

"BANDHAN - SWP" Facility Form

(for Individuals only)

Please use separate form for each request (Please read the terms and conditions overleaf)

Date : D D M M Y Y Y Y

(Please read instructions before filling the form and write in BLOCK LETTERS only)

I/We have read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) and Key Information Memorandum (KIM), addenda issued of the Scheme/s and the terms/conditions mentioned overleaf. I/We hereby apply for enrolment of BANDHAN - SWP and agree to abide by the terms and conditions applicable for the same.

New REGISTRATION CHANGE IN BENEFICIARY / DETAILS Change ILLATTON this ection (A), (F) & (G) (A) APPLICANT/JUNTHOLDER DETAILS: Application No.*(New Investor): Name of the First Applicant/Unit holder* Name of the First Applicant/Unit holder* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder* Relationship of Beneficiary with the Unitholder* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder* Relationship of Beneficiary with the Unitholder* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder* Name of the Emeficiary* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder* Name of the Emeficiary* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder Name of the Emeficiary* Image: State in the Applicant/Unit holder* Image: State in the Applicant/Unit holder Name of the Emeficiary* Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applicant/Unit holder Image: State in the Applica	Please tick (\sc) the relevant option* *denotes Mandatory fields							datory fields
Folio No.* (Existing Unit holder): Application No.* (New Investor): Name of the First Applicant/Unit holder*								
Name of the First Applicant/Unit holder* (B) BENEFICIARY DETAILS (Mother /Father/Spouse/Child/Sibling of the 1" unitholder in the Folio) - only for Resident Individual Relationship of Beneficiary with the Unitholder* If Beneficiary is between 15 - 18 years of age Date of Birth D O M M Y Y Y Y Child* Stibling* Date of Birth D O M M Y Y Y Child* Stibling* Date of Birth D O M M Y Y Y Child* Stibling* Date of Birth D O M M Y Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Istric Certificate PAN Card SSC / Degree Certificate Passport Marriage Certificate Others (please specify) : 'Document/s to be attested by unitholder Image application (B)) Flat/Bidg./Plot* Image application (B)) Street/Road/Area/Post Image application (B) State : Pin* More Color for BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS Received from : Suprature State of SutPM	(A) APPLICANT/UNITHOLDER DETAILS :							
(c) BENEFICIARY DETAILS (Mother /Father/Spouse/Child/Sibling of the 1 st unitholder in the Folio) - only for Resident Individual Relationship of Beneficiary with the Unitholder in the Unitholder is between 15 - 18 years of age Date of Binh D M M Y Y Y Child Beneficiary is bining in the Unitholder is bining in the Beneficiary is between 15 - 18 years of age Date of the Beneficiary is bining in the Unitholder is bining in the Beneficiary is between 15 - 18 years of age Date of the Beneficiary is bining in the Unitholder is bining in the Beneficiary is between 15 - 18 years of age Name of the Beneficiary Fild R S T Date of the Beneficiary Fild R S T Date of Binh D D M M Y Y Y Please attach ANY ONE (proof of relation with the Beneficiary)*Please (/) Birth Contificate DATE of Beneficiary Birth Contificate DAN Card SSC / Degree Cartificate Pax Card SSC / Degree Cartificate Deate of Binh COBENEFICIARY ADDRESS (whose particulars furnished in section (B)) Flat/Bidg./Plot* Date of Binh D D M M Y Y D Y State : Date of "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of th	Folio No.* (Existing Unit holder) :	A	pplication N	lo.*(New	Investor):			
