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
ARN-95070			E-101834			

*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)*	**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 / Half-yearly / Annual 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 ☐ Half-yearly ☐ Annual

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. If 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 ☐ Half-yearly ☐ Annual

Time Stamp/Seal

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

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		
X First / Sole Applicant / Guardian	Second Applicant	Third Applicant

Request Date	D	D	M	M	Y	Y	Y	Y