrs ☐ 40 yrs<br>(Select any one) | From M M Y Y Y Y<br>To M M Y Y Y Y<br>OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs<br>☐ 15 yrs ☐ 20 yrs ☐ 40 yrs<br>(Select any one) | From M M Y Y Y Y<br>To M M Y Y Y Y<br>OR ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs<br>☐ 15 yrs ☐ 20 yrs ☐ 40 yrs<br>(Select any one) |

☐ **Use Existing One Time Debit Mandate (if already registered in the Folio)**

Bank Name _______________ Bank A/c No _______________

## TOP-UP SIP (Select anyone % or Amount)

| | 1 | 2 | 3 |
|---|---|---|---|
| **Top-Up Percentage** (in multiples of 5% only) | ☐ 5% ☐ 10% OR ☐ Other____ | ☐ 5% ☐ 10% OR ☐ Other____ | ☐ 5% ☐ 10% OR ☐ Other____ |
| OR | OR | OR | OR |
| **Top-Up Amount Rs.** (in multiples of Rs. 500 only) | Amount Rs.____ | Amount Rs.____ | Amount Rs.____ |
| **Top-Up Frequency** | ☐ Half - Yearly ☐ Annual | ☐ Half - Yearly ☐ Annual | ☐ Half - Yearly ☐ Annual |

## TOP-UP SIP CAP (Investor has to choose only one option)

| | | | |
|---|---|---|---|
| **Top-Up SIP CAPAmount ₹** (maximum SIP installment including Top-Up amount) | | | |
| OR | | | |
| **Top-Up SIP CAP Month-Year** | M M Y Y Y Y | M M Y Y Y Y | M M Y Y Y Y |

**DECLARATION** : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

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**SBI MUTUAL FUND**
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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.

## 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. Along with 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".
9. From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.
10. Please provide all the information / details in the OTM.

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

1. Date of Mandate
2. Bank A/c Type
3. Bank A/c No. (please enclose CANCELLED cheque leaf)
4. Bank Name
5. IFSC and/or MICR Code
6. Maximum Amount (Rupees and Words)
7. Mandate From date
8. Mandate To date
9. Signature/s of account holders in bank records
10. Name/s of account holders as in bank records

## Instructions for Top-Up SIP

1. Investors can either opt for fixed amount SIP Top-up or percentage SIP Top-Up option. In case investors selects both the options, percentage SIP Top-Up would be made applicable. In case the investor selects multiple % SIP Top-up options under percentage-based SIP Top-Up option, the lower percentage would be considered.
2. The minimum SIP Top-up amount under fixed amount SIP Top-up is Rs. 500 and in multiples of Rs. 500. The minimum Top-up percentage would be 5% of the SIP amount and in multiples of 5% thereof.
3. If the Top-up % is not in multiples of 5, it will be rounded down to nearest multiple of 5. The Top-up amount would be rounded off to the nearest Rs. 10.
4. Percentage SIP Top-up would be computed on the immediately preceding SIP instalment value as on the SIP Top-Up trigger date.
5. The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enrol for a fresh SIP with Top-up option.
6. In case of Monthly SIP, Half-yearly as well as Yearly frequency are available for Top-up. If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
7. In case of Quarterly SIP, only the Yearly frequency is available for Top-up.
8. Top up facility will not be applicable for SIP frequencies other than Monthly & Quarterly. SIP Top-up facility will be allowed in all schemes in which SIP facility is being offered.
9. All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.
10. The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

## Instructions for Top-up SIP Cap

Under this option, post selecting SIP Top-up option, the investor can define the maximum SIP Top-up Cap, beyond which the SIP instalment will not increase in future. The investor shall have the flexibility to choose either Top-up SIP Cap amount or Top-up SIP Cap Month-Year. In case of multiple selection, Top-up SIP Cap amount will be considered as default selection.

