



State Bank of India

Member FDIC

STATE BANK OF INDIA

460 Park Avenue

New York, NY 10022

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FORM: DOB

Received on(MM/DD/YYYY):

DESIGNATION OF BENEFICIARY(IES)

ACCOUNT NO.776

I / we wish to designate beneficiary(ies) as mentioned below for all my/our accounts with this customer number.

Enter below Name, Social Security Number, Aadhaar Number or other relevant tax identification number, Date of Birth, Place of Birth and Address for EACH beneficiary you list. It is the Bank 's policy that it can only accept Designations where all beneficiaries have equal shares, and each Beneficial will be an adult (as defined by New York Law). In the event a Beneficiary pre-deceases the Account Holder(s)the surviving Beneficiaries will be entitled to an equal share of the balance of the Account.

	1st Beneficiary	2nd Beneficiary [optional]]	3rd Beneficiary [optional]	4th Beneficiary [optional]
Name (First Name-Middle Name-Last Name)				
SSN/ITIN/PAN/AADHAAR CARD NO.				
DATE OF BIRTH (MM/DD/YYYY)				
PLACE OF BIRTH (City-Country)				
Address				

In the event of my death or death of both or all of us, distribute the balance of the account(s) with the above customer number to beneficiary or beneficiaries. I/we understand that the Bank is expressly relying on the information contained herein, and that I/we intend the Bank to rely thereon. A new beneficiary form must be created if the account number is changed. The Bank, therefore, shall have no liability or responsibility whatsoever, for any claims arising from the Bank's actions hereunder, and the Bank shall be fully indemnified for any and all losses, damages, costs, etc. This Release and Indemnity shall supersede any provision made or relating to my/our respective Estate(s) as well. I / We understand that this Designation of Beneficiary will be effective on the date State Bank of India receives all relevant information required by this form and will supersede any previous Designation of Beneficiary that I/We might have made. I / We have the right to change this designation of beneficiary and to designate a new beneficiary at any time by writing to State Bank of India, New York Branch. This designation is made under the laws of the State of New York which shall have exclusive and binding jurisdiction

SIGNATURES & NAMES:

	1st APPLICANT	2nd APPLICANT	3rd APPLICANT
<i>Signature:</i>			
<i>Name:</i>			
<i>Date (MM/DD/YYYY):</i>			<i>Place:</i>