

(Please fill the form in CAPITAL Letters)

I / We, Claimant(s) wish to inform the sad demise of sole / joint holder/s / Karta as mentioned below and, I / We request SBI Mutual Fund for transmission of units and register me / us as the beneficial owner(s) in respect of the investments under the Folio/s as mentioned below:

1. Folio Number/s:

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2. Deceased Unit Holder's Name/s / Karta's Name (Mr. / Ms. / M/s):

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3. Name of the Claimant / New Karta (Mr. / Ms. / M/s):

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4. Date of Birth (if Claimant is a Minor): DD/MM/YYYY

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5. Guardian details (if Claimant is a Minor) (Mr. / Ms. / M/s):

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6. Relationship with Minor (attach any one proof):
 Mother

 Father

 Legal Guardian

In case of natural Guardian: Attested copy of relationship proof between the Minor and the natural Guardian either Birth Certificate / PAN with Photo Card / Passport / School Leaving Certificate / Ration Card. (The attestation can be obtained from SBI Mutual Fund Official under their stamp and seal OR by the Bank Manager with bank stamp / seal and should clearly indicate the name and designation / employee code.)

In case of legal Guardian: Notarized copy of certified court order

(A Minor will be the sole holder. No Joint holders will be permitted.)

7. Request in the Capacity of:
 Joint Holder

 Registered Nominee

 Legal Heir(s)

 Survivors of HUF

 Administrators of the Estate

 Successor(s) to the Estate

8. Particulars Of First Claimant
a. PAN No.:

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 (Attach Self-attested copy of PAN card and KYC Acknowledgement)

b. Tax Status: Individual Resident Minor (through Guardian) NRI Others _____ (please specify)

c. Contact Details: Mobile No.: _____ Landline No.: _____

 Email ID: _____ **(Write in capital letters)**
d. Mode of Holding: Single Joint Anyone or Survivor Either or Survivor

(All claimants should sign, in case of "Joint" / "Anyone or Survivor" / "Either or Survivor")

e. Communication Address:

 Address 1:

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 Address 2:

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 City:

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 Pin Code:

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 State:

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 Country:

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f. Bank Particulars:

 Name of Bank:

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 Branch Name and Address:

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 City:

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 Pin Code:

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 Account No.:

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 MICR Code (9 digit):

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 IFS Code (11 digit):

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Account Type (Please ✓)
 Savings

 NRO

 Others _____

 Current

 NRE

Attach any one proof: Original Cancelled Cheque with Name and Account pre-printed Bank Statement / Pass Book Letter from the bank on its letterhead certifying the bank account information. Submit originals of any one of the documents mentioned or copy of the document should be attested by Authorized Official of the Bank with name, designation / employee code with branch seal or SBI Mutual Fund Official under their stamp and seal.

g. Other Details:

Occupation (Please√) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
 Retired Housewife Student Forex Dealer Doctor Others (Please specify) _____

Gross Annual Income In Rs. (Please√) Below 1 Lakh 1-5 Lakhs 5-10 Lakhs 10-25 Lakhs 25-Lakhs - 1 Cr. > 1 Cr. OR

Networth in Rs. _____ as of (date) _____

Politically Exposed Person(PEP): Yes No Related to PEP

9. Particulars of Second Claimant

Name (Mr. / Ms. / M/s): _____

PAN: _____ (Attach Self-attested copy of PAN card and KYC Acknowledgement)

10. Particulars of Third Claimant

Name (Mr. / Ms. / M/s): _____

PAN: _____ (Attach Self-attested copy of PAN card and KYC Acknowledgement)

11. FATCA & CRS Related Information

Details of First Applicant

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type * (TIN or Other, please specify)

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

Details of Second Applicant

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type * (TIN or Other, please specify)

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

Details of Third Applicant

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type * (TIN or Other, please specify)

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

12. Nomination

I/We wish to continue with the existing Nominee/s

I/We wish to change the existing Nominee/s and register the below-mentioned Nominee/s

I/We hereby nominate the below-mentioned nominee/s to receive the amounts to my/our credit in the event of my/our death

