

For office use only  
UMRN  Date

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  I/We authorise

To debit Tick   SB  CA  SB-NRE  SB-NRO  Others..... Bank A/c No

With Bank  Name of customers bank  IFSC  or MICR

An amount of ₹ (in words)  ₹

DEBIT TYPE  Fixed Amount  Maximum Amount FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented

Reference 1  Reference 2

Phone No  Email ID

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

PERIOD From  To\*   
Signature of the Primary Holder  Signature of the Joint Account Holder  Signature of the Joint Account Holder   
1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

\*As per NPCI circular dated 18th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.

Please tick  as applicable:  
 NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 30 days.  
 NACH/OTM Form is already registered in the folio. [No need to submit again].

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (Internal)	EUIN* (Employee Unique Identification Number)	Registered Investment Advisor (RIA) Code	For Office use only
ARN-64917			E434563		

ISC's signature & Time Stamping

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicant's Signature Mandatory

Name of First/Sole Applicant

Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided

\*Mandatory

Email:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Mobile:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick  Annual Report  Other Statutory Information

Name of Second Applicant

Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided

\*Mandatory

Email:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Mobile:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick  Annual Report  Other Statutory Information

Name of Third Applicant

Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided

\*Mandatory

Email:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Mobile:  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick  Annual Report  Other Statutory Information

Existing Investor Folio No.

New Investor Application No.

Permanent Account Number (PAN)\*

PEKRN

Central KYC Number

CKYC Proof attached (Mandatory)

First/Sole Applicant/Guardian

Second Applicant

Third Applicant

\*Mandatory

**Following fields need to be filled mandatorily**

- 1. Date: In format DD/MM/YYYY
- 2. Bank A/c Type: Tick the relevant box
- 3. Fill Bank Account Number
- 4. Fill name of Destination Bank
- 5. IFSC / MICR code: Fill respective code
- 6. Mention Maximum Amount
- 7. Reference 1: Mention Folio Number
- 8. Reference 2: Mention Application Number
- 9. Telephone Number (Optional)
- 10. Email ID
- 11. Period: Starting date and the ending date of NACH registration (not more than 30 years) in the format (DD/MM/YYYY)
- 12. Signature as per bank account
- 13. Name: Mention Holder Name as Per Bank Record

**Other Instructions**

- NACH/OTM Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the NACH/OTM bank account has the adequate funds to honor multiple debits
- NACH/OTM is applicable for both Individual and Non-Individual
- Registration of Multiple NACH/OTM forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in NACH/OTM Form already registered or submitted, if not registered

- Investors are required to submit "NACH/OTM" registration first and only after successful registration an existing "NACH" associated with a SIP can be cancelled.
- NACH/OTM request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact offices of Sundaram Asset Management Company/ visit [www.sundarammutual.com](http://www.sundarammutual.com) for updated list of banks eligible for NACH/OTM Facility.
- Submitting NACH/OTM form does not confirm your investments in SMF unless supported by SIP Investment Form or Common Transaction forms
- Sundaram Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH/OTM payments please refer KIM or [www.sundarammutual.com](http://www.sundarammutual.com)
- NACH/OTM is applicable only for investments via debit instructions
- By submitting the NACH/OTM the investor authorizes Sundaram Mutual to utilize the information provided herein for the purpose of his/her investments in Sundaram Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

Please tick   SIP Registration  SIP with Top-up Registration  
 CKYC compliant  Yes  No (if no, please provide CKYC proof/additional documents if not submitted earlier)

**1 Scheme Name** ..... **Plan:**.....**Option:**.....

**SIP Installment Amount (₹)**.....

**SIP Date:**..... (for Monthly and Quarterly frequency).

**Frequency:**  Daily  Weekly<sup>@</sup>  Monthly\*  Quarterly (Refer to respective Scheme Information Document for minimum criteria)

**Start Month/Year:** |M|M|Y|Y|Y|Y| **End Month/Year (Default 30 years)#:** |M|M|Y|Y|Y|Y|

**SIP Top Up amount^ (Optional): ₹** ..... (in multiples of ₹ 500/-) Top-up Frequency^  Half-yearly  Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period

