

## **Application Form-Systematic Transfer Plan**

Channel Partner / Agent Information		AIXIV	10/1/4		as ~			
Agent's Name and ARN	1.Sub Agent Code	2.Sub Ag	ent Code	3.Sub Agent Code	For Office Use Only			
Upfront commission shall be paid directly by the investor to the AMF		estors' assessment of a	various factors includi	ing services rendered by the distributor				
Existing Investor Information (Please fill in	Folio No			] /[				
Please note that applicant details and mode	of holding will be as per	existing Folio	Number.	TOTOTO			] / [	
New Investor Information Name of First/Sole Applicant								
Name of First/Sole Applicant								
Permanent Account Number KYC completed Yes No								
Name of Second Applicant								
Permanent Account Number KYC completed								
Name of Third Applicant								
Permanent Account Number					K	YC completed		/es □ No
Contact Details of First / Sole Applicant (Please provide your Email ID as it is a must to transact online)								
E-Mail								
STD Code	[elephone			Mobile	iii		İ	
Systematic Transfer Plan								
Transferring funds from Scheme Sundaram								
Plans: 🗆 Retail 🗆 Institutional 🗀 Super Institutional Option: 🗅 Dividend Payout 🗅 Dividend Re-Investment 🗆 Dividend Sweep 🗆 Growth 🗀 Others								
Transferring funds to Scheme Sundaram								
Plans:  Regular  Institutional Option: Dividend Payout Dividend Re-Investment Dividend Sweep Growth Others								
Each STP Amount Rs 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)								
Period for the STP   □ 1 year   □ 2 years   □ 3 years   □ 5 years   □ 10 years   □ 15 years   □ Perpetuity								
STP Starting M M Y Y Y Y Y STP Date (for monthly and quarterly options)								
Declaration: I'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 • agree to abide by the terms, conditions, rules and regulations of the Scheme • agree to terms & conditions of IPN agreement • agree to receive account statement/communication by Email • 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 which together with the current application will restrict making the total investments exceeding Rs. 50,000 in a year. 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.								
Nominee (available only for individuals)  Signature								
Name:								
Address:		First / Sole Applicant /						
/ Address			Guardian					
If nominee is a minor: Date of birth:								
Name of Guardian:								
		Second						
Address of Guardian:			Applicant					
Signature of Nominee/Guardian of Nominee								
Signature of Hommey during of Hommee								
			Third Applicant					
			L					