SBI MUTUAL FUND
A PARTNER FOR LIFE

SIP / STP / SWP CANCELLATION FORM

1. PERSONAL DETAILS

Folio No.: (Investor can opt for multiple requests in single form under one Folio)

Name of the First Unit Holder:

I / We request you to register Mobile number and E-mail address to get alerts and communication via SMS and E-mail.

Mobile No.: Email ID:

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)

Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly

SIP Installment Amount: Rs.

(SIP cancellation request must be submitted 30 days in advance from the next SIP due date.)

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 & Enrolment Period: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

STP Installment Amount: Rs.

(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: ☐ Monthly ☐ Quarterly SWP Installment Amount Rs.

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

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

5. SIGNATURES 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 Pvt. 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

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