

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

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

6. INVESTMENT AND PAYMENT DETAILS

One time Investment Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

Scheme Name			
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Frequency	Scheme / Plan / Option	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
Cheque / D.D. No. & Date	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	

7. TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society	<input type="checkbox"/> LLP
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [Please specify]
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

8. DEMAT ACCOUNT DETAILS (OPTIONAL)

If you wish to hold units in Demat mode, please provide below details and enclose Latest Client Master / Demat Account Statement
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <input type="text" value="I"/> <input type="text" value="N"/> _____	Target ID No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

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

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

Investment Manager :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425
Website : www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai - 600 002
Tel: 022 - 2778 6501/ 6551
Email: enq_L@camsonline.com
Website: www.camsonline.com

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant	Third Applicant
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Network as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Percentage (Mandatory if more than one Nominee)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature

12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person

Is the entity involved / providing any of the following services Yes No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No
 For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

13. 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 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); (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 this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xiii) If the name given in the Application is not matching PAN/Aadhar card, application may liable to get rejected or further transactions may be liable to get rejected

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

I/We hereby provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosed of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

SIGNATURE(S) (ALL Applicants must sign)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	Place		

SYSTEMATIC TRANSFER PLAN ENROLLEMENT FORM (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUNIN* (Employee Unique Identification Number)	Reference No.
ARN-3280					

Declaration for "execution-only" transaction (only where EUNIN box is left blank)

I/We hereby confirm that the EUNIN 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 (MANDATORY)

EXISTING FOLIO NO./ APPLICATION NO.
 (For existing unitholders) (For new investors)

Name (Mr/Ms/M/s)

E-mail ID

Mobile No.

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

STP DETAILS

Type of STP (Please ✓ the Option)	<input type="checkbox"/> Regular STP	For Swing STP		
	<input type="checkbox"/> Flex STP	<input type="checkbox"/> Normal STP	<input type="checkbox"/> Top-up STP	
	<input type="checkbox"/> CASTP	<input type="checkbox"/> Top-up amount _____	<input type="checkbox"/> Top-up percentage _____ (annualised)	
	<input type="checkbox"/> Swing STP	Whether existing investment amount in Target scheme to be considered for calculation of swing STP amount <input type="checkbox"/> Yes <input type="checkbox"/> No		
STP Frequency & Enrolment Period	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP Installment Amount (Rs.)	STP From	STP To
	<input type="checkbox"/> Weekly (on 1 st , 8 th , 15 th and 22 nd)		D D M M Y Y Y Y	D D M M Y Y Y Y
Swing STP Date (For Monthly or Quarterly)	<input type="checkbox"/> 1 st <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)			
Scheme Details	From (Scheme)		To (Scheme)	
	Scheme			
	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
		Dividend Facility(✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
	In case of Dividend Transfer facility, please mention target scheme along with plan/option.			
	Scheme / Plan / Option			

DECLARATION : 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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. *** I/We hereby declare that 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).

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments";

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	

INSTRUCTIONS FOR STP

STP is a combination of systematic withdrawal from one scheme and systematic investment into another scheme. Therefore the minimum amount of withdrawals applicable under SWP would be applicable to STP also. Similarly the minimum investment applicable for each scheme under SIP would be applicable to STP also. STP facility would allow investors to transfer a predetermined amount from one scheme of the Mutual Fund to the other. The transfer would be processed on any business day as decided by the investor at the time of opting for this facility.

General terms and conditions for STP, Flex STP and CASTP

1. Exit load shall be as applicable for all transfers in the target/source schemes.
2. The enrolment / termination request should be submitted, at least 10 days prior to the desired commencement / termination date.
3. Default options:
 - Between Regular STP, Flex STP and CASTP – Regular STP
 - Between daily, weekly, monthly & quarterly frequency – monthly frequency
 - Default date for monthly and quarterly frequency – 10th
4. In case the date of transfer falls on a Non-Business Day, then the immediate following Business Day will be considered for the purpose of transfer.
5. In case start date is mentioned but end date is not mentioned, the application will be registered for perpetual period.
6. Weekly transfer will be done on 1st, 8th, 15th & 22nd of the month.