Terms and conditions of Top-up SIP Cap facility are as follows:

1. Top-up SIP Cap Amount: Investor has an option to fix the Top-up SIP amount i.e. maximum SIP instalment including Top-up amount. The pre-defined amount should be equal to or lesser than the maximum amount mentioned by the investor in One Time Mandate Form (OTM). The instalment amount after Top-up shall not exceed the amount mentioned in OTM at any given time.
2. In case of difference between the Top-up SIP Cap amount & OTM Debit Mandate, then amount which is lower of the two shall be considered as the Top-up SIP Cap amount.
3. If SIP amount (including SIP Top-up amount) reaches the Top-up Cap before the end of SIP tenure, the SIP Top up will cease and SIP instalment amount will remain constant for remaining SIP Tenure.
4. Top-up SIP Cap Month-Year: It is the month from which SIP Top-up amount will cease and last SIP instalment including Top-up amount will remain constant till the end of SIP tenure.
5. If none of the above options is selected by the investor, the SIP Top-up will continue as per the SIP end date subject to the maximum amount mentioned in OTM form.
6. The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

Illustration for Top us SIP

**Fixed amount Top-up SIP:**

| | |
|---|---|
| SIP Tenure | 01-Mar- 2017 to 1-Mar-2022 |
| SIP Amount (Rs) | 5000 |
| SIP Frequency | Monthly |
| Top-up Amount | 1000 |
| Top-up Frequency | Yearly |

| SIP From Date | SIP To Date | SIP Amount (Rs) | SIP Top-up Amount (Rs) | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 1000 | 6000 |
| 01-Mar-19 | 01-Feb-20 | 6000 | 1000 | 7000 |
| 01-Mar-20 | 01-Feb-21 | 7000 | 1000 | 8000 |
| 01-Mar-21 | 01-Feb-22 | 8000 | 1000 | 9000 |

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 7000. The calculation would be as shown below:

| SIP From Date: | SIP To Date | SIP Amount (Rs) | SIP Top-up Amount (Rs)* | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 1000 | 6000 |
| 01-Mar-19 | 01-Feb-20 | 6000 | 1000 | 7000 |
| 01-Mar-20 | 01-Feb-21 | 7000 | N.A | 7000 |
| 01-Mar-21 | 01-Feb-22 | 7000 | N.A | 7000 |

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

| SIP From Date | SIP To Date | SIP Amount (Rs) | SIP Top Amount (Rs)* | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 1000 | 6000 |
| 01-Mar-19 | 01-Feb-20 | 6000 | 1000 | 7000 |
| 01-Mar-20 | 01-Feb-21 | 7000 | N.A. | 7000 |
| 01-Mar-21 | 01-Feb-22 | 7000 | N.A. | 7000 |

Percentage Top-up SIP:

| | |
|---|---|
| SIP Tenure | 01-Mar- 2017 to 1-Mar-2022 |
| SIP Amount (Rs) | 5000 |
| SIP Frequency | Monthly |
| Top-up Percentage | 10% |
| Top-up Frequency | Yearly |

| SIP From Date | SIP To Date | SIP Amount (Rs) | SIP Top-up Amount (Rs)* | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 500 | 5500 |
| 01-Mar-19 | 01-Feb-20 | 5500 | 550 | 6050 |
| 01-Mar-20 | 01-Feb-21 | 6050 | 610 | 6660 |
| 01-Mar-21 | 01-Feb-22 | 6660 | 670 | 7330 |

* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 6500. The calculation would be as shown below:

| SIP From Date: | SIP To Date | SIP Amount (Rs) | SIP Top-up Amount (Rs)* | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 500 | 5500 |
| 01-Mar-19 | 01-Feb-20 | 5500 | 550 | 6050 |
| 01-Mar-20 | 01-Feb-21 | 6050 | 610 | 6500 |
| 01-Mar-21 | 01-Feb-22 | 6500 | N.A | 6500 |

* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

| SIP From Date | SIP To Date | SIP Amount (Rs) | SIP Top Amount (Rs)* | SIP Amount post Top-up (Rs) |
|---|---|---|---|---|
| 01-Mar-17 | 01-Feb-18 | 5000 | N.A. | 5000 |
| 01-Mar-18 | 01-Feb-19 | 5000 | 500 | 5500 |
| 01-Mar-19 | 01-Feb-20 | 5500 | 550 | 6050 |
| 01-Mar-20 | 01-Feb-21 | 6050 | N.A | 6050 |
| 01-Mar-21 | 01-Feb-22 | 6050 | N.A | 6050 |

* SIP Top-up amount is rounded off to nearest Rs. 10

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| This product is suitable for investors who are seeking*: | Riskometer |
|---|---|
| • Long term Capital appreciation<br>• An open ended equity scheme investing in equity and equity related instruments based on the Quality Factor | |

*Investors should consult their financial advisers if in doubt about whether the product is suitable

SBI QUALITY FUND
An open-ended equity scheme following Quality Factor theme.

# MITRA SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

**(New investors subscribing to this option must submit this Form alongwith Common Application Form)**

| ARN & Name of Distributor | 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 Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |

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

## INVESTOR DETAILS

**Folio No./Application No.**

**Name of 1st Applicant**

**SIP Cheque No/s**

**Scheme Name** SBI__________ Plan:__________ Option: Growth (Default)
(List of eligible schemes are given in terms and conditions, refer point no. 3)

**SIP Amount (Rs.)** **SIP Frequency :** Monthly (Default)

**SIP Start Date** D D M M Y Y Y Y

**SIP Tenure** ☐ 8 Years ☐ 10 Years ☐ 12 Years ☐ 15 Years ☐ 20 Years ☐ 25 Years ☐ 30 Years

**Switch-In/SWP Scheme Name** (Post completion of SIP Tenure) SBI__________ Plan:__________ Option: Growth (Default)
(List of eligible schemes are given in terms and conditions, refer point no. 3 or mention the same scheme as SIP scheme)

**SWP Date:** Same as SIP Date **SWP Frequency :** Monthly (Default)

**SWP Amount (tick any one of the option below from A Or B)**

☐ **A. As per below matrix basis SIP tenure**

| SIP Tenure | 8 Years | 10 Years | 12 Years | 15 Years | 20 years | 25 years | 30 Years |
|---|---|---|---|---|---|---|---|
| SWP Amount | 1 x SIP Instalment Amount | 1.5 x SIP Instalment Amount | 2 x SIP Instalment Amount | 3 x SIP Instalment Amount | 5 x SIP Instalment Amount | 8 x SIP Instalment Amount | 12 x SIP Instalment Amount |

**OR**

☐ **B. Any other Amount (Rs.)**__________ (This amount should be less than or equal to SWP amount mentioned as per the matrix above)

☐ **Use Existing One Time Debit Mandate (if already registered in the Folio)**

Bank Name Bank A/c No

## TOP-UP SIP

**Top-Up Percentage** (in multiples of 5% only) ☐ 5% ☐ 10% OR ☐ Other______

OR OR

**Top-Up Amount Rs. (in multiples of Rs. 500 only)** Amount Rs.__________

**Top-Up Frequency** ☐ Half - Yearly ☐ Annual

## TOP-UP SIP CAP (Investor has to choose only one option)

**Top-Up SIP CAPAmount ₹** (maximum SIP installment including Top-Up amount)

**OR**

**Top-Up SIP CAP Month-Year** M M Y Y Y Y

**DECLARATION** : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

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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 me/us and signed by me. 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.

# TERMS AND CONDITIONS FOR MITRA SIP AND OTM

**What is MITRA SIP?**

MITRA SIP is a facility that allows investor to make initial investment through SIP and after completion of specific tenure, Switch the units to another scheme or continue to remain in the same scheme as per the option selected by the investor and Systematic Withdrawal (SWP) from the target scheme post switch.

## TERMS AND CONDITIONS FOR MITRA SIP

1. MITRA SIP facility is available under select schemes of SBI Mutual Fund (mentioned below) for a fixed SIP tenure of either 8 years, 10 years, 12 years, 15 years, 20 years, 25 years or 30 years.
2. This facility is allowed under 'Monthly' frequency for Growth option of the eligible SIP / SWP schemes.
3. **Schemes eligible for SIP, Switch-in and SWP:** The target scheme can either be the source scheme (i.e. SIP scheme) or any one of the pre-defined schemes mentioned below.

| Name of Schemes (for SIP) | Name of Schemes (for Switch and SWP) |
|---|---|
| SBI Magnum Equity ESG Fund | SBI Conservative Hybrid Fund |
| SBI Large & Midcap Fund | SBI Multi Asset Allocation Fund |
| SBI Magnum Global Fund | SBI BlueChip Fund |
| SBI Equity Hybrid Fund | SBI Arbitrage Opportunities Fund |
| SBI Consumption Opportunities Fund | SBI Short Term Debt Fund |
| SBI Technology Opportunities Fund | SBI Banking & PSU Fund |
| SBI Healthcare Opportunities Fund | SBI Equity Savings Fund |
| SBI Contra Fund | SBI Balanced Advantage Fund |
| SBI Nifty Index Fund | SBI Equity Hybrid Fund |
| SBI Focused Equity Fund | |
| SBI Conservative Hybrid Fund | |
| SBI Magnum MidCap Fund | |
| SBI Magnum COMMA Fund | |
| SBI Flexicap Fund | |
| SBI Multi Asset Allocation Fund | |
| SBI BlueChip Fund | |
| SBI Infrastructure Fund | |
| SBI PSU Fund | |
| SBI Small Cap Fund | |
| SBI Banking & Financial Services Fund | |
| SBI Equity Minimum Variance Fund | |
| SBI International Access- US Equity FoF | |
| SBI Nifty Next 50 Index Fund | |
| SBI Balanced Advantage Fund | |
| SBI Multicap Fund | |
| SBI Nifty Midcap 150 Index Fund | |
| SBI Nifty Smallcap 250 Index Fund | |
| SBI Dividend Yield Fund | |
| SBI S&P BSE Sensex Index Fund | |
| SBI Nifty50 Equal Weight Index Fund | |
| SBI Energy Opportunities Fund | |
| SBI Automotive Opportunities Fund | |
| SBI Innovative Opportunities Fund | |
| SBI Nifty 500 Index Fund | |
| SBI Nifty India Consumption Index Fund | |
| SBI Nifty Bank Index Fund | |
| SBI BSE PSU Bank Index Fund | |
| SBI Income Plus Arbitrage Active FOF | |
| SBI Nifty200 Momentum 30 Index Fund | |
| SBI Nifty 100 Low Volatility 30 Index Fund | |
| SBI Nifty200 Quality 30 Index Fund | |
| SBI Dynamic Asset Allocation Fund Active FOF | |
| SBI Quality Fund | |

4. Minimum installment amount under this facility for SIP / SWP would be the same as prescribed under Monthly frequencies in the respective schemes. All other terms and conditions pertaining to SIP and SWP shall be applicable for MITRA SIP / SWP.
5. On completion of the SIP period, the entire accumulated clear unit balance shall be switched on T+15 calendar days to a pre-defined target scheme (T is the last SIP transaction date of the facility) or continue to remain in the same scheme as per option selected by the investor. In case the source and target scheme is different, then switch out from the source scheme would be subject to applicable exit load and taxes if any.
6. SWP shall commence from the target scheme from the next month onwards on the same SIP instalment date. The SWP transaction shall be subject to applicable exit load and taxes if any.
7. Investor can opt for SWP instalment amount as per the matrix below or specific amount to be mentioned, provided that the amount mentioned by the investor is less than or equal to amount mentioned as per the matrix and shall be subject to minimum SWP amount of the respective schemes.

