SBI MUTUAL FUND
A PARTNER FOR LIFE

SIP / STP / SWP CANCELLATION FORM

1. PERSONAL DETAILS

Folio No.: |___|___|___|___|___|___|___|___|___|___|

Name of the First Unit Holder: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

2. SIP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

Scheme: _____ Plan: _____ Option: _____

SIP Auto Debit Date: ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th   (For February, last business day)

☐ (Any other date from 1st to 30th)

Frequency: ☐ Weekly (1st, 8th, 15th and 22nd)   ☐ Monthly   ☐ Quarterly   ☐ Half-yearly   ☐ Annual

SIP Installment Amount: ₹ |___|___|___|___|___|___|___|___|___|___|

SIP period: From |___|___|___|___|___|___|___|___| To |___|___|___|___|___|___|___|___|

Bank name _____ Account Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

(SIP cancellation request must be submitted 30 days in advance from the next SIP due date. All the above fields are mandatory otherwise request will be liable for rejection)

3. STP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Transfer Plan (STP) for the below given details:

☐ Regular STP   ☐ CASTP   ☐ Flex STP

From Scheme: _____ Plan: _____ Option: _____

To Scheme: _____ Plan: _____ Option: _____

STP Frequency :   ☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Quarterly

STP Installment Amount: ₹ |___|___|___|___|___|___|___|___|___|___|

STP Period: From |___|___|___|___|___|___|___|___| to |___|___|___|___|___|___|___|___|

(STP cancellation request must be submitted 10 days in advance from the next STP due date.)

4. SWP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: _____ Plan: _____ Option: _____

Frequency: ☐ Weekly (1st, 8th, 15th and 22nd)   ☐ Monthly   ☐ Quarterly   ☐ Half Yearly   ☐ Annual

SWP Installment Amount ₹ |___|___|___|___|___|___|___|___|___|___|

SWP Date: ☐ 1st   ☐ 5th   ☐ 10th   ☐ 15th   ☐ 20th   ☐ 25th   ☐ 30th   (For February last business day)

SWP Period: From |___|___|___|___|___|___|___|___| to |___|___|___|___|___|___|___|___|

(SWP cancellation request must be submitted 10 days in advance from the next SWP due date.)

5. SIGNATURE/S AS PER MODE OF HOLDING IN THE FOLIO:

_____
First Unit Holder / Guardian / POA / Authorised Signatory

_____
Second Unit Holder / Authorised Signatory

_____
Third Unit Holder / Authorised Signatory

- - - - - - - - - - - - - - - - - **TEAR HERE** - - - - - - - - - - - - - - -

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SIP / STP / SWP CANCELLATION FORM - Acknowledgement

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

SIP / STP / SWP Cancellation Form received from..for Folio..
(subject to verification of documents)

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