

A PARTN				ON FORM	4 FOR REP	T AND LIGH	UD COLIEMES	(D)	II. DI COK I III.					
ARN & Nam				h Code			Sub-Broker Co	•	I in BLOCK Letters) EUIN*	Reference No.				
Ann & Naiii	e or D	istributor	(only f	or SBG)	Sub-bloke	I Ann Coue	Sub-Blokel Co	(Emplo	byee Unique Identification Number)	helerence No.				
			. /	FIUN barria	lett bleeds (Det	ltt 4 /r	-11							
Declaration for "ex- I/We hereby confirm	that the E	UIŃ box has beer	ı intentionally le	ft blank by me/u:	s as this is án`"exe	ecution-only" transa	ction without any interaction	on or advice by	the employee/relationship manager/s	ales person of the above				
listributor or notwithst	anding th	e advice of in-app	ropriateness, if	any, provided by	the employee/re	ationship manager/	sales person of the distrib	outor and the dis	tributor has not charged any advisory	fees on this transaction.				
,														
SIGNATURE(S)	1st ∆nr	licant / Guard	lian / Author	ised Signato	rv 2nd	Annlicant / Aut	horised Signatory		3rd Applicant / Authorised	Signatory				
TRANSACTIO					•		AGENTS ONLY	(SEE NO		Olginator y				
n case the subsc	ription a	mount is Rs. 1	0,000/- or mo	ore and if you	ır Distributor ha	as opted to recei	ve Transaction Charg	es, Rs. 150	(for first time mutual fund inves	stor) or Rs. 100/- (fo				
		1	i investor) wi	i be deducted	a from the subs	scription amount		ibutor. Units	will be issued against the bala	nce amount invested				
EXISTING FO	DLIO N	IO					NAME							
1. FIRST APP	LICAN	T DETAILS												
Name														
Name should be as p	er PAN)													
Name of Guardia in case of Minor	n)													
Relationship of C	Guardia	_	Mothe	Legal (Guardian [Ple	ase mandatorily enc	ose the document evidenc	ing the relations	hip of Minor with Guardian]					
PAN/PEKRN I Enclose KYC Acknowle	VO.						Date of Birth		M Y Y Y Y					
Legal Entity Id			Non-Indivi	duals				Validity						
KIN	1													
(CKYC Identification No Email ID).)													
Email ID pertain		Self(defau	lt) 🔲 Spou	se L Depe	1	Dependen	t Sibling Depend	dent Parents		Custodian POA				
Mobile No. 🦃	Country (Code				Telephone (O)			Telephone (R)					
Mobile No. perta	ins to	Self(defaul	t) Spous	se 🔲 Deper	ndent Children	Dependent	Sibling Depend	lent Parents	Guardian PMS	Custodian 🔲 POA				
Correspondence	1 1													
Address of 🦃														
1st Applicant														
O:4		i i	i	i										
City								!						
Pin				State										
	Address	for Correspon	dence for NRI	Applicants onl	y (Please (✔)) li	ndian by Default	Foreign							
Foreign Address														
City														
Zip					Countr	у								
2. MODE OF I	HOLDII	NG (Please	/)											
Single		J	oint	A	nyone or Survi	vor								
3. JOINT APP	LICAN	T DETAILS												
Nomo (Nomo observ	14 6			Second Ap	plicant				Third Applicant					
Name (Name shou per PAN)	ld be as													
PAN/PEKRN														
Enclose KYC Acknowle KIN	eagement)						1 1 1							
KYC Identification No.)														