...../...../.....  
 Bank Name Cheque No Dated

**2 Scheme Name** ..... **Plan:**.....**Option:**.....

**SIP Installment Amount (₹)**.....

**SIP Date:**..... (for Monthly and Quarterly frequency).

**Frequency:**  Daily  Weekly<sup>@</sup>  Monthly\*  Quarterly (Refer to respective Scheme Information Document for minimum criteria)

**Start Month/Year:** |M|M|Y|Y|Y|Y| **End Month/Year (Default 30 years)#:** |M|M|Y|Y|Y|Y|

**SIP Top Up amount^ (Optional): ₹** ..... (in multiples of ₹ 500/-) Top-up Frequency^  Half-yearly  Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period

...../...../.....  
 Bank Name Cheque No Dated

**3 Scheme Name** ..... **Plan:**.....**Option:**.....

**SIP Installment Amount (₹)**.....

**SIP Date:**..... (for Monthly and Quarterly frequency).

**Frequency:**  Daily  Weekly<sup>@</sup>  Monthly\*  Quarterly (Refer to respective Scheme Information Document for minimum criteria)

**Start Month/Year:** |M|M|Y|Y|Y|Y| **End Month/Year (Default 30 years)#:** |M|M|Y|Y|Y|Y|

**SIP Top Up amount^ (Optional): ₹** ..... (in multiples of ₹ 500/-) Top-up Frequency^  Half-yearly  Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period

...../...../.....  
 Bank Name Cheque No Dated

Please tick   SIP Registration  SIP with Top-up Registration

CKYC compliant  Yes  No (if no, please provide CKYC proof/additional documents if not submitted earlier)

4 **Scheme Name** ..... **Plan:**..... **Option:**.....

**SIP Installment Amount (₹)**.....

**SIP Date:**..... (for Monthly and Quarterly frequency).

**Frequency:**  Daily  Weekly<sup>@</sup>  Monthly\*  Quarterly (Refer to respective Scheme Information Document for minimum criteria)

**Start Month/Year:**       **End Month/Year (Default 30 years)#:**

**SIP Top Up amount^ (Optional): ₹** ..... (in multiples of ₹ 500/-) **Top-up Frequency^**  Half-yearly  Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period

.....  
Bank Name

.....  
Cheque No

.....  
Dated

5 **Scheme Name** ..... **Plan:**..... **Option:**.....

**SIP Installment Amount (₹)**.....

**SIP Date:**..... (for Monthly and Quarterly frequency).

**Frequency:**  Daily  Weekly<sup>@</sup>  Monthly\*  Quarterly (Refer to respective Scheme Information Document for minimum criteria)

**Start Month/Year:**       **End Month/Year (Default 30 years)#:**

**SIP Top Up amount^ (Optional): ₹** ..... (in multiples of ₹ 500/-) **Top-up Frequency^**  Half-yearly  Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period

.....  
Bank Name

.....  
Cheque No

.....  
Dated

DEMAT Account Details		(Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form)	
<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant	<input type="text"/>	Beneficiary Account Number <input type="text"/>
<input type="checkbox"/> Central Depository Services (India)	DP ID Number	<input type="text"/>	<input type="text"/>

**Declaration:** I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for NACH/OTM • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs/investments which together with the current application will result in the total investments exceeding ₹ 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Signatures [as per Mutual Fund Records / Application]		
First Unit Holder's / Guardian Signature	Second Unit Holder's Signature	Third Unit Holder's Signature



To be submitted mandatorily: 1. Your FATCA (Foreign Account Tax Compliance Act) Details (if not already submitted) and 2. Ultimate Beneficial Owner (UBO) information (for non-individuals only) which can be downloaded from our website.

Table with 6 columns: Distributor's ARN & Name, Sub-broker's ARN (Code), Sub-broker Code (internal), EUN\* (Employee Unique Identification Number), Registered Investment Advisor (RIA) Code, For Office use only

I/We confirm that the EUN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants Signature Mandatory

Name of First/Sole Applicant, Folio No, Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided. Email: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Mobile: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick Annual Report, Other Statutory Information.

Name of Second Applicant, Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided. Email: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Mobile: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick Annual Report, Other Statutory Information.

Name of Third Applicant, Mobile\*

E-Mail

\*Please tick the Family Code for the Mobile Number and Email ID provided. Email: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Mobile: Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick Annual Report, Other Statutory Information.

