SBI MUTUAL FUND
A PARTNER FOR LIFE

FINANCIAL TRANSACTION
(Use separate transaction slip for each Transaction)

FOR EXISTING INVESTOR ONLY
For Systematic Transfer Plan / Systematic Withdrawal Plan

Name & ARN Code / RIA Code / PMRN	Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.
ARN-181211					**E528682**

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

Folio No.		Name of Investor	

Any alterations / corrections made on the Transaction slip needs to be counter signed by the unit holder(s).

SYSTEMATIC TRANSFER PLAN (STP)
(Please check applicable Exit Load , if any)

From Scheme Name	
Plan	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Half Yearly ☐ Annually
STP Type	☐ Regular ☐ CASTP ☐ Flex STP ☐ Swing STP

STP Installment Amount
Rs. _____ (Amt. in figures)
Rs. _____ (Amt. in words)

STP Frequency and Date (Select the date after 7 calendar days for execution of request)
☐ Daily ☐ 1 ☐ 5 ☐ 10 (Default)
☐ Monthly (Default) ☐ 15 ☐ 20 ☐ 25 ☐ 30
☐ Quarterly ☐ _____ Any other date from 1st to 30th
☐ Weekly ☐ Date (1, 8, 15, 22) **(OR)** ☐ Day _____ (Please specify) (Monday to Friday)

STP Period FROM DD/MM/YYYY TO DD/MM/YYYY

To Scheme Name	
Plan	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Half Yearly ☐ Annually
IDCW Facility	☐ Payout ☐ Reinvest
For Swing STP	☐ Normal STP ☐ Top- up STP

☐ Top up Amount _____
☐ Top up Percentage _____ annualised
Whether existing investment amount in Target scheme to be considered for calculation of Swing STP amount ☐ Yes ☐ No

SYSTEMATIC WITHDRAWAL PLAN (SWP)
(Please check applicable Exit Load, if any)

Scheme Name	
Plan	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Half Yearly ☐ Annually
IDCW Facility	☐ Payout ☐ Reinvest

SWP Installment Amount
Rs. _____ (Amt. in figures)
Rs. _____ (Amt. in words)

SWP Frequency and Date (Select the date after 7 calendar days for execution of request)
☐ Monthly (Default) ☐ 1 ☐ 5 ☐ 10 (Default)
☐ Quarterly ☐ 15 ☐ 20 ☐ 25 ☐ 30
☐ Half Yearly ☐ _____ Any other date from 1st to 30th
☐ Annual
☐ Weekly ☐ Date (1, 8, 15, 22) **(OR)** ☐ Day _____ (Please specify) (Monday to Friday)

SWP Period FROM DD/MM/YYYY TO DD/MM/YYYY **(OR)** ☐ Perpetual

SWP Payout Bank (payment will be made only to the Registered Bank account)
☐ To my Default Bank account Registered in the Folio **(OR)**
☐ To the following other Bank account Registered in the Folio
Bank Name _____
Bank Account Number _____

SIGNATURE(S) (Please sign as per mode of holding)
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.

Signature of 1st Holder / Guardian / Authorised Signatory

Signature of 2nd Holder

Signature of 3rd Holder

Date: _____ Place: _____

ACKNOWLEDGMENT

Investor Name		Folio No.	
Scheme Name		To Scheme Name	

Plan ☐ Regular ☐ Direct	Option ☐ Growth ☐ IDCW	Plan ☐ Regular ☐ Direct	Option ☐ Growth ☐ IDCW
☐ STP / ☐ SWP Amount (Rs.) _____ Frequency _____		ARN No.:	EUIN No.: