

Folio No							/			Broker Code	ARN-13308	Sub-Broker Code	
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Name of First/Sole Applicant (Please use capital Letters)

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

[illegible][illegible]

Transferring from	Transferring to
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☐ Regular Plan ☐ Institutional Plan ☐ Super Institutional Plan ☐ Regular Plan ☐ Institutional Plan ☐ Super Institutional Plan

☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth ☐ Others..... ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth ☐ Others.....

STP Amount **STP Period** ☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetuity ☐ Others.....

STP Frequency ☐ Weekly (Wednesday) ☐ Monthly ☐ Quarterly **STP Starting**

M	M	Y	Y	Y	Y
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STP Date ☐ 1 ☐ 7 ☐ 14 ☐ 20 ☐ 25

Declaration: We, having read and understood the contents of the Statement of Additional Information/Scheme Information Document, hereby apply for units as indicated in the application form. I agree to abide by the terms, conditions, rules and regulations of the scheme. I agree to the terms and conditions for Auto Debit. I agree to abide by the terms, conditions, rules and regulations of the scheme. I agree to terms & conditions of Plan agreement. I agree to receive account statement/communication by email. I have not received nor provided by any agent or directly or indirectly in making this fund. I do not have any existing SIMI STRs which together with the current application will result in the total investments exceeding ₹. 50,00,000 in a year. The ANN holder has disclosed to me all the commissions in the form of trail commission on 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.

Request Date	D	D	M	M	Y	Y	Y	Y
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Signature			
	First Applicant	Second applicant	Third Applicant

Acknowledgement ☐ Investment **Request Date:**

D	D	M	M	Y	Y	Y	Y
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[illegible]Fund: _____ Plan: _____ Option: _____

STP Rs Period From M M Y Y Y Y ☐ Weekly (Wednesday) ☐ Monthly ☐ Quarterly Date 1 7 14
20 25

Time Stamp/Seal

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Sundaram Mutual Fund