Permanent Account Number (PAN)\*, PEKRN, Central KYC Number, CKYC Proof attached (Mandatory). Rows for First/Sole Applicant/Guardian, Second Applicant, Third Applicant.

Transferring funds from Scheme Sundaram, Plan: Regular, Direct

Option: Income Distribution cum Capital Withdrawal (IDCW) Payout, Reinvestment, Transfer, Growth

Transferring funds to Scheme Sundaram

Plan: Regular, Direct, Option: IDCW, Payout, Reinvestment, Growth, Fixed Amount ₹, Capital Appreciation

STP Frequency: Daily, Weekly (every Wednesday), Monthly, Quarterly

STP Date - Any Day (for Monthly / Quarterly frequency), STP Period including Perpetual, OR Till further notice# (# The end date - 01/12/2099 as end date. If not specified by the investor.), Request Date

STP Date grid, STP Period grid, Request Date grid

Nomination Details

I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

Table with 7 columns: Nominee Name, Nominee PAN, Relationship with applicant, Guardian Name, Date of Birth, Allocation (%), Nominee Signature. Rows 1, 2, 3.

Address, \*In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others. Total 100%

I / We DO NOT wish to nominate. Nomination Declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Turn overleaf for Terms & Conditions/Declaration & Signature (Mandatory)

Acknowledgement, Request Date, Time Stamp/Seal, Folio No, Plan, Options, From, To



**Declaration:** I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for Auto Debit • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs/investments which together with the current application will result in the total investments exceeding ₹. 50,000 in a financial year or a rolling period of twelve months (applicable for PAN/Aadhar exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**Applicable to NRIs only:** Please (✓)  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a  Repatriation Basis  Non-Repatriation Basis.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

## Signature

Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant

Request Date

DDMMYYYY

Investors are requested to note the following terms and conditions with respect to availing STP facility:

**1. Schemes available**

As specified in respective Scheme Information Document

**2. Date of transfer**

Any day STP is eligible for cycle dates of 1st to 31st

i. For the dates from 1 to 28:

- STP shall be processed on the given the day if that day is a business day. In case the specified date is a non-business day, it shall be processed on the next business day.

ii. For the dates from 29 to 31:

- If the selected date is available in that month and it is a business day, any day STPs should be triggered for processing on that date. If the selected date is not a business day, any day STP shall be triggered for processing on the next business day.
- If the selected date itself is not available in that month, any day STP shall be triggered for processing on its previous business day.
- For example, if 29 is not available in the month of February, any day STP shall be triggered for processing on the last business day of February.
- For example, if 31 is not available in any of the months, any day STP shall be triggered for processing on 30th of that month, provided it is a business day, else last business day of the month shall be considered for any day STP processing.

**3. Features of Capital Appreciation Option:**

- Capital appreciation in the scheme can be withdrawn or transferred to the specified Destination Scheme at prescribed frequency.
- The Capital Appreciation option will be available only under the Growth option of the eligible schemes.
- Investor opting for STP with capital appreciation, will have to choose Growth as scheme option under destination scheme.
- The minimum investment or current value in the scheme should be Rs. 1,00,000/- on the day of application of STP with capital appreciation option.
- Minimum 6 installments required for registration of STP facility with capital appreciation option.

- STP registration will take minimum 5 Business Days'.
- The respective NAV on the date of registration of STP facility in the scheme will be considered as base NAV for the purpose of calculating the capital appreciation amount for the first installment.
- For subsequent installments, the NAV of the previous processed installment will become the base NAV for the purpose of calculating the capital appreciation amount.
- In case of any additional inflows (including SIP/STP installments) between two STP installments, the capital appreciation amount will be identified by the difference in NAV of creation of such additional units and the NAV of the scheme on the date of STP installment.
- In case the specified date of any installment falls on a non-business day for either of the schemes, the STP installment will be processed on the following business day of both the schemes.

**4. Minimum amount of transfer**

Minimum Any Day STP Amount/instalment: As stated in the respective Scheme Information Document (SID) / Key Information Memorandum (KIM) and satisfying the minimum criteria of source and target schemes.

