

## **Systematic Withdrawal Plan**

KYC acknowledgen	nent is n	nanda	atory	for	r all i	nve	stor	s w	e.f.	01/0	1/20	11. I	How	ever	in t	he c	ase (	of M	icro	SIP/Pro	icha	se o	of an	ind	ivid	ual	inve	stor	(if th	e to	tal an	nount	of ir	ıvestı	ment
Folio No	o No.													b-b					oth	ier a	Sub-broker's ARN														
Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' asset											como	nt o	f va	ious	fact	lowc.	inclu	uding convices rendered by the distributor																	
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Name of Third	Applica	ant C	end	ler*		Mal	e 🗆	Fe	mal	e 🗆	Oth	ers						1																	
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Permanent Accou	nt Nun	ıber	(PAI	N)*	:					Aa	dhaa	r C	ard	Nur	nbe	r* /	PEK	RN				Ce	entr	al K	YC	Nu	mbe	er			CKYC	Proof a	ttached	(Mand	latory)
First/Sole Applicant/Guard	ian			$\perp$																	atory														
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Third Applicant			Ī	Ĺ																	*											İ	İ		
You will receive a	n acco	unt s	tater	mer	nt by	/ e-	mai	l. If	you	ı wis	sh to	rec	eive	e a p	hys	ical	stat	eme	ent p	olease t	ick														
cheme Name												☐ Fixed Amount RsOR ☐ Capital Appreciation																							
Plan: ☐ Regular ☐	Direct		thers:					C	ptio	n: Inc	ome	Dis	tribu	tion	cum	Cap	pital	With	ndrav	wal (IDC	W)		Payo	ut	□R	einv	estn	nent		rans	fer 🗆	Grov	vth [	Bon	ius
SWP Amount											SV	VP F	Perio	od [	] 1	yea	r 🗆	2 ye	ears	□ 3 ye	ars		5 уе	ars	1	0 у	ears	s 🗆 1	15 y	ears	☐ Ti	II fur	ther	notio	ce*
SWP Frequency	☐ Mont	hly [	 ] Qu	arte	erly																					9	SWF	wil	l be	pro	cesse	d or	1st	work	king
*The minimum SWP	amouni	t is su	ıbject	t to	mini	mur	n re	den	nptod	on cr	iteria.	Kin	dly i	refer	to re	espe	ctive	SID	for	comple	e de	tails	5.					da	ay o	f the	mor	ith/q	uarte	er	
SWP Period	SV	SWP Starting SWP Endin									0							r no	otice*																
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(*The end date – 01/1.	2/2050 as	s end	date f	for n	ot spe	ecifie	ed by	∕ th∈	inve	stor. 7	his w	ill be	cons	sidere						ysical m for <b>D</b> e			tio	n 8	k Æ	≤S	ign	atu	re	Má	ında	tor	y) <b>-</b> ]	<b>&gt;</b>	· <b>→</b>
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Folio No									□Fi	ced An	nount l	Rs				C	OR 🗆 (	Capita	ıl App	reciation															
Scheme Name:Plan: ☐ Regular ☐ Direct ☐ Options: IDCW ☐ Payout ☐		ent 🗆 1	 Fransfer	r 🗆 <b>G</b>	Growth	□Во	onus		☐ Mor		/							No of	installn	nents 6)															
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www.sundara			,	1																											ram				



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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, on 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
Paguact Data

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

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**Sundaram Mutual Fund**