	CCOL	INT (Pay Ou	t) Details o	of First App	licant (Manda	tory to attach bank a	account proof in case the	payout bank a	count is different from the source/in	vestment bank account				
Name of Bank														
Branch Name														
and Address														
City									Pin					
Account No.									Account Type (P	ease 🗸)				
IEC Code									Savings NRO	FCNR				
IFS Code						(Please provi	de a copy of CANCELLED c	cheque leaf)	Current NRE	Others				
digit MICR Code														
	— —	Snoneor: State	Bank of India			AR HERE — -		=	 -					
SBI MUTUAL A PARTNER FO	R LIFE	Sponsor: State nvestment Man: A Joint Venture b	parik of India ager : SBI Fund between SBI 9	ls Management	Ltd. A	CKNOWLED To be filled in by	GEMENT SLIP	APPL	ICATION NO.					
(To be filled in b	y the Fi					i o be ilileu III D)	me mivestui							
Received from										Signature Date &				
Scheme	Name	Plar	ı(✔) Opt	ion (✔)	IDCW Facility	` '	e/ DD Amount (Rs.)	Bank and I	Branch Cheque / DD No. 8					
				_	Reinvestment	Payout								
Attacher		□ D	irect	DCW T	ransfer		All months	ene are subi-	at to realisation of observe / down	ad draft				
Attachments							All purcha	ses are subjec	ct to realisation of cheque / demai	iu urari				

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 (includi		linor)			Second	Appl	icant		Third	d Applicant	
② Yes N	lo				Yes		No	(g)	Yes	□No	
If "YES", please provide the following information (mandatory):											
Details		First Applic	ant (in	cluding	Minor)		Second Applic	ant		Third Applicant	
Country of Birth											
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 no	t avail	able, kindly prov	ide its fur	nctional eq	uivalent. I	f no TII	l is yet available or has n	ot yet been issu	ied, please p	rovide an explanation and attach	
this to the form. (Please attach addition 6. INVESTMENT AND PAYM			and mer	ition all coi	untries in	which	applicant is a tax residen	it & provide rele	evant details		
One time Investment		Systematic Inv	estment	Plan (SIP) (Plea	se sub	mit SIP Enrolment & OT	M Form)			
Scheme Name		-									
	_						/				
Plan (Please ✓)	_	Regular Direct					Scheme / Plan / Option		nention target scheme along with plan/option.		
Option (Please 🗸)		Growth IDCW				<u> </u>					
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	F	Reinvestment	Pa	yout	Tra	nsfer					
IDCW Frequency		Daily Weekly				ortnightly Monthly			Quarterly Annually		
Payment Mode		Cheque		DD (Thi	ird Party	Declara	ation Mandatory)	Fund T	ransfer	RTGS	
Please refer to Note 27 for details of II	DCW	remaining									
Cheque / D.D. No. & Date		Cheque / DD Amount (Rs.)			.)	Drawn on Ban			and Branch	1	
7 STP ENROLMENT DETAILS	Ont	ed for STP:	■ Ye		No	(If \	es please submit STP	Enrolment Ford	m/Transactio	n slin)	
7. STP ENROLMENT DETAILS Opted for STP: ■ Yes ■ No (If Yes, please submit STP Enrolment Form/Transaction slip) 8. TAX STATUS (Please ✓)											
Resident Individual		□ Par	sion and	Retiremen	nt Fund		Government Boo	dv		NGO	
Resident Minor (through Guardian)		Financial Institutions					Society	- ,	LLP		
NRI (Repatriable)		Public Limited Company					Trust				
NRI (Non-Repatriable)		Private Limited Company					■ NPS Trust			PIO	
NRI- Minor (Repatriable)		Body Corporate					Fund of Fund			NPO [Please specify]	
NRI – Minor (Non-Repatriable)		Partnership Firm				Gratuity Fund					
Sole-Proprietor		FII / FPI				AOP				Others	
HUF BOI [Please specify]											
9. 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 Depository											
Participant Name — Participant Name											
DP ID No. Beneficiary A/c No.											
Beneficiary Account No.											