**5. Load Structure**, please refer the respective Scheme information document (SID) / Key Information Memorandum (KIM) for more details.**6. Discontinuation of STP, for all frequencies**

- When the outstanding balance in "transferor Scheme" does not cover any of the STP instalment amount, all outstanding units will be liquidated and STP will be effected for such outstanding balance (subject to the transfer amount satisfying the minimum investment criteria in the destination scheme) and STP will be terminated for subsequent instalments.
  - STP will be terminated if all units from the Transferor Scheme are pledged or upon receipt of intimation of death of first/sole unit holder.
  - Investors can also choose to terminate the STP by giving a written notice of at least 7 Business Days in advance to the Official Points of Transactions and accordingly, termination of STP shall be effected on receipt of valid request.
- The Trustee / AMC reserve the right to change / modify the terms of the STP or withdraw this facility from time to time.
  - Please refer to the respective scheme KIM / SID for more details.



To be submitted mandatorily: 1. Your FATCA (Foreign Account Tax Compliance Act) Details (if not already submitted) and 2.Ultimate Beneficial Owner (UBO) information (for non-individuals only) which can be downloaded from our website.

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)	Registered Investment Advisor (RIA) Code	For Office use only
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Name of First/Sole Applicant Folio No

**Mobile\***

**E-Mail**

*\*Please tick the Family Code for the Mobile Number and Email ID provided*  
**Email:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian **\*Mandatory**  
**Mobile:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)  Annual Report  Other Statutory Information

Name of Second Applicant Mobile\*

**E-Mail**

*\*Please tick the Family Code for the Mobile Number and Email ID provided*  
**Email:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian **\*Mandatory**  
**Mobile:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)  Annual Report  Other Statutory Information

Name of Third Applicant Mobile\*

**E-Mail**

*\*Please tick the Family Code for the Mobile Number and Email ID provided*  
**Email:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian **\*Mandatory**  
**Mobile:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)  Annual Report  Other Statutory Information

<b>Permanent Account Number (PAN)*</b>	<b>PEKRN</b>	<b>Central KYC Number</b>	<input type="checkbox"/> <b>CKYC Proof attached (Mandatory)</b>
First/Sole Applicant/Guardian			
Second Applicant			
Third Applicant			

Scheme Name

Plan:  Regular  Direct Option:  Income Distribution cum Capital Withdrawal (IDCW)  Payout  Reinvestment  Transfer  Growth

**Fixed Amount\* ₹**  **Capital Appreciation<sup>§</sup>** **SWP Date - Any Day** (for Monthly / Quarterly frequency) D D M M

*\*The minimum SWP amount is subject to minimum redemption criteria. §The minimum investment or current value in the scheme should be Rs. 1,00,000/- on the day of application of SWP with capital appreciation option. Kindly refer to respective SID/KIM for information with regard to Minimum Amount/Installments.*

**SWP Frequency**  Monthly  Quarterly

**SWP Period** **SWP Starting** **SWP Ending** OR  **Till further notice#** **Request Date**

0 1 1 2 2 0 5 0 D D M M Y Y Y Y

(# The end date – 01/12/2050 as end date for not specified by the investor.

**Turn overleaf for Declaration & Signature (Mandatory) → → →**

<b>Acknowledgement</b>	<b>Request Date:</b> <span style="float: right;">D D M M Y Y Y Y</span>	<b>Time Stamp/Seal</b>
Folio No	<input type="checkbox"/> Fixed Amount* Rs. _____ OR <input type="checkbox"/> Capital Appreciation <sup>§</sup>	
Scheme Name:	<b>SWP Frequency</b>	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Options: <input type="checkbox"/> IDCW <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth		

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI) • SMS SFUND to 56767 • E-mail: customerservices@sundarammutual.com (NRI); nriseservices@sundarammutual.com



### Nomination Details

I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

Nominee Name	Nominee PAN	Relationship with applicant	If nominee is minor*		Allocation (%)	Nominee Signature
			Guardian Name	Date of Birth		
1						
2						
3						
Address		*In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.			Total 100%	

I / We DO NOT wish to nominate

**Nomination Declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

**Declaration:** I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for Auto Debit • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs/investments which together with the current application will result in the total investments exceeding Rs. 50,000 in a financial year or a rolling period of twelve months (applicable for PAN/Aadhar exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**Applicable to NRIs only:** Please (✓)  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a  Repatriation Basis  Non-Repatriation Basis.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Signature	
First / Sole Applicant / Guardian	
Second Applicant	
Third Applicant	
Request Date	DDMMYYYY