| SIP Tenure | Monthly SWP Instalment |
|---|---|
| 8 years | 1 x monthly SIP instalment |
| 10 years | 1.5 x monthly SIP instalment |
| 12 years | 2 x monthly SIP instalment |
| 15 years | 3 x monthly SIP instalment |
| 20 years | 5 x monthly SIP instalment |
| 25 years | 8 x monthly SIP instalment |
| 30 Years | 12 x monthly SIP instalment |

For example, for a 10 years SIP with instalment amount of Rs 10,000, SWP amount must be less than or equal to Rs 15,000 (i.e 1.5 times of monthly SIP instalment). If SWP amount mentioned on application form is greater than the applicable slab, then it shall lead to rejection of the application. In case investor does not fill in any SWP amount, the default amount shall be as per the applicable slab given above.

8. In case no SIP tenure is selected, the default tenure shall be 12 years. In case no SIP date is selected, the default date shall be 10.
9. In case, no scheme is mentioned in the target scheme section in Switch-In/ SWP, the SWP shall be triggered from existing source SIP scheme itself.
10. SWP Date will be same as the SIP date. The Start date of SWP will be the month following the last SIP instalment date and the SWP End Date will be perpetual i.e. the SWP under this facility shall be processed till units are available in the respective target scheme. In case, the SWP trigger date is a non- business day, the next business day shall be considered as trigger date.
11. This facility shall get discontinued in the following events:
    i) On cancellation of SIP before the end of tenure, the switch trigger and SWP will cease.
    ii) In case, redemption / switch-out processed in Source Scheme during the SIP tenure, the Switch trigger and SWP will cease, however SIP shall continue under the source scheme as normal SIP.
    iii) In case redemption / switch-out is processed in Source Scheme after the SIP tenure till the execution of switch trigger, the switch trigger and the SWP will cease.
12. SIP Top-Up and SIP Pause is allowed under this facility. However, SWP would get registered based on the initial SIP instalment amount / slab mentioned in the application form.
13. Under a single folio, an investor can have multiple registrations under this facility. However, if investor wishes to invest in multiple schemes, investor shall have to submit separate MITRA SIP registration forms.
14. This facility will not be available under DEMAT mode and for Minor investors.

## 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. Along with 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".
9. From date & To date is mandatory. However, the maximum duration for enrollment is 30 years.
10. 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
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

## INSTRUCTIONS FOR TOP-UP SIP CAP

1. Investor can choose either Top-Up SIP Cap amount (i.e. maximum SIP installment including Top-Up amount) or Top-Up SIP Cap Month-Year. In case of multiple selection, Top-Up SIP Cap amount will be considered as default selection.
2. If none of the above option is selected by the investor, then the Top-Up SIP will continue as per the SIP end date and Top-Up SIP amount specified by the investor and the maximum amount mentioned in OTM Form shall be considered as Top-Up SIP Cap Amount.
3. Top-Up SIP CAP (Amount): Investor has an option to freeze the Top-Up SIP CAP amount (i.e. maximum SIP installment including Top-Up amount) once SIP installment amount reaches a fixed predefined amount. Maximum Top-Up SIP cap amount should not exceed the maximum amount mentioned in OTM Debit Mandate Form. In case of difference between the Top-Up SIP CAP Amount & the OTM Debit Mandate maximum amount, then amount which is lower of the two shall be considered as the default amount of Top-Up SIP Cap Amount.
4. If SIP Top-Up amount reaches the SIP Top-Up Cap amount before the end of SIP tenure, the Top-Up SIP will cease and last SIP instalment amount will remain constant for remaining installments.
5. Top-Up SIP Cap (Month-year) : This is the date from which Top-Up SIP Cap amount will cease and last SIP instalment amount will remain constant for remaining installments.