

Or

Until cancelled

A PARTNER FO	R LIFE									S-2802/18
Nev	v investors si	SIP ENROLM	ENT CU	M ONE TII	ME DEBI	T MAND	ATE I	ORM	lication Form	
ARN & Name of Distributor		Branch Code (only for SBG) Sub-Bro		ker ARN Code		ıb-Broker Code		EUIN* Employee Unique Identification Number)		Reference No.
		(Offig for SBG)					(Emplo	yee Unique Identii	rication Number)	
Declaration for "execution-only" tra- elationship manager/sales person of										
SIGNATURE(S)										
1st App pfront commission shall be paid dire		an / Authorised Signat he AMFI registered Distributors ba		2 <sup>nd</sup> Applicant / A			by the distri	3 <sup>rd</sup> Applicar butor	nt / Authorised	Signatory
TRANSACTION CHAR In case the subscription amo	GES FOR AP	PLICATIONS THROUNDERS OF THE PROPERTY OF THE P	UGH DISTR	IBUTORS/AGE ed to receive Tran	ENTS ONLY	s. Rs. 150/- (for	first time	mutual fund inve	stor) or Rs. 100/-	(for investor other that
first time mutual fund investo			mount and paid		Units will be iss					`
Folio No./Application	No.				JE I AILO					
Name of 1st Applicant										
SIP 1st Cheque No/s:										
	1			2				3		
Scheme Name										
Plan	Regular	Regular Direct		Regular Direct			Regul		Direct	
Option	Growth	Growth Dividend Frequency			Growth Dividend Frequency			Growth Dividend Frequency		
Dividend Facility	Reinvest Payout			Reinvest Payout				Reinvest Payout		
Each SIP										
Instalment Amount (₹)  SIP Frequency		(1st 9th 15th and 22nd)	<u> </u>	□ Weekly (	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> ar	nd 22nd )		Wookly (	1st Oth 15th one	4 22nd /
oir i requeitty	Weekly (1st, 8th, 15th and 22nd)  Monthly (Default)  Quarterly			Monthly (		Quarterly		Weekly (1st, 8th, 15th and 22nd)  Monthly (Default)  Quarterly		Quarterly
	Half - Ye		nnual	Half - Ye		Annua	al	Half - Yea	arly	Annual
SIP Date (for Monthly, Quarterly,	1 <sup>st</sup>	15 <sup>th</sup> 30 <sup>th</sup> (For Fe	h ebruary, last business day)	1 st	15 <sup>th</sup>	30 <sup>th</sup> (For February, last	business day)	1 st	15 <sup>th</sup> 20 <sup>th</sup>	30 <sup>th</sup> (For February, last business day)
Half-Yearly & Annual)	5 <sup>th</sup> 10 <sup>th</sup> (Default	25th —	date from 1st to 30th)	5 <sup>th</sup> 10 <sup>th</sup> (Default)	25 <sup>th</sup>	(Any other date from	n 1st to 20th)	5 <sup>th</sup> 10 <sup>th</sup> (Default)	25 <sup>th</sup>	(Any other date from 1st to 30th
SIP Period	From	(Any other	Y Y	From	M Y	Y Y	Υ	From M	MY	Y Y Y
	To <b>OR</b> 3 yrs	□ 5 yrs □ 10	oue)	To M	M Y	YY	y Geo	To M	M Y	<u> </u>
	□15 yrs	☐ 5 yrs ☐ 10	, a	OR ☐ 3 yrs ☐ 15 yrs	☐ 5 yrs	☐ 10 yrs tual (Default)	Select any one)	□15 yrs	☐ 5 yrs	☐ 10 yrs
Use Existing One		_ ' '			□ г егре	tuai (Delauli)	8		П г егрег	dai (Delauli)
Use Existing One Time Debit Mandate (if already registered in the Folio)  Bank Name  Bank A/c No										
		1		TOP-UP	SIP				3	
Top-up Amount Rs. (in multiples of Rs. 500 c	anly)	· ·								
Top-up Frequency		alf - Yearly	Annual	☐ Ha	alf - Yearly	Anı	nual	Half	- Yearly	Annual
<b>DECLARATION</b> : I/We here I/We hereby confirm and d										
that SBI Mutual Fund and i not effected for reasons of										
account. I/We confirm that not exceed Rs. 50,000/- (Ru	upees Fifty Thous	and) (applicable for "Micr	o investments	" only). The ARN	nolder has discl	osed to me/us	all the co	mmissions (in the	e form of trail co	mmission or any other
mode), payable to him for the terms and conditions a	nd contents of th	e SID, SAI, KIM and Adde	enda issued fro							
payments for which I/We h	nave signed and e	endorsed the Mandate Fo — —— —— —— ——	orm. 							
ONE TIME DEBIT MANDATE FORM (OTM)										
SBI MUTUA A PARTNER F	ORLIFE	UMRN					Dat	e D D	M M	Y Y Y
Sponsor Bank Code				1	L	Itility Code				
	, hereby auth	orize SBI Mutu	al Fund			o debit (Ple	ase ✓)	SB/CA/C	C / SB-NRE /	SB-NRO / Other
MODIFY	k A/c No.					, .				
CANCEL		<u>                                     </u>								
with Bank	Bank	Name		IFSC				OR MICR		
an amount of Rupees										
FREQUENCY: W	eekly 🛮 Mo	onthly   Quarterly	y 📝 As &	when present		BIT TYPE :	Fix	ed Amount	Maxir	num Amount
Folio No.:				_	Мо	bblie No.:				
Appln No. :				]		nail ID:				
PERIOD	r the debit of ma	andate processing charg	ges by the ba	nk whom I am ai	ithorizing to de	ebit my accour	nt as per	latest schedule	e of charges of t	he bank.
From To 1 1 :	2 2 0 9	Signature of 1st E	Pank Assessed	t Holdon (	Signature of C	and Bank Acco	une Lini	dor Cierro	ature of 2rd D-	nk Account Holder

Name as in Bank records

## **INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)**

- 1. Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- 3. Alongwith OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- 4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- 5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- 6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- 7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
- 8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
- 9. Please provide all the information / details in the OTM.

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

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records