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	ystematic	Withdrawal	Plan

 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 downloded from our website.

 KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011. However in the case of Micro SIP/Pruchase of an individual investor (if the total amount of investment including SIP is upto Rs 50,000 per investor in any rolling 12-month period or in a financial year) instead of PAN/Aadhar proof other approved document can be accepted.

 Folio No
 Distributor's ARN & Name
 Sub-broker Code
 Sub-broker's ARN

 Vpfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.

 Name of First/Sole Applicant Gender*
 Male
 Female
 Others

 Mobile*
 PIN Code*
 PIN Code*
 PIN Code*

E-Mail							
Name of Secon	d Applicant Gender* 🗆 Ma	ale 🗆 Female 🗆 Others					
*				Mobile*		PIN Code*	
Name of Third	Applicant Gender* 🗆 Male	e □ Female □ Others					
				Mobile*		PIN Code*	
Permanent Accou	nt Number (PAN)*	Aadhaar Care	d Number* / PEKRN	C	Central KYC Number	CKYC Proof attached (Ma	(andatory)
First/Sole Applicant/Guardia	an			atory			
Second Applicant				Mandator			
Third Applicant							
You will receive a	n account statement by e-n	nail. If you wish to recei	ve a physical statemer	nt please tick 🗆]		
Scheme Name	,	,			xed Amount Rs.	OR 🗆 Capital Appre	rociation
Plan: 🗆 Regular 🗆 I	Direct 🗌 Others:	Option: \Box D	ividend Payout 🛛 Divid	end Re-Investme	nt ⊔ Dividend Sweep ∟	Growth ∐ Bonus	
SWP Amount		SWP Per	r iod 🗌 1 year 🗌 2 yea	ırs 🗌 3 years 🗌	5 years □ 10 years □	15 years 🗆 Till further no	otice*
SWP Frequency	🛛 Monthly 🗌 Quarterly (Minin	num amount Rs 1,000 Mini	mum No of installments 6	5) SWP will k	pe processed on 1st wo	orking day of the month/o	quarter
SWP Period	SWP Starting	SWP Ending	OR 🗆 Till further	notice*			
	0 1 M M Y Y	0 1 M M Y Y	0 1 1 2	2 0 3	1 Request Date		YY
(*The date may be take	n as 01/12/2031 in case of a requir	rement of an input for a specific	c date in the system)				
			Turn overlea	f for Declar	ation & 🗷 Signati	ure (Mandatory) 🗲 -	→→
			&				
Acknowledgeme	nt Req	uest Date: D D M	MYYYY	lim	e Stamp/Seal		
Folio No		□ Fixed Amount Rs	OR 🗆 Capital /	Appreciation			
Scheme Name:	2.1	SWP Frequency					
	Others Re-Investment 🗆 Sweep 🗆 Growth 🗆 B		ım amount Rs 1,000 Minimum No of inst rking dav of the month/quarter	tallments 6)			
			and any or the month quarter				
Contact No. 18	60 425 7237 (India)			E-m	ail: customerservio	ces@sundarammutual	l.com

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

SMS SFUND to 56767

(NRI): nriservices@sundarammutual.com Sundaram Mutual Fund

www.sundarammutual.com

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SUNDARAM MUTUAL

Systematic Withdrawal Plan

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued	Signature
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.	First / Sole Applicant / Guardian
Applicable to NRIs only: Please (I) 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.	Second Applicant
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.	Request Date D D M M Y Y Y

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

SMS SFUND to 56767

E-mail: customerservices@sundarammutual.com (NRI): nriservices@sundarammutual.com

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