

APPLICATION FORM FOR SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN (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. |
|---------------------------|-------------------------------|---------------------|-----------------|--|---------------|
| ARN-115979 | | | | EUIN-E 172792 | |

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) | |
| | 1 st Applicant / Parent / Legal Guardian |

Upront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING MINOR FOLIO INFORMATION

 FOLIO No. (Mention an existing folio, if any, with SBI Magnum Children's Benefit Fund - Savings Plan)

1. APPLICANT INFORMATION (MINOR DETAILS)


| | |
|--|---|
| Name <input type="text"/> | |
| Master/ Miss. <input type="text"/> | |
| Nationality <input type="text"/> | PAN/PEKRN <input type="text"/> |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth <input type="text"/> |
| Proof* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Aadhar Card | <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text"/> |
| (Mandatory) | |
| CKYC Number <input type="text"/> | |
| Address of Applicant <input type="text"/> | |
| PIN <input type="text"/> | |
| CONTACT DETAILS | STD Code <input type="text"/> |
| Tel. : Off. <input type="text"/> | Res. <input type="text"/> |
| Fax <input type="text"/> | Mobile <input type="text"/> |
| Email <input type="text"/> | |

2. MINOR APPLICANT OTHER DETAILS (Mandatory) (Please ✓)

 Tax Status: ☐ Resident ☐ Non-Resident ☐ Others Please Specify

3. BANK ACCOUNT DETAILS OF MINOR APPLICANT

| Name of Bank <input type="text"/> | | | | | | | | | | |
|--|---|---------------------------------|--|--|----------------------------------|------------------------------|-------------------------------|----------------------------------|------------------------------|---------------------------------|
| Branch Name and Address <input type="text"/> | | | | | | | | | | |
| City <input type="text"/> | Pin <input type="text"/> | | | | | | | | | |
| Account No. <input type="text"/> | (Please provide a copy of CANCELLED cheque leaf) | | | | | | | | | |
| IFS Code <input type="text"/> | <table border="1"> <tr> <th colspan="3">Account Type (Please ✓)</th> </tr> <tr> <td><input type="checkbox"/> Savings</td> <td><input type="checkbox"/> NRO</td> <td><input type="checkbox"/> FCNR</td> </tr> <tr> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> NRE</td> <td><input type="checkbox"/> Others</td> </tr> </table> | Account Type (Please ✓) | | | <input type="checkbox"/> Savings | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> Others |
| Account Type (Please ✓) | | | | | | | | | | |
| <input type="checkbox"/> Savings | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | | | | | | | | |
| <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> Others | | | | | | | | |

| | | | | | | | |
|--|----------------------------------|--|---|--|------------------------|-------------------------|--|
|  SBI MUTUAL FUND A PARTNER FOR LIFE | | Sponsor : State Bank of India Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMUNDI) | | 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"/> | | | | | | | |
| Scheme Name | Plan (✓) | Option (✓) | Cheque/ DD Amount (Rs.) | Bank and Branch | Cheque / DD No. & Date | Signature, Date & Stamp | |
| SBI Magnum Children's Benefit Fund - Investment Plan | <input type="checkbox"/> Regular | <input checked="" type="checkbox"/> Growth | | | | | |
| Attachments | | | All purchases are subject to realisation of cheque / demand draft | | | | |

| | | | | | | | | | | | | | |
|--|--|---------------------------------|---------------------------------|---|-----------------------------|----------|--------------------------|--|--|--|--|--|--|
| Name of the Parent / Legal guardian of Minor | | Mr. / Ms. | | | | | | | | | | | |
| Relationship with Minor | | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian | Proof attached [Please (✓)] | | <input type="checkbox"/> | | | | | | |
| Nationality | | | | | | | | | | | | | |
| PAN*/PEKRN* | | | | | | | | | | | | | |
| CKYC Number | | | | | | | | | | | | | |
| | | KYC* (Mandatory) [Please (✓)] | | <input type="checkbox"/> Proof Attached | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Overseas Address (Mandatory for NRI) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CITY | | COUNTRY | | | | ZIP CODE | | | | | | | |
| Tel. : STD Code Office | | Country Code | | | | | | | | | | | |
| Mobile No | | Email | | | | | | | | | | | |

| | | | | | |
|--|--|---|--|--|--|
| Name of the Alternate Child | | Mast. / Miss. | | | |
| (Not exceeding 18 years of age) | | | | | |
| Nationality | | | | Date of Birth | |
| | | | | <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> | |
| | | | | Proof attached [Please (✓)] | |
| Name of the Parent / Legal guardian of Alternate Child | | Mr. / Ms. | | | |
| Relationship with Alternate Child | | [Please (✓)] | | | |
| | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian | | Proof attached [Please (✓)] | |
| Address of the Alternate Child | | | | | |
| | | | | PIN | |

| | | |
|--------|--|--|
| | Status (of the Alternate Child) (Mandatory) [Please (✓)] | Occupation (of the Alternate Child) (Mandatory) [Please (✓)] |
| Single | <input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others_____ (please specify) | <input type="checkbox"/> Student <input type="checkbox"/> Others_____ (please specify) |

| | | |
|---|--|--------------------------|
| <input type="checkbox"/> One time Investment <input type="checkbox"/> Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form) | | |
| Scheme Name | SBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN | |
| Plan (Please ✓) | <input checked="" type="checkbox"/> Regular | |
| Option (Please ✓) | <input checked="" type="checkbox"/> Growth | |
| Payment Mode | <input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS | |
| Cheque / D.D. No. & Date | Cheque / DD Amount (Rs.) | Drawn on Bank and Branch |
| | | |