Please note wherever units are allot	tted ir	n Demat Mode	, Statem	ent of Ac	count w	ill be i	ssued by the Deposito	ry concerned			
Any communication in connection with this application should be addressed to the Registrar or the Invesment Manager											
Investment Manager : Registrar:											

SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425/1800 2093333 ALTERNATE NON TOLL FREE NO. : +91-22-62511600 / +91-80-25512131 Website: www.sbimf.com

Computer Age Management Services Ltd., SEBI Registration No. : INR000002813) Rayala Towers, 158, Anna Salai,Chennai – 600 002 Email: enq_sbimf@camsonline.com

Website: www.camsonline.com

10. OTHER PER	RSONAL INFORMAT	ION – (Plea	ise 🗸)								
	First Applicant					Second App e of investment	licant ts from minors)	Third Applicant (NA in case of investments from minors)			
Gender		☐ Male	Female	Other	Male	Female	Other	Male	Female	Other	
Father's Name											
Spouse's Name											
Date of Birth		1 151	M I M I V I	v I v I v I		MIMIVI	v v v			v I v I v I	
		Dustani	IVI IVI Y	Dusiness	D Duefeesi	IVI IVI Y	T Duringer	D D N	1 IVI Y	Y Y Y	
Occupation (Please ✔)		Private S	onal nent Service Sector Service ector Service	Business Agriculturist Retired Housewife Forex Dealer	Private S	onal nent Service Sector Service ector Service	Business Agriculturist Retired Housewife Forex Dealer	Private Se	ent Service ector Service ctor Service	Business Agriculturist Retired Housewife Forex Deale	
Gross Annual I	ncome in Rs.	Below 1		1-5 Lacs	Below 1		1-5 Lacs	Below 1 L		1-5 Lacs	
(Please ✔):		5-10 La		10-25 Lacs > 1 Cr.	5-10 Lacs		10-25 Lacs > 1 Cr.	5-10 Lacs 25 Lacs -		10-25 Lacs > 1 Cr.	
OR Networth in	n Rs.										
Networth as of	date		M M Y	Y Y Y	D D	M M Y	YYY	D D N	/ M Y	YYYY	
Politically Expo	sed Person [PEP]	Yes	□ No □	Related to PEP	Yes	□ No □	Related to PEP	Yes [No 🗌	Related to PEP	
Type of address	given at KRA	Residentia	al Business	Reg. Office	Residenti	al Business	Reg. Office	Residential	Business	Reg. Office	
	SBI MAGNUM CHIL	DREN'S B	ENEFIT FUN	D (SAVINGS	AND INVE	STMENT PL	AN)				
Name of Applicant Relationship with Mi		Mother		ather	Legal Ga	rdian	Others				
Name of Alternate C		Wiother	·	atrioi	Logar Ga	- Glari					
DoB of Alternate Ch		D D	MMY	YYY		hip with Minor L					
Nomination is r	N : I/We wish to r mandatory. Howev	ominate t er, in case	he following you do not Nominee 1	wish to nom	receive the inate pleas	e proceeds i e sign in po Nominee 2	int 13)	of death. (F	or individua Nominee 3	al investors,	
NA in case of invest			140mmee 1	·		Noninice 2	-				
Name of the Guard											
	atory if more than one Nomine	e)									
Relationship with											
Date of Birth* (Man	ndatory if Nominee is Minor)	D D	MMY	YYY	D D	MMY	YYY	D D	M M Y	YYY	
Signature of Nomir											
13. NO NOMINEI issues involved in no issued by Court or o Signature(s)	(*Mandatory in case of Minor Nominee) Signature of Nominee/Guardian Signature of Nominee/Gu										
(ALL Applicants must sign)	1st Applicant / Guardian	Authorised S	ignatory	2 nd Appli	cant / Authorise	ed Signatory		3 rd Applicant / A	Authorised Signa	atory	
	NAL INVESTORS A	DDITIONA	L INFORMA	TION							
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 NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.											