Name of the Nominee:	<input type="text"/>	
Name of the Guardian:	<input type="text"/>	
<small>(if Nominee is a minor)</small>		
Relationship:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Address of the Nominee/Guardian:	<input type="text"/>	Signature of Nominee/ Guardian
<input type="text"/>	<input type="text"/>	
Country of Birth:	<input type="text"/>	Percentage _____

Name of the Nominee:	<input type="text"/>	
Name of the Guardian:	<input type="text"/>	
<small>(if Nominee is a minor)</small>		
Relationship:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Address of the Nominee/Guardian:	<input type="text"/>	Signature of Nominee/ Guardian
<input type="text"/>	<input type="text"/>	
Country of Birth:	<input type="text"/>	Percentage _____

Name of the Nominee:	<input type="text"/>	
Name of the Guardian:	<input type="text"/>	
<small>(if Nominee is a minor)</small>		
Relationship:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Address of the Nominee/Guardian:	<input type="text"/>	Signature of Nominee/ Guardian
<input type="text"/>	<input type="text"/>	
Country of Birth:	<input type="text"/>	Percentage _____

In case of Multiple claimants, all claimants must sign the request for registration of nomination irrespective of mode of holding.

13. Declaration and Signatures

I / We confirm that the details mentioned above are true and correct. I / We hereby submit the documents mentioned on following page, based on transmission case as applicable to me / us, in support of my / our claim for the said investments. I / We will not hold the Fund / AMC / RTA for any delay in transmission due to inadequacy of the documents or due to verification of any claim in detail and agree that the Fund reserves a right to call for any additional details and / or documents.

First Claimant/Guardian

Second Claimant

Third Claimant

(Form should be signed by the surviving joint holder(s) / legal heir(s) / nominee / succeeding Karta / Guardian on behalf of the minor as the case may be)

14. Signature Verification from Banker

(Signature of the Branch Manager / Authorized Official with their Seal and Bank Stamp)

Name: _____ Designation: _____

Employee Code: _____ Phone Number: _____

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



Transmission Request Form - Acknowledgement

Sponsor: State Bank of India
Investment manager: SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI and AMUNDI)

Transmission Request Form received from.....for Folios.....
(subject to verification of documents)

Signature, Date & Stamp of Receiving Branch of SBI Mutual Fund

INSTRUCTIONS

1. The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided family, holder of Power of Attorney cannot nominate. All unit holders should sign the Nomination Form irrespective of mode of holding.
2. Minor(s) can be nominated and in that event, the name, address and signature of the guardian of the minor nominee(s) shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
3. The Nominee shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a nominee subject to the exchange control regulation in force, from time to time.
4. Nomination in respect of the units stands rescinded upon the transfer of units.
5. Nomination can be made for maximum number of three nominees. In case of multiple nominees, the percentage of allocation/share in favour of each of the nominees should be indicated against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.
 - If the aggregate is less than 100% then the balance will be re-balanced to the first unit holder. If the aggregate is greater than 100% then nomination would be rejected.
 - In the event of the Unit holders not indicating the percentage of allocation/share for each of the nominees, Mutual Fund / Asset Management Company, by invoking default option shall settle the claim equally amongst all the nominees.
6. Transfer of units in favour of Nominee(s) shall be valid discharge by the Asset Management Company against the legal heir.
7. The cancellation of nomination can be made only by those individuals who hold units on their behalf singly or jointly and who made the original nomination.
8. On cancellation of the nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee(s).

All future communication in connection with this application should be addressed to the Registrars of the scheme or SBI Mutual Fund Corporate Office.

Investment Manager:

SBI Funds Management Pvt. Ltd.,
9th Floor, Crescenzo, C-38 & 39, G Block,
Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.
Tel: 022 - 61793537
Email: customer.delight@sbimf.com
Website: www.sbimf.com

Registrar:

Computer Age Management Services Pvt. Ltd.
SEBI Registration No. : INR000002813
Rayala Towers, 158, Anna Salai, Chennai - 600 002
Tel: 044-28435797
Email: enq_L@camsonline.com
Website: www.camsonline.com