

SWITCH-IN APPLICATION FORM FOR SBI RETIREMENT BENEFIT FUND (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

* I/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 person 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 advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

EXISTING FOLIO NO.

1. FIRST APPLICANT DETAILS

Name (Mr. / Ms. / M/s.)
(In case of Minor)
(Name should be as per PAN)

Name of Guardian

Relationship of Guardian Father Mother Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

PAN/PEKRN NO. (Enclose KYC Acknowledgement) **Date of Birth** (Maximum age limit: 65 years)

KIN (CKYC Identification No.)

Email ID

Mobile No.

Country Code

TIME STAMP HERE

2. SWITCH REQUEST

From Scheme **Plan** **Option**

Amount **OR Number of Units** **OR** All units (Please ✓)

To Scheme	SBI Retirement Benefit Fund	
Select any one	<input type="checkbox"/> My Choice	or
	Plan (Select any one)	
	<input type="checkbox"/> Aggressive Plan	
	<input type="checkbox"/> Aggressive Hybrid Plan	
	<input type="checkbox"/> Conservative Hybrid Plan	
	<input type="checkbox"/> Conservative Plan	
	<input type="checkbox"/> Auto Transfer Facility (Not Applicable for units held in demat) (Plan name mentioned in the cheque should be as per age bracket of the investor)	
	Plan as per age range (Select the plan as per your current age)	
	<input type="checkbox"/> Aggressive Plan (Till age 40)	
	<input type="checkbox"/> Aggressive Hybrid Plan (Above age 40 to age 50)	
	<input type="checkbox"/> Conservative Hybrid Plan (Above age 50 to age 60)	
	<input type="checkbox"/> Conservative Plan (Above age 60)	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="text"/> Frequency	Scheme / Plan / Option <input type="text"/>
Dividend Facility (Please ✓)	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer	

3. DECLARATION

I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the 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; (iii) the money invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) ** I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (vii) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (viii) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/R TAs or any Indian or foreign government at or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/ us of the same; (ix) I/ We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (x) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same.

** Applicable to NRIs;

SIGNATURE(S) (ALL Applicants must sign)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	Place		

----- TEAR HERE -----

**SWITCH REQUEST
ACKNOWLEDGEMENT SLIP**

To be filled in by the Investor

APPLICATION NO.

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/>				Signature, Date & Stamp
From Scheme <input type="text"/>	<input checked="" type="checkbox"/> Plan	<input checked="" type="checkbox"/> Option	<input checked="" type="checkbox"/> Dividend Facility	
To Scheme SBI RETIREMENT BENEFIT FUND	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
Attachments <input type="text"/>	<i>All purchases are subject to realisation of cheque / demand draft</i>			