

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 d	etails:
Scheme:Plan:	Option:
SIP Auto Debit Date: 1st 5th 10th 15th 20th 25th 30th (For	
(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 so otherwise request will be liable for rejection)	SIP due date. All the above fields are mandatory
3. STP CANCELLATION REQUEST	
I / We wish to discontinue my Systematic Transfer Plan (STP) for the below given detail	ails:
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 Year	arly 🗌 Annual
SWP Installment Amount ₹	
SWP Date: 1^{st} 5^{th} 10^{th} 15^{th} 20^{th} 25^{th} 30^{th}	th (For February last business day)
SWP Period: From to	
(SWP cancellation request must be submitted 10 days in advance from the next	t SWP due date.)
5. SIGNATURE/S AS PER MODE OF HOLDING IN THE FOLIO:	
First Unit Holder / Guardian / POA / Second Unit Holder / Authorised Signatory Authorised Signatory	Third Unit Holder / Authorised Signatory
SBI MUTUAL FUND A PARTNER FOR LIFE SIP/STP/SWP CANCELLATION FORM - Acknowledgeme	Sponsor : State Bank of India
SIP / STP / SWP Cancellation Form received from(subject to verification of documents)	for Folio
(382)331 to Formoution of Goodinorito)	Receiving Branch of SBI Mutual Fund