## **Systematic Transfer Plan**

KYC acknowledge including SIP is	less than R	s 50,0	000 <sup>°</sup> pe	r investo	or in ar																												ient
Agent's Name and ARN Sub Broker ARN code							Sub Agent Code							UIN										io No					$\Box$				
☐ IWe hereby confirm that the EUIN box has								has be	en inter	tionall	y left	يو	Firs	t Applic	ant																		
Uniform commission shall be paid directly by the invector to the AMEL.									atted without any interaction nanager/sales person of the ithstanding the advice of the employee/relationship					Second Applicant																			
Upfront commission shall be paid directly by the investor to the AMFl- registered distributors based on the investors' assessment of various factors including services rendered by the distributor.											oloyee/	relatio	nship	Sig	Thi	rd Appli	cant	_		_													
Name of First/Sole Applicant (capital Letters)																				$\perp$													
Name of Guardian in case First / Sole Applicant is a Minor (capital Letters)																																	
E-Mail										Mob	ile N	0																					
You will receive an account statement by e-mail. If you wish to receive a physical statement please tick □															•					·													
Transferring funds from Scheme Sundaram																																	
Plan: ☐ Regular ☐ Direct ☐ Others:																																	
Transferring funds	s to Scheme		Sund	aram																													
Plan: ☐ Regular ☐	Direct Op	otion:	☐ Divi	idend Pay	out 🗆 [	Divider	nd Re	e-Inv	estm	ent [		Divid	end S	weep	o □ G	rowth	ı 🗆 В	onus	E	ach :	STP	Am	ount	Rs			$\overline{}$	T	T				
STP Frequence	y   Weekly	(every	/ Wednes	sday-Minin	num amo	unt Rs 1	000)	□ <i>N</i>	1onth	ly (M	linim	num a	mount	Rs 2.	50 Min	imum	No of	instal	ment:	30)[	□ Q	uarte	rly (N	inimu	ım am	ount	Rs 75	0 Min	imun	No o	f insta	Ilmen	ıts 7)
STP Period STP Starting STP Ending OR ☐ Till further notice* STP Date (for monthly and ☐ 1									1	□ 7 □ 14 □ 20 □ 25																							
(*The date may be taken as 31/12/2031 in case of a requirement of an input for a specific date in the system) (*Request I												t Da	te		) [	MI	М	Y	Y	Y	Y												
Declaration IAMA A having road and understood the contents of the Statement of Additional Information/Scheme Information Decumen												t/ado	lenda	issu	ed to	the !	SID				Sign	natı	ure										
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 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																																	
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 exempt category of investors). The ARN holder has disclosed to me/us all the														Ks.   the																			
commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutuathe Scheme is being recommended to me/us.												1utua	al Funds from amongst which							First / Sole Applicant / Guardian													
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 fo subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account														for	í																		
on a $\square$ Repatriation Basis $\square$ 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 sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributo														rther outor:	agre s lia	e no ble	t to h for a	old anv															
consequences/losses	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														in																		
of the information p	ntimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/ai 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 government														ital				Third	laaA	icant												
we hereby declare that all the particulars given herein are true, correct and complete to the best of infloor knowledge and belief. It we further agree not to ho undaram. Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for an onsequences/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 ntimating any changes to the above particulars. ItWe hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/ar f the information provided by me/us, to any Indian or foreign government or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation f advising me/us of the same. ItWe hereby agree to provide any additional information/documentation that may be required in connection with this application														on.	Request Date																		
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Acknowledge	ement			Re	equest	Date	: [_		D	M	Λ	И	Y	Y	Y	Y			lim	ie Si	tam	p/S	eai										
Folio No									□ A	mo	unt		Units																				
From:						To:	7.0	1 -	1 D'			D' '		n		1 .		_															
Plan: ☐ Regular ☐ Direct Options: <i>Dividend</i> ☐ Part of Part o						Plan:   	⊔ кед eep 🗆	Grow	th □	Bonus	tions: s	: UIVI	dend 🗆	rayou	л 🗆 ке	investn	ient																
Toll Free: 1800 103 7237 (India)											E-n	nail	: Cl	ısto	ome	erse	rvio	ces	 @su	nda	ırar	nmı	utua	al.co	om								

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