• TEAR HERE

SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

Computer Age Management Services Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Email: enq_L@camsonline.com
Website: www.camsonline.com

7. FATCA & CRS INFORMATION: For Parent and Legal Guardian

Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

| Details | Minor | Parent/ Legal Guardian |
|---|-------|------------------------|
| Country of Birth | | |
| Place/City of Birth | | |
| Nationality | | |
| Country of Tax Residency 1 | | |
| Tax Payer Ref. ID No^ | | |
| Identification Type [TIN or Other, Please specify] | | |
| Country of Tax Residency 2 | | |
| Tax Payer Ref. ID No.2 | | |
| Identification Type [TIN or Other, Please specify] | | |
| Country of Tax Residency 3 | | |
| Tax Payer Ref. ID No. 3 | | |
| Identification Type [TIN or Other, Please specify] | | |

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

8. OTHER PERSONAL INFORMATION (PARENT/LEGAL GUARDIAN)

☐ Professional ☐ Business ☐ Government Service ☐ Agriculturist ☐ Private Sector Service ☐ Retired
☐ Public Sector Service ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others_____

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr. ☐ > 1 Cr.

Network as of date Politically Exposed Person [PEP] ☐ Yes ☐ No ☐ Related to PEP

Type of address given at KRA ☐ Residential ☐ Business ☐ Reg. Office

9. DEMAT ACCOUNT DETAILS (OPTIONAL)

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

| National Securities Depository Limited (NSDL) | Central Depository Services (India) Limited (CDSL) |
|--|--|
| Depository Participant Name _____ | Depository Participant Name _____ |
| DP ID No. I N _____ | Beneficiary Account No. _____ |
| Beneficiary Account No. _____ | _____ |

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.


10. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode ☐

11. 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) * 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) ** 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; (viii) 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; (ix) 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/RTAs or any Indian or foreign governmental 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; (x) 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; (xi) 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. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected.

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

| | | | |
|--|--|---|--|
| SIGNATURE(S) | |  | |
| 1 st Applicant / Parent /Legal Guardian | | | |
| Date | | Place | |

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

[illegible]

Place _____

Date / / _____

SIP APPLICATION FORM SBI MAGNUM CHILDREN’S BENEFIT FUND - INVESTMENT PLAN

| ARN & Name of Distributor | Branch Code <small>(only for SBG)</small> | Sub-Broker ARN Code | Sub-Broker Code | EUIN* <small>(Employee Unique Identification Number)</small> | Reference No. |
|---------------------------|--|---------------------|-----------------|---|---------------|
| ARN-115979 | | | | EUIN-E 172792 | |

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SIGNATURE(S)

1st Applicant / Parent /Legal Guardian

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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

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INVESTOR DETAILS

Existing Folio No./Application No.

MINOR NAME Miss/Master

SIP Cheque No/s :

Scheme NameSBI MAGNUM CHILDREN'S BENEFIT FUND - INVESTMENT PLAN

Plan☒ Regular

Option☒ Growth

Each SIP Instalment Amount (₹)

SIP Frequency☐ Weekly (1st, 8th, 15th and 22nd) ☐ Daily ☐ Monthly (Default) ☐ Quarterly ☐ Annual ☐ Half - Yearly

SIP Date
(for Monthly, Quarterly, Half-Yearly & Annual)

☐ 1st ☐ 5th ☐ 10th (Default) ☐ 15th ☐ 20th ☐ 30th (For February, last business day) ☐ 25th (Any other date from 1st to 30th)

SIP Period

From To OR

☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs

 (Select any one)

☐ Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No

TOP-UP SIP

Top-Up Amount Rs.
(in multiples of Rs. 500 only)

Top-Up Frequency☐ Half - Yearly ☐ Annual

TOP-UP SIP CAP (Investor has to choose only one option)

Top-Up SIP CAPAmount ₹
(maximum SIP installment including Top-Up amount)

OR

Top-Up SIP CAP Month-Year

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act (“FCRA”). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for “Micro investments” only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN Date

Sponsor Bank Code Utility Code

CREATE ☒

MODIFY

CANCEL

I/We, hereby authorize SBI Mutual Fund To debit (Please ☒) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.

with Bank Bank Name IFSC OR MICR

an amount of Rupees ₹

FREQUENCY: ☒ Weekly ☒ Monthly ☒ Quarterly ☒ As & when presented DEBIT TYPE : ☒ Fixed Amount ☒ Maximum Amount

Folio No.:

Moblie No.:

Appln No. :

Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From To

3 1 1 2 2 0 9 9

 Or ☐ Until-cancelled

Signature of 1st Bank Account Holder

Signature of 2nd Bank Account Holder

Signature of 3rd Bank Account Holder

Name as in Bank records

Name as in Bank records

Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.