Terms and conditions of monthly & quarterly STP:

1. STP would be permitted for a minimum period of six months between two schemes.
2. Investor can transfer the amount from the switch-out scheme, subject to a minimum transfer of Rs.1000 and in multiples of Rs. 1 thereafter per month for 6 months, Rs. 500 and in multiples of Rs. 1 thereafter per month for 12 months and Rs. 1500 and in multiples of Rs. 1 thereafter per quarter for one year for other equity schemes, without any restriction on maintaining the minimum balance requirement as stipulated for the switch out scheme.

Terms and conditions of daily & weekly STP:

1. Under this facility, investor can transfer a predetermined amount from one scheme (source scheme) to the other scheme (target scheme) on daily / weekly basis.
2. Currently, this facility is available through SBI Magnum InstaCash Fund (Cash & Dividend Plan), SBI Magnum Instacash Fund – Liquid Floater Plan, SBI Premier Liquid Fund, SBI Ultra Short Term Debt Fund, SBI Short Term Debt Fund & SBI Savings Fund (source Scheme) (Source Scheme).
3. Target Schemes allowed would be open ended equity schemes, SBI Magnum Balanced Fund, SBI Inflation Indexed Bond Fund, SBI Dynamic Asset Allocation Fund & SBI Gold Fund.
4. Minimum amount of STP for SBI Magnum Taxgain Scheme will be Rs. 500 & in multiples of Rs. 500 for both daily & weekly STP and for other schemes the minimum amount of STP will be Rs. 500 and in multiples of Rs. 1 thereafter for daily STP & Rs. 1000 and in multiples of Rs. 1 thereafter for weekly STP.
5. Minimum number of instalments will be 12 for daily STP & 6 for weekly STP.

Flex Systematic Transfer Plan (Flex STP):

Flex Systematic Transfer Plan is a facility wherein an investor under a designated open-ended scheme can opt to transfer variable amounts linked to the value of his investments on the date of transfer at pre-determined intervals from designated open-ended scheme (source scheme) to the Growth option of another open-ended scheme (target scheme).

Terms and conditions of Flex STP:

1. The amount to be transferred under Flex STP from source scheme to target scheme shall be calculated using the below formula:
$$\text{Flex STP amount} = [(\text{fixed amount to be transferred per instalment} \times \text{number of instalments already executed, including the current instalment}) - \text{market value of the investments through Flex STP in the transferee scheme on the date of transfer}]$$
2. The first Flex STP instalment will be processed for the fixed instalment amount specified by the investor at the time of enrolment. From the second Flex STP instalment onwards, the transfer amount shall be computed as per formula stated above.

3. Flex STP is available for Monthly and Quarterly frequencies.
4. Flex STP is available only in “Growth” option of the target scheme.
5. If there is any other financial transaction (purchase, redemption or switch) processed in the target scheme during the tenure of Flex STP, the Flex STP will be processed as normal STP for rest of the instalments for the fixed amount.
6. A single Flex STP enrolment form can be filled for transfer into one scheme/ plan/ option only.
7. In case the amount (as per the formula) to be transferred is not available in the source scheme in the investor’s folio, the residual amount will be transferred to the target scheme and Flex STP will be closed.
8. All other terms & conditions of Systematic Transfer Plan are also applicable to Flex STP.

Capital Appreciation Systematic Transfer Plan (CASTP):

CASTP is a facility wherein an investor can opt to transfer the entire capital appreciation linked to the value of his investments on the date of transfer at pre-determined intervals from designated open-ended scheme (source scheme) to another open-ended scheme (target scheme).

Terms & conditions for Capital Appreciation Systematic Transfer Plan (CASTP):

1. Investor can avail this facility by submitting the request to transfer entire capital appreciation, subject to minimum of Rs. 100 on any business day.
2. Source scheme: This facility is available only under Growth option of all open ended schemes [except Equity Linked Savings Scheme & Exchange Traded Funds (ETFs)] of SBI Mutual Fund.
3. Target scheme: All open ended schemes except ETFs and daily dividend option.
4. The facility is available for weekly, monthly & quarterly frequencies.
5. Minimum number of instalments will be 6 for weekly and monthly frequencies and 4 for quarterly frequency.
6. Capital appreciation, if any, will be calculated from the enrolment date of the CASTP, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CASTP date (where CASTP has been processed and transferred) and the current CASTP date.
7. In case end date is mentioned but start date is not mentioned, the application will be registered after the expiry of 10 days from the submission of the application for the date of transfer mentioned in the application, provided the minimum number of instalments is met.
8. Minimum investment requirement in the target scheme and minimum redemption amount in the source scheme is not applicable for CASTP.
9. Investor can register only one CASTP for transfer from a source scheme.

