

Systematic Withdrawal Plan

Folio No	Distributor's ARN & Name Sub-	-broker Code	Sub-broker's ARN
FOIIO INO	ARN 111873		
Upfront commission shall be paid directly by the investor to	the AMFI-registered distributors based on the investors' assessment	ment of various factors inclu	ding services rendered by the distributor.
Name of First/Sole Applicant (capital Letters)			
Name of Guardian in case First / Sole Applicant is a Minor (capital Letters)			
First/Sole Applicant Permanent Account Number (PAN)	Second Applicant Permanent Account Number (PAN)	Third Applicant Permanent Account Number	(PAN)
Aadhar Card No.	Aadhar Card No.	Aadhar Card No.	
Central KYC Number	Central KYC Number	Central KYC Number	
E-Mail		Mobile No	
,	If you wish to receive a physical statement please tic		
Scheme Name		☐ Fixed Amount Rs	OR Capital Appreciation
Plan: ☐ Regular ☐ Direct ☐ Others:	Option: Dividend Payout Dividend Re-Inves	'	
SWP Amount	SWP Period □ 1 year □ 2 years □ 3 year		
SWP Frequency Monthly Quarterly (Minimum		vill be processed on 1st	working day of the month/quarter
0 1 M M Y Y 0		Request Date	DDMMYYYY
(*The date may be taken as 01/12/2031 in case of a requirement			
hereby apply for units under the scheme(s) as indicated in the application f	ment of Additional Information/Scheme Information Document/addenda issued orm • agree to abide by the terms, conditions, rules and regulations of the sche bate or gifts, directly or indirectly in making this investment • do not have any ents exceeding Rs. 50,000 in a financial year or a rolling period of twelve mont be commissions (in the form of trail commission or any other mode), payable to g recommended to me/us.	eme(s) • agree to the terms and	Signature First / Sole Applicant / Guardian
Applicable to NRIs only: Please (✓) □ I/We confirm that I am/We are Non-I	Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for s n-Resident External/Ordinary Account/FCNR Account on a □ Repatriation Basis	subscription have been remitted	CI AI:
I/We hereby declare that all the particulars given herein are true, correct Management, its sponsor, their employees, authorised agents, service prov	and complete to the best of my/our knowledge and belief. I/ We further agre iders, representatives of the distributors liable for any consequences/losses/costs not intimating/delay in intimating any changes to