Relationship of Beneficiary with the Unitholder' "If Beneficiary is between 15 - 18 years of age please (/): Father Mother Spouse Date of Birth D M Y Y Child' Sibling' Council and Name D M Y Y Name of the Beneficiary' Council and Name D D E D M Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Date of Birth D M Y Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Birth Certificate PAN Card SSC / Degree Certificate Passport Birth Certificate Others (please specify) : " Others (please specify) : " Others (please specify) : *Occument/s to be attested by unitholder Others (please specify) : Others (Name of the First Applicant/Unit holder*	ŀ						
Relationship of Beneficiary with the Unitholder* "If Beneficiary is between 15 - 18 years of age Delase (/): Father Mother Spouse Date of Birth D M Y Y Child* Sibling* Council and Name Date of Birth D M Y Y Name of the Beneficiary* Council and Name Date of Birth D M M Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Date of Birth D M M Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Date of Birth D M M Y Y Please attach ANY ONE (proof of relation with the Beneficiary)* please (/) Harriage Certificate O N M Y Y Birth Certificate Others (please specify) : " O D O D <								
please (?): Father Mother Spouse Date of Birth D M M V V V Child' Sibling' D M I V	(B) BENEFICIARY DETAILS (Mother /Father/Spouse/Child/Sibling of the 1 st unitholder in the Folio) - only for Resident Individual							
Child' Sibling' Name of the Beneficiary' F B T Date of Birth	Relationship of Beneficiary with the Unitholder* [#] If Beneficiary is between 15 - 18 years of age							
Name of the Beneficiary* F I S T I D L E I D I D	please (৴): Father 🗌 Mother 🗌 Spouse 🗌	Date of Birth D D M M Y Y Y Y						
F I	Child [#] Sibling [#]	Guardian Name						
Image: Control of the con	Name of the Beneficiary*							
Please attach ANY ONE (proof of relation with the Beneficiary)*please (<)	F I R S T	M	D D	LE				
Birth Certificate PAN Card SSC / Degree Certificate Passport Marriage Certificate Others (please specify) : *Document/s to be attested by unitholder					Date of Birth	D D	M M Y	Y Y Y
Flat/Bldg./Plot* Street/Road/Area/Post City/Town* City/Town* State : Pin* Pin* ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CancelLation Signature Stamp & Date of SBIFM	Marriage Certificate Others (please specify) :							
Street/Road/Area/Post City/Town* State: Pin* State: Pin* ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS Cancellation No.: Signature Stamp & Date of SBIFM	(C) BENEFICIARY ADDRESS (whose particulars furnished in section (B))							
City/Town* State : Pin* Pin* Pin* ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CANCELLATION Plase (~) Signature Stamp & Date of SBIFM	Flat/Bldg./Plot*							
State : Pin* Pin* <	Street/Road/Area/Post							
ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CANCELLATION please (Received from :</td <td>City/Town*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	City/Town*							
ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder) We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CANCELLATION please (~) Folio No./Application No.:	State :				Pin*			
We acknowledge the receipt of the request for NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CANCELLATION please (~) Received from :								
NEW REGISTRATION CHANGE IN BENEFICIARY / DETAILS CANCELLATION please (*) Received from :	ACKNOWLEDGEMENT OF "BANDHAN - SWP" FACILITY (to be filled in by the Applicant/Unitholder)							
Received from : Folio No./Application No. : Signature Stamp & Date of SBIFM	We acknowledge the receipt of the request for							
Folio No./Application No. :Signature Stamp & Date of SBIFM	Image: NEW REGISTRATION Image: CHANGE IN BENEFICIARY / DETAILS Image: CANCELLATION please (*)							
Signature Stamp & Date of SBIFM	Received from :							
Office / Authorized Callestian Contra								