Swing STP:

Swing STP is a facility wherein investor can opt to transfer an amount at regular intervals from source scheme of SBI Mutual Fund (SBIMF) to a target scheme of SBIMF including a feature of reverse transfer from target scheme into the source scheme, in order to achieve the targeted market value on each transfer date in the target scheme. This ensures that the market value on each date of the transfer rises by a specified amount at every frequency irrespective of the market price. For example if investor decides that the value of their investment in the target scheme should appreciate by Rs. 1000 per month, then each month investor will invest only to the extent of the shortfall. If appreciation in the target scheme is higher than the target value then this excess value is reverse transferred to the source scheme. Thus the amount to be transferred will be arrived at on the basis of the difference between the target market value and the actual market value of the holdings in the target scheme on the date of transfer.

Terms & conditions of Swing STP are as follows:

1. Source scheme: All open ended schemes (Excluding SBI Magnum Taxgain Scheme and ETF schemes) of SBI Mutual Fund.
2. Target scheme: Growth option in all open ended schemes (Excluding SBI Magnum Taxgain Scheme and ETF schemes) of SBI Mutual Fund.
3. Frequency: Weekly, Monthly and Quarterly intervals. In case the Fre-

quency is not indicated, Monthly frequency shall be treated as the Default Frequency.

4. Dates: The dates of transfers/ default dates shall be as under:

Frequency	Dates of Transfers	Default Date
Weekly Interval	1 st , 8 th , 15 th & 22 nd of every month	
Monthly Interval	1 st , 5 th , 10 th , 15 th , 20 th , 25 th & 30 th (In case of February last working day)	10th of every month
Quarterly Interval	1 st , 5 th , 10 th , 15 th , 20 th , 25 th & 30 th (In case of February last working day) The beginning of the quarter could be any month e.g. January, May, November, etc.	10th of every quarter

In case the date of transfer falls on a non-Business Day, the immediate next Business day will be considered for the purpose of determining the applicability of NAV and processing the transaction.

5. The minimum amount for the first installment shall be as follows:

- Weekly & Monthly frequency: Rs. 1,000 and in multiples of Re. 1
- Quarterly frequency: Rs. 3,000 and in multiples of Re. 1

6. Minimum number of installments

- Weekly & Monthly frequency: 12
- Quarterly frequency: 4

7. If there is any other financial transaction (purchase / redemption / switch / SIP / DTP etc.) processed in the target scheme/plan/option during the tenure of Swing STP, the Swing STP will be processed as normal STP for the rest of the installments for the fixed amount.

8. Amount of transfer: The first Swing STP installment will be processed for the installment amount specified by the investor at the time of enrollment. From the second Swing STP installment onwards, the transfer amount will be derived by the following formula:

(First installment amount X Number of installments including the current installment) – Market Value of the investments through Swing STP in the target scheme/plan/option on the date of transfer.

In case on the STP date, the amount (as specified above) to be transferred is not available in the source scheme/plan/option in the investor's folio, the residual amount will be transferred to the target scheme/plan/option and Swing STP will be closed.

9. Reverse Transfer: On the date of transfer, if the market value of the investments in the target scheme/plan/option through Swing STP is higher than the target market value (first installment amount X number of installments including the current installment), then a reverse transfer will be effected from the target scheme/plan/option to the source scheme/plan/option to the extent of the difference in the amount, in order to arrive at the target market value.

10. **Top-up option:** Investor can choose Swing STP based on fixed amount installment and additionally investor has an option to choose top-up option. Under this, investor can indicate an absolute amount or percentage (in annualized terms) by which each installment amount will be increased. Amount of transfer will be calculated by taking into consideration of the target market value (including top-up amount) and actual market value of the investments in the target scheme.

Amount of transfer: The first Swing STP installment will be processed

for the first installment amount specified by the investor at the time of enrollment. From the second Swing STP installment onwards, **the transfer amount will be derived by the following formula:**

In case Top-up amount mentioned as absolute amount:

Target market value Minus Market Value of the investments through Swing STP in the target scheme/plan/option on the date of transfer.

Target market value = (Target market value at the time of last installment + First installment amount + (Top-up absolute amount X Number of installments excluding the current installment)).

Minimum amount for Top-up (absolute amount):

- Weekly & Monthly frequency: Rs. 50 per installment and in multiples of Re. 1
- Quarterly frequency: Rs. 100 per installment and in multiples of Re. 1

In case Top-up amount mentioned in percentage:

Target Market Value less Market Value of the investments through Swing STP in the target scheme on the date of transfer.

Target Market Value = (Target market value at the time of last installment + First installment amount + (Target value at the time of last installment X Top-up percentage/ No. of periods))

No. of periods will be considered as below:

- For weekly frequency – 52
- For monthly frequency – 12
- For quarterly frequency – 4

Minimum percentage for Top-up (percentage option): 12% per annum

- Investors have an option to consider the existing investments in target scheme for calculating swing STP amount.
- A single STP enrolment Form can be submitted for transfer into one Scheme/Plan/Option only.
- The redemption/switch-out of units allotted in the target scheme shall be processed on First In First Out (FIFO) basis.
- The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document of the source scheme (target scheme in case of Reverse Transfer) and 'Minimum Purchase Amount' specified in the Scheme Information Document of the target scheme (source scheme in case of Reverse Transfer) will not be applicable for Swing STP.
- The application for enrollment / termination for Swing STP should be submitted at least 10 days before the desired commencement / termination date.
- In case the Start Date is not mentioned, the application will be registered after expiry of 10 days from submission of the application as per the default date i.e. 10th of each month / quarter (or the immediately succeeding Business Day). In case the End Date is not mentioned, the application will be registered for perpetual period.
- Load structure prevalent in source & target schemes (for reverse transfer) at the time of Swing STP registration will be applicable during the tenure of the Swing STP.
- Swing STP will be automatically terminated if balance is not available in the source scheme/plan/option on the date of Swing STP installment processing.
- The Swing STP Facility is available only for units held in Non - demat Mode in the source and target schemes.

SYSTEMATIC WITHDRAWAL PLAN ENROLMENT FORM (Please fill in BLOCK Letters)
INVESTOR DETAILS (MANDATORY)
EXISTING FOLIO NO./ APPLICATION NO.
 (For existing unitholders) (For new investors)

Name
 (Mr/Ms/M/s)

E-mail ID
Mobile No.
SWP DETAILS

	1		2		3	
Scheme Name						
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>
Dividend Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
SWP Instalment Amount						
SWP Frequency	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
SWP Date (For frequency other than Weekly)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th
	<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th	(For February, last business day)	<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th	(For February, last business day)
	<input type="checkbox"/> 10 th	<input type="checkbox"/> 25 th		<input type="checkbox"/> 10 th	<input type="checkbox"/> 25 th	
SWP Period	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>
	OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual	

DECLARATION 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA).

* 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs

SIGNATURE(S)

Applicants must sign as per mode of holding in the Folio

⊗

1st Applicant / Guardian / Authorised Signatory

⊗

2nd Applicant / Authorised Signatory

⊗

3rd Applicant / Authorised Signatory

Date

Place

SYSTEMATIC WITHDRAWAL PLAN ENROLMENT FORM (Please fill in BLOCK Letters)
INVESTOR DETAILS (MANDATORY)
EXISTING FOLIO NO./ APPLICATION NO.
 (For existing unitholders) (For new investors)

Name
 (Mr/Ms/M/s)

E-mail ID
Mobile No.
SWP DETAILS

	1		2		3	
Scheme Name						
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>
Dividend Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
SWP Instalment Amount						
SWP Frequency	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Half-yearly
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
SWP Date (For frequency other than Weekly)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th
	<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th	(For February, last business day)	<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th	(For February, last business day)
	<input type="checkbox"/> 10 th	<input type="checkbox"/> 25 th		<input type="checkbox"/> 10 th	<input type="checkbox"/> 25 th	
SWP Period	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>	From <u>M M Y Y Y Y</u>	To <u>M M Y Y Y Y</u>
	OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual		OR <input type="checkbox"/> Perpetual	

DECLARATION 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA).

* 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs

SIGNATURE(S)

Applicants must sign as per mode of holding in the Folio

⊗

1st Applicant / Guardian / Authorised Signatory

⊗

2nd Applicant / Authorised Signatory

⊗

3rd Applicant / Authorised Signatory

Date

Place

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)