Application Form-Systematic Transfer Plan

Serial No: EQ

For Office Use Only

Channel Partner / Agent Information

Agent's Name and ARN	Sub Agent Code	EUIN
ARN- 85723		E098968

Transaction charges For Rs. 10,000 and above:
☐ Existing Investor-Rs.100 ☐ New Investor-Rs.150

☐ **"I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction. Upfront 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.**

Existing Investor Information (Please fill in your Folio No.)
Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No

New Investor Information

Name of First/Sole Applicant

Permanent Account Number **KYC completed** ☐ Yes ☐ No

Name of Guardian (in case of First / Sole Applicant is a Minor) **/ Contact Person – Designation** (in case of non-individual Investors)

Permanent Account Number (PAN) **KYC completed** ☐ Yes ☐ No **Relationship**

Name of Second Applicant

Permanent Account Number **KYC completed** ☐ Yes ☐ No

Name of Third Applicant

Permanent Account Number **KYC completed** ☐ Yes ☐ No

Contact Details of First / Sole Applicant ***Receive Account Statements, Annual Reports, and other information instantly by email. ☐ Yes ☐ No.***

E-Mail

STD Code Telephone Mobile

Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

Systematic Transfer Plan

Transferring funds from Scheme: Sundaram

Plan: ☐ Regular ☐ Direct ☐ Others:..... Option: ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth

Transferring funds to Scheme: Sundaram

Plan: ☐ Regular ☐ Direct Option: ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth

Each STP Amount Rs

STP Frequency ☐ Weekly (every Wednesday-Minimum amount Rs 1000) ☐ Monthly (Minimum amount Rs 250 Minimum No of installments 20) ☐ Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

STP Period **STP Starting** (D D M M Y Y) **STP Ending** (D D M M Y Y) *OR* ☐ **Till further notice*** (3 1 1 2 2 0 3 1)

STP Date (for monthly and quarterly options) ☐ 1 ☐ 7 ☐ 14 ☐ 20 ☐ 25

*(*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system)*

Nominee (available only for individuals)

☐ I wish to nominate the following person(s)

1st Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by first nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

2nd Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by second nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

3rd Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by third nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

** Proportion (%) in which units will be shared by each nominee should aggregate to 100%*

☐ **I do not wish to choose a nominee. Signature of investor(s)** ....

Signature

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • agree to transfer units as provided in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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	Second Applicant	Third Applicant

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.

D D M M Y Y Y Y