

## **FINANCIAL TRANSACTION** (Use separate transaction slip for each Transaction)

FOR EXISTING INVESTOR ONLY For Systematic Transfer Plan / Systematic Withdrawal Plan

(Use separate train	isaction slip ic			10	Jysie	matic	ansierri	all / Sys	stematic w	nunun	awai Fiali	
Name & ARN Code / RIA Code / PMRN		Branch Code (Only for SBG)		Sub-Broker ARN Code		Sub-Broker Code		EUIN* (Employee Unique Identification Number)			mployee/ erence No.	
ARN-25	57030							E 4	79794			
Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction: *//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 perso 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 adviso fees on this transaction. ** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.											ager/sales person rged any advisory	
SIGNATURE (S)	1 <sup>st</sup> Holder/Authorised Signatory/Guardian 2 <sup>nd</sup> Hold					er/Authorised Signatory 3 <sup>rd</sup> Hold				r/Authorised Signatory		
Folio No.				Name of Investor								
Any alterations / corrections made on the Transaction slip needs to be counter signed by the unit holder(s).												
SYSTEMATIC TRANSFER PLAN (STP) (Please check applicable Exit Load , if any)						SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please check applicable Exit Load, if any)						
From Scheme Name												
Plan	Regular	ar 🗌 Direct			Plan		Regular Direct					
Option	Growth	DIDCW (Divide	end)		Option		Growth		(Dividend)			
		Daily We Quarterly	ekly Fortnig	ghtly Monthly				Daily Quarte		Fortnight	ly Monthly Annually	
STP Type	Regular		Flex STP	Swing STP	IDCW F	acility	Payout	Reinve	,			
STP Installment	Rs.		n figures)			stallment	Rs		(mt. in figures)			
Amount	Rs		n words)		Amoun	t	Rs. (Amt. in words)					
STP Frequency and Date (Select the date after 7 calendar days for execution of request)	Daily   1   5   10 (Default)     Monthly   15   20   25   30     Quarterly					equency te he date after ar days for n of request)	Monthly (Default) Quarterly Half Yearly Annual Weekly	Image: Provide the second s				
STP Period				(Monday to Friday)	SWP Pe	riad						
To Scheme Name	FROM DD	/MM/YYYY	TO DD/	MM/YYYY		yout Bank	FROM DD/M		TO DD/MM/Y		-	
						(payment will be made only to the			efault Bank account Registered in the Folio <b>(OR)</b> Ilowing other Bank account Registered in the Folio			
Plan	Regular					red Bank t)	Bank Name					
Option	Growth	Growth DDCW (Dividend)				Bank Account Number       SIGNATURE(S)     (Please sign as per mode of holding)						
		Daily We	ekly	ghtly Monthly	I/We have read & understood the contents of the Scheme Information Document, KIM and Addendum(s) of the respective Scheme(s) and agree to abide by the Terms & Conditions, Rules & Registrations as applicable from time to time.							
IDCW Facility	Payout	Reinvest			Registrations as applicable from time to time.							
For Swing STP	Normal Top- up STP					Signature of 1 <sup>st</sup> Holder / Guardian / Authorised Signatory						
	SIP	STP Top up Amountannualised				Signature of 2 <sup>nd</sup> Holder						
	Whether existing investment amount in Target scheme to be considered for calculation of Swing STP amount Yes No					Signature of 3 <sup>rd</sup> Holder						
Date: Place:												
ACKNOWLEDGMENT												
Investor Name Folio No.												

Investor Name			Folio No.					
Scheme Name			To Scheme Name					
Plan 🗌 Regular 🗌 Direct	Option Growth		Plan 🗌 Regular 🗌 Direct	Option Growth IDCW				
STP / SWP	Amount (Rs.)	Frequency	ARN No.:	EUIN No.:				