SBI MUTUAL FUND
A partner for life.

SBI Mutual Fund

Principal Trustee : State Bank of India,
Investment Manager : SBI Funds Management Pvt. Ltd.
191, Maker Tower 'E', Cuffe Parade, Mumbai - 05.
Tel.: 022-2218 0221-27 Fax : 022-2218 2187,
www.sbimf.com

APPLICATION NO. D

MAGNUM IncomePlus FUND

APPLICATION FORM

ARN	Name & Code No. of SBIMF Agent/Broker	Sub-Broker/ Subagent Code	SBIMF ISCS/Registrar/ SBI Designated Branches	Reference No. (To be filled by Registrar)	Received Date	Time
	0010	77777				

I would like to invest in Magnum Income Plus Fund subject to terms of the offer document.

Application Amount Details

A. Amount Paid (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	☐ Cheque ☐ DD Cheque/DD No. Date
			Bank & Branch Details
Net Amount Paid (Rs. in Words)			

Please (✓) 1. Savings Plan Growth Option ☐ Dividend Option - Payout ☐ Reinvestment ☐ 2. Investment Plan Growth Option ☐ Dividend Option - Payout ☐ Reinvestment ☐

Investor desirous of investing under multiple options/plans should submit a separate application form for each option. Requests for change of Options/Plans will be treated as switchovers.

Particulars of Applicant

Name (Mr/Ms)

Local Address

Pin

Name of Father/Guardian (in case of minor only)/ Husband

Tel. No. Email

Foreign Address (if applicable)

Pin

Date of Birth (D D M M Y Y) Customer ID

GOOD HEALTH DECLARATION : I declare that I am in sound health, do not have any physical defect/deformity, 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.

@ 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.

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 averment be 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.

Signature of Applicant

PAN/GIR No. *(if investment amount is over Rs. 50,000)*	**Circle/Ward/District**	**Signature of the Applicant**	

Direct credit of dividend/ Redemption (✓) ☐ **Required** ☐ **Not required**

Bank Particulars (for dividend/redemption/refund (compulsory for all Investors))

Bank name and address

Account Type (Please ✓) 1. Current ☐ 2. Saving ☐ 3. NRO ☐ 4. FCNR ☐ 5. NRE ☐ Account No.

Systematic Investment Plan (SIP) ☐ No. of Cheques Cheque Nos. Drawn on

Amount for each cheque Rs. Amount in words

Systematic Withdrawal Plan (SWP) (for Growth Option Only) ☐ Amount for each cheque Rs. Amount in words

Month and Year of Commencement of SWP: (MM/YYYY) (M M Y Y Y Y) (e.g. For April 2001, please indicate 0 4 2 0 0 1)

Nomination : I wish to nominate the following person to receive the amount to my credit in the event of my death.

Name of the Nominee Relationship Date of Birth Signature

Address of Nominee

For Electronic Clearing Service (only for select centres having ECS)

9 digit MICR Code Account No. Ledger No./Ledger Folio No.

Account type (S.B. Account/Current Account or Cash Credit) with code 10/11/13 (photocopy of cheque to be enclosed)

General Information – Please (✓) wherever applicable

Status 1. Individual ☐ 2. NRI on Repatriable basis ☐ 3. NRI on non-repatriable basis ☐

Occupation 1. Self Employed ☐ 3. Professional ☐ 4. Housewife ☐ 5. Retired ☐ 6. Service ☐ 7. Others ☐

Correspondence to 1. Local Addr. ☐ 2. Foreign Addr. ☐ **Monthly Income** 1. < Rs. 10,000 ☐ 2. < Rs. 20,000 ☐ 3. < Rs. 40,000 ☐ 4. > Rs. 40,000 ☐

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ACKNOWLEDGEMENT SLIP

Savings Plan Growth Option ☐ Dividend Option ☐
Investment Plan Growth Option ☐ Dividend Option ☐

APPLICATION NO. D

(To be filled in by the First applicant) :
Received from Name :
Address : under

Amount in figures	Amount in words	Cheque/DD	Drawn on	Date

MAGNUM IncomePlus FUND

Stamp
Signature & Date

SBI-FORM/JF/PEN-II