(D) DETAILS OF IDENTITY AND ADDRESS OF BENEFICIARY (whose particulars furnished in section (B))									
KYC ACKNOWLEDGMENT COPY OR									
PROOF OF IDENTITY (to be attested by Unitholder) PROOF O	PROOF OF ADDRESS (to be attested by Unitholder)								
Passport Number Passpo	t Number								
Voter ID Card Voter ID Card Voter ID Voter ID Voter ID Voter ID	Card								
Driving Licence	Licence								
Aadhar Card	Card								
	Job Card								
□ Others 0 O									
Please refer to point 6 (3) of the Terms & Conditions Please refer to point 6 (3) of the Terms & Conditions									
(E) BANK PARTICULARS OF BENEFICIARY (whose particulars furnished in section (B))									
Bank Name*	Branch								
Account No.*	MICR Code (this is a 9-digit number next to your cheque number)								
Account type (please) Savings Current	IFS Code								
Address*	City*								
	Pin*								
Please attach ANY ONE of the following documents of Beneficiary please (✓) Cancelled cheque leaf* Copy of bank statement / passbook* *Containing CBS Bank A/c with the Name of Beneficiary printed on it.									
(F) BANDHAN - SWP DETAILS									
Scheme Name* : SBI Magnum Monthly Income Plan SBI Corporate Bond Fund SBI Bluechip Fund Please (SBI Equity Savings Fund SBI Magnum Balanced Fund Any other scheme									
(please specify) Plan/Option* : Direct Plan - Growth Option Regular Plan - Growth Option Please (√)									
Note: BANDHAN - SWP is available only in Growth Option. From To									
SWP Period From To SWP Date M M Y	$ 1^{\circ}$ $ 5^{\circ}$ $ 10^{\circ}$ (default)								
SWP MONTHLY	15 th 20 th 25 th 30 th								
SWP Instalment Amount (Rs.)	(for February, last business day)								
(G) CANCELLATION OF BANDHAN - SWP - please tick (✓) if applicable									
I/We would wish to cancel my existing BANDHAN - SWP under the Folio number and Scheme mentioned in section (A) & (F) of this form.									
Declaration									
I/We, the undersigned, hereby certify that I/We have read and understood the contents of the Scheme Information Document including the Terms & Conditions of the BANDHAN - SWP mentioned overleaf and I/We wish to choose BANDHAN - SWP basis the complete details furnished above, which is considered to be true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I/We confirm that the amount transferred to the beneficiary is for a legitimate purpose and is not for the purpose of contravention of any Act, Rules and Regulations									
I/We confirm that the amount transferred to the beneficiary is for a legitimate purpose and is not or Direction issued by a Government Agency.	ior the purpose of contravention of any Act, Rules and Regulations								
I/We have taken the prior written consent of beneficiary for pay out through Systematic Withdrawal Plan under BANDHAN - SWP and in case of any objection from the beneficiary, I/We will produce the written consent from beneficiary within 30 days of such objection failing which the facility shall be discontinued.									
Signature of 1 st Applicant Signature of 2 nd Applicant	Signature of 3 rd Applicant								
	Signature of 5 Applicant								