15. GO-GREEN INITIATIVE: As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode											
NOTE: Non-Individuation of the North Action of the Action	Tall investors should many: I/We confirm that the information directly or indirectly, in making this in ny statute or legislation or any other a "FCRA"); (iv) I/We am/are ware that ed to me/us all the commissions (in the company, B incinality/Origin and that funds for the empt KYC Reference No. (PEKRN) is plication form together with its annewer, eremit in any form, mode or manner tory or judicial authorities/agencies in know basis, without any obligation of pliance with tax information sharing leas any change in any information provibe required to provide information to also be constrained to withhold and juliements of this Form (read along werms and Conditions below and herebe facility "SBI Multi Select" which we lo Nominee declaration at one single giduals / HUF; ** Applicable to NRIs; ***	ndatorily fill s tition provided in this nvestment; (ii) the ar spepticable laws or an a U.S. person (within he form of trail comm yel laws, Trust Deed subscriptions have b sued by KYC Registr cures islare true and all any of the infor heluding but not limit advising melus of it advising melus of it any institutions sucio tith the FATCA/CRS! y accept the same. (y il be invested as p y alace. Please explore.	separate FATCA is form is true & accurate mount invested/to be in with yout of the terms of the definition of the terms ission or any other mod or Partnership Deed an ween remitted from abroading a sent of the terms of the ter	A/CRS & UBO Fo e. I/We have read and un rested by me/us in the sch s issued by any governme rm 'US Person' under the Le), payable to him/her for t d resolutions passed by th ad through approved banki onfirm that the aggregate Ley/our knowledge and belie us, including all changes, at Intelligence Unit-India, keep you forthwith inform may be required to seek ad if the Fund does not rece for the purpose of ensurir ose or suspend my accou y confirm that the informat the Application is not mat	rm (Annexure derstood the content eme(s) of SBI Mutual intal or statutory author is Securities laws) / r he different competin e Company / Firm / Tr ing channels or from not flump sum and SIP in f and I/We shall be lia updates to such infor the tax/revenue author in writing about an dital personal, author is a valid self-certific gappropriate withhont(s) and (e) I/We un on provided by me/usching PAN application	I) alongwith the sof all the scheme relatered "it feed" is designed to time; (it seident of Canada are registed to to Canada are registed to to Canada are registed to to tame; (it seident of Canada are registed to the control of th	is form. ated documents and I/We rived through legitimate sc ii) the monies invested by rote legible for investments utual funds from amongst ised to enter into the trans ternal/Ordinary account/F(12 months period or financispecified information is fou wided by me/ us to the Fune I India wherever it is legal to the information provide formation and certain certified may be obliged to share or any proceeds in relation are required to contact my the taxpayer identification ted or further transactions.	urces and is not held on me in the schemes of twith the Fund and I/We which a scheme of the Factions for and on beha SNR Account; (viii) *** I/ al year does not exceed not to be false or untrue ly required and other st do or any other additiona cations and documenta information on my accounter to the scheme of the stage of the scheme of	r designed for the purp. Fund do not attract it am/are not a U.S. pers- fund is being recomme if of the Company/Firm We do not hold a Perm Rs. 50,000/- (Rupees or misleading or misre sets, their employa- tion from investors. IV ount with relevant tax required by domestic setsions about my/our t and complete. I also seted By using this ap set on the purple of the purple of the and complete. I also seted By using this ap set of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of the purple of purple of	pose of contravention of he provisions of Foreign son/resident of Canada; sended to melus; (vi) * as mTrust; (vii) * "1 I/We am'; amanent Account Number s Fifty Thousand); (ix) all epresenting; (x) that we sign TAs or any Indian or agation agencies or such be required by you from We ensure to advise you authorities; (c) I/We am or overseas regulators/ tax residency; (f) I have confirm that I have read pplication I/We agree to	
(ALL Applicants	8			8			8				
must sign)	1 st Applicant / Guardi	an / Authoris	ed Signatory	2 nd Applic	ant / Authoris	sed Signatory	3	rd Applicant / A	uthorised Sig	natory	