SUNDARAM MUTUAL
Sundaram Finance Group

Systematic 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.*

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

*Mandatory

Name of First/Sole Applicant (Name as per PAN card) — Folio No

FIRST MIDDLE LAST — DOB/Date of Incorporation* D D M M Y Y Y Y

E-Mail* — Mobile*

*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 (Name as per PAN card)

FIRST MIDDLE LAST — DOB* D D M M Y Y Y Y

E-Mail* — Mobile*

*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 (Name as per PAN card)

FIRST MIDDLE LAST — DOB* D D M M Y Y Y Y

E-Mail* — Mobile*

*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

	Permanent Account Number (PAN)*	**PEKRN**	**Central KYC Number** ☐ **CKYC Proof attached** (Mandatory)
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*** ₹_____ OR ☐ **Capital Appreciation**$

SWP Date - Any Day (for Monthly / Quarterly frequency) D D

**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** M M Y Y — **SWP Ending** M M Y Y — *OR* ☐ **Till further notice#** (0 1 1 2 2 0 5 0)

Request Date 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) ➔➔➔

Acknowledgement **Request Date:** D D M M Y Y Y Y

Folio No ☐ Fixed Amount* Rs._____ OR ☐ Capital Appreciation$

Scheme Name:_____

Plan: ☐ Regular ☐ Direct ☐ Others .....

Options: *IDCW* ☐ Payout ☐ Re-Investment ☐ Transfer ☐ *Growth*

SWP Frequency

☐ Monthly ☐ Quarterly

Time Stamp/Seal

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI) • E-mail: customerservices@sundarammutual.com (NRI): nriservices@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%.)

Mandatory Details

Particulars	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Relationship			
Allocation (%)**			
Address			
Mobile Number			
E-mail			
Identity Number*** [Please tick any one and provide details of same]	..... ☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number	..... ☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number	..... ☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number
Additional Details			
Date of Birth#			
Guardian Name (Optional)			

1) ** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form.; **2)***** Investor can provide any one of the following as the identity number for the nominee(s), ***copy of the document is not required.*** • PAN • Driving License Number • Last 4 digits of Aadhaar • Passport Number; **3) #** Mandatory only if the nominee is minor.
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows (Please tick, as appropriate) ☐ Name of nominee(s) ☐ Nomination: Yes/No
I hereby authorize .....to operate my account on my behalf, in case of my incapacitation. He/She is authorized to encash my assets up to .....% of assets in the account / folio or Rs.....(Optional).

☐ **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 non appointment 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 of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Sundaram Mutual for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform Sundaram Mutual / Sundaram Asset Management Company (AMC)/Registrar and Transfer Agent (RTA) about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by Sundaram Mutual/AMC. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties')are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the Sundaram Mutual /AMC to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of the same. I/We hereby provide my consent for sharing/disclosing of my/our Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the purpose of updating the same in the folios linked to my/our PAN.

Signature

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

^ Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Request Date D D M M Y Y Y Y