**In case of joint holding in the Folio, signature/s of all the applicants/unitholders is mandatory.

If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.

All communication may be addressed to the Registrar :

Computer Age Management Services Pvt. Ltd. - Unit : SBI Mutal Fund, Tower II, 7th Floor, Rayala Towers 158, Anna Salai, Chennai - 600002, Email: enq_L@camsonline.com, Website: www.camsonline.com

TERMS & CONDITIONS OF BANDHAN - SWP FACILITY

"BANDHAN - SWP" is intended to provide regular payout to the children/spouse/parents/sibling (family members) of an individual investor who have invested under the Growth options of all open-ended schemes.

The details of this facility are as under:

- This facility will be available to new and existing investors with 'Individual' status on any of the existing SWP dates viz. 1st/ 5th/10th/15th/20th/25th/30th (last working day in case of February) only at **MONTHLY** frequency.
- This facility will be available only under the Growth option for both Regular and Direct plans of the eligible open-ended schemes. Existing unit holders, who have investments under the Growth option of the eligible schemes, can apply for "BANDHAN - SWP" facility.
- 3. Existing unit holders who have their investments under Dividend option of the eligible schemes and are desirous to avail of the "BANDHAN - SWP" facility, will have to submit a duly filled Switch application form to SBI Mutual Fund OR our R&T Agent, M/s Computer Age Management Services Ltd. (CAMS) for switching their units from Dividend option to Growth option at the applicable NAVs of the respective Options. Please refer Scheme Information Document / Key Information Memorandum of respective scheme/s for detailed switch provisions.
- 4. This facility will work similar to Systematic Withdrawal Plan (SWP), where the 1st unitholder can apply for the facility and can opt for monthly payment to any one of his eligible family members specifying the SWP date & amount. The SWP request for this facility should be submitted at least 7 days prior to the first SWP date. If the SWP due date is a non-business day, then the same will be processed on the next business day.
- 5. The beneficiary should be resident individual and cannot be an NRI.
- 6. Unit holder/s are required to submit the following documents on behalf of the beneficiary at the time of registration for "BANDHAN-SWP" facility. **These documents should be attested by unitholder(s).**
 - 1) Proof of relation such as Passport, PAN card, Birth Certificate, SSC / Degree certificate, Marriage certificate wherein the name of the specified family member is mentioned with the relationship. This document should clearly establish the relationship between the unit holder and the beneficiary.
 - 2) Cancelled cheque of the Bank account OR Copy of Bank Statement/Passbook of the beneficiary family member where the name of the beneficiary and bank a/c no. is printed on it.
 - 3) Proof of ID and Address of the Beneficiary. In case KYC Acknowledgment or specific documents mentioned as proof of ID and address are not available, then the following documents can be submitted as 'OTHERS'. Proof of Identity - Identity card with applicant "s photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

Proof of Address – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant"s photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

- 7. The amount of SWP payout will be minimum of Rs.5000/- and in multiples of Rs.1/- thereof. Minimum number of monthly installments would be 12. If no specific amount is mentioned by the unitholder, then the default specified amount will be Rs.5000/- per month. If no SWP date is mentioned, then the default date will be considered as "10th" and if no specific period is mentioned, then the default period will be considered as "perpetual".
- 8. Only one SWP of a specified amount under the "BANDHAN SWP" facility per Folio/ Scheme shall be accepted.
- 9. Under "BANDHAN SWP" facility, the beneficiary is restricted to only one family member of the first unitholder i.e. child/sibling above 15 years of age or spouse or either of the parents. It is clarified that the unitholder/s under the same Folio may opt to enroll for normal SWP for self and SWP under "BANDHAN SWP" facility simultaneously.
- 10. "BANDHAN SWP" facility will discontinue on happening of any OR all of the following events:
 - 1. Value of outstanding units in the investor Folio/Scheme is nil/insufficient
 - 2. On completion of SWP period
 - 3. On receipt of written communication of the death of the 1st unitholder or the registered beneficiary
 - 4. In the event of change of option under the scheme/s
 - 5. If the units are under pledge/STOP due to any reason
 - 6. The holding mode is changed from physical to dematerialized holdings
- 11. The investments/payouts under the said facility will be subject to applicable exit load, tax & other provisions applicable in the eligible schemes.
- 12. Unitholder has the option to discontinue the "BANDHAN- SWP" facility anytime by submitting cancellation request to SBI Mutual Fund OR our R&T Agent CAMS at least 7 days prior to the next SWP date.
- These terms & conditions is an integral part of the Scheme Information Document (SID), the Statement of Additional Information (SAI) & Key Information Memoranda (KIM) of the eligible schemes of SBI Mutual Fund and shall be read in conjunction with the SID, SAI & KIM.
- 14. All other remaining terms & conditions of normal SWP facility shall also apply to "BANDHAN SWP" facility.
- 15. Any tax liability arising out of such payout under the Bandhan-SWP facility to the registered beneficiary shall be the sole liability of the investor.
- 16. SBIMF reserves the right to seek any additional information/document from the unitholder/s as it deems fit and necessary from time to time, failing which, SBIMF reserves the right to cancel the Bandhan-SWP facility.