

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)
One time Investment **Systematic Investment Plan (SIP)** **Both (One time & SIP)**
 (Please fill in your investment details below) (Please fill in your investment details below and SIP registration cum mandate form along with this form)

Scheme Name						
Plans / Sub Plans						
Options	Dividend	Growth	Bonus			
Dividend Frequency	Daily	Weekly	Fortnightly	Monthly	Quarterly	Annual
Dividend Mode	Payout	Reinvest				
Cheque / DD Amount (Rs.)			Drawn on Bank and Branch		Cheque / D.D. No. & Date	
Investment Amount (Rs. in Figures)			Investment Amount (Rs. in Words)			

 (Please see the Plans & Options and dividend policy details, in the Scheme specific information for Plans/Sub Plans/Options/dividend frequency and dividend mode details before filling the above details). **Automatic Withdrawal Facility (for MMIP- Monthly Dividend Option (Payout) Only)** () Yes No
9. ONLY FOR MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 (II))

Name of Mother (Mrs/Ms)					
Name of Applicant (If different from Parent/ Legal Guardian)					
LOCK IN () : Required	Not Required	REDEMPTION OPTION () : Lump-sum	Staggered	Nomination of an alternate child () : Required	Not Required
Name of Alternate Child					
Date of Birth of alternate child	D	D	M	M	Y
Relationship to the Magnum Holder					

10. ONLY FOR MAGNUM INCOME PLUS FUND (SEE NOTE 1 (II))

GOOD HEALTH DECLARATION : I declare that I am in sound health, do not have any physical defect/disformity, perform my routine activities independently and that I have never suffered or have been suffering, or have been hospitalized for any critical illness* or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue statement is contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes.

* Critical illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.

Signature of Applicant _____

11. DIRECT CREDIT OF DIVIDEND/REDEMPTION

Unit holders having bank account with select banks will receive their redemption/dividend proceeds (if any) directly into their bank account. Please attach a copy of a cancelled cheque leaf. If you do not wish to receive dividend/redemption proceeds through direct credit, now or in future, please tick (✓) the box

12. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death.

Name of the Nominee	Percentage	<input type="checkbox"/> Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*	Date of Birth*	
Relationship/Body	Address of Nominee/ Guardian*	
Name of the Nominee	Percentage	<input type="checkbox"/> Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*	Date of Birth*	
Relationship/Body	Address of Nominee/ Guardian*	
Name of the Nominee	Percentage	<input type="checkbox"/> Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*	Date of Birth*	
Relationship/Body	Address of Nominee/ Guardian*	

13. SERVICES

 I would like to receive a PIN form to view account information online (Please ✓) I would like to receive statements by email (Please ✓)
 E-mail Id _____

DECLARATION & SIGNATURE (SEE NOTE 14) * I/We have read and understood the contents of the offer 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

SIGNATURE (S) (All applicants must sign here)

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 certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account.

* Applicable to other than Individuals / HUF; ** Applicable to NRI;

Date _____ place _____

1st Applicant / Authorised Signatory	<input type="checkbox"/>
2nd Applicant / Authorised Signatory	<input type="checkbox"/>
3rd Applicant / Authorised Signatory	<input type="checkbox"/>

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

Investment Manager :
 SBI Funds Management Pvt. Ltd.
 (A Joint Venture between SBI & SGAM)
 191, Maker Towers 'E', Cuffe Parade,
 Mumbai - 400 005.
 Tel.: 022-22180244/22180221, Fax : 022 -22180244
 E-mail : partnerforlife@sbimf.com,
 Website : www.sbimf.com & www.sbfunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR000002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Chennai -
 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3 Fax :
 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com

TEAR HERE