

TRANSACTION SLIP (Please fill in BLOCK Letters)

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|---------------------------|-------------|-----------------|--|---------------|
| ARN & Name of Distributor | Branch Code | Sub-Broker Code | EUIN* (Employee Unique Identification Number) | Reference No. |
| ARN-3092 | | | E075439 | |

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. 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS (MANDATORY)

| | |
|--------------------|------------|
| EXISTING FOLIO NO. | |
| Name (Mr/Ms/M/s) | |
| Email ID | |
| Telephone No. | 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) -

ADDITIONAL PURCHASE REQUEST

| | | |
|------------------------------------|---|---|
| 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. Scheme / Plan / Option _____ |
| Option (Please ✓) | <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus | |
| Dividend Facility (Please ✓) | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer | |
| Cheque / DD Amount (Rs.) | Drawn on Bank and Branch | Cheque / D.D. No. & Date |
| Investment Amount (Rs. in Figures) | Investment Amount (Rs. in Words) | |

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

| | |
|---|--|
| Do you want Units in Demat Form (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, please provide the below details |
| National Securities Depository Limited (NSDL) | Central Depository Services (India) Limited (CDSL) |
| Depository Participant Name | Depository Participant Name |
| DP ID No. | Target ID No. |
| Beneficiary Account No. | |

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT.

SWITCH REQUEST

| | | |
|---|--|---|
| Amount | OR Number of Units | OR <input type="checkbox"/> All units (Please ✓) |
| From Scheme | To Scheme | |
| Plan (✓) | Option (✓) | Dividend Facility (✓) |
| <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer |
| | <input type="checkbox"/> Direct <input type="checkbox"/> Dividend | |
| In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____ | | |

REDEMPTION REQUEST

| | | |
|--|--|---|
| Scheme | | |
| Plan (✓) | Option (✓) | Dividend Facility (✓) |
| <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer |
| Amount | OR Number of Units | OR <input type="checkbox"/> All units (Please ✓) |

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

Folio No.

ARN-3092

| | | | | |
|---|--|-----------------------|-----------|--|
| (To be filled in by the First applicant/Authorized Signatory) : | | | | Stamp Signature & Date |
| Received from | | | | |
| Nature of Transaction | <input type="checkbox"/> Change of Bank Particulars <input type="checkbox"/> Change of Address <input type="checkbox"/> Nomination | | | |
| For Additional Purchase / Redemption | Scheme Name / Plan / Option / Dividend Facility | Amount | Units | |
| Systematic Investment / Withdrawal Plan | Scheme Name / Plan / Option / Dividend Facility | Amount (Rs.) | Frequency | SIP Commencement Date <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) |
| Systematic Transfer Plan / Switch Over | Scheme Name / Plan / Option / Dividend Facility From To | STP Commencement Date | Amount | Units |

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)

| | | | | | |
|---|---|---|--|--|------------|
| <input type="checkbox"/> SIP with Cheque | | <input type="checkbox"/> SIP without Cheque | | In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP | |
| 1. Payment Mechanism (Please ✓ any one only) | <input type="checkbox"/> Cheques (Please provide the details below) | | <input type="checkbox"/> SIP ECS/ Direct Debit (Please complete SIP ECS/Direct Debit Facility Registration cum Mandate Form) | | |
| | SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day) | | | No of SIP Installments <input type="text"/> | |
| 2. Frequency (Please ✓ any one only) | <input type="checkbox"/> Monthly SIP (Default) | | <input type="checkbox"/> Quarterly SIP | | |
| 4. SIP Period | From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| | To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one) | | | | |
| 4. Cheque(s) Details | No. of Cheques | | SIP Installment Amount (in figures) | | Cheque Nos |
| | Name of Bank & Branch | | | | |

TOP- UP SIP (SEE NOTE 12, 13 & 14)

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|---|--|
| Top up Amount Rs. (in multiples of Rs. 500 only) <input type="text"/> | Top-up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual |
|---|--|

SWP / STP FACILITY REQUEST

| | | | | |
|--|--|--|--|--|
| Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month) | Scheme / Plan | SWP installment amount (Rs.) | Amount (in words) | Frequency (Please ✓ any one only) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |
| | SWP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | SWP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Systematic Transfer Plan (STP) | STP Facility Request (Please ✓ any one only) <input type="checkbox"/> Regular STP <input type="checkbox"/> Flex STP (See Note 8) | | | |
| | From (Scheme) | | To (Scheme) | |
| | 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 <input type="checkbox"/> Bonus | | Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus | | |
| | | 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 | | | | |
| STP Frequency & Enrolment Period (Please ✓ any one only) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly | STP Installment Amount (Rs.) <input type="text"/> | STP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | STP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

CHANGE OF ADDRESS (Identity and Address proof mandatory)

| | | | | | | | |
|---|----------------------|--|--|--|--|-----|----------------------|
| Local Address of 1st Applicant | <input type="text"/> | | | | | | |
| Landmark | <input type="text"/> | | | | | | |
| City | <input type="text"/> | | | | | Pin | <input type="text"/> |
| State | <input type="text"/> | | | | | | |
| Address for Correspondence for NRI Applicants only (Please ✓) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/> | | | | | | | |
| Foreign Address (NRI / FII Applicants) | <input type="text"/> | | | | | | |
| City | <input type="text"/> | | | | | | |
| Country | <input type="text"/> | | | | | Zip | <input type="text"/> |

DECLARATION & SIGNATURE : 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 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"

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|---|--|------------------------------------|-------------------------------------|
| SIGNATURE(S) Applicants must sign as per mode of holding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1st Applicant/Guardian/ Authorised Signatory | 2nd Applicant/Authorised Signatory | 3rd Applicant/ Authorised Signatory |

| | | |
|---------------------------|-----------|----------------------------|
| Date <input type="text"/> | TEAR HERE | Place <input type="text"/> |
|---------------------------|-----------|----------------------------|

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

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|--|---|
| <p>Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMUNDI) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180244/22180221, Fax : 022 -22180244 E-mail : customer.delight@sbimf.com Website : www.sbimf.com</p> | <p>Registrar: Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813) 148, Old Mahabalipuram Road, Okkiyam Thuraipakkam, Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu Tel: 044-30407000 & 24587000, Fax: 044-24580982 Email: enq_L@camsonline.com, Website : www.camsonline.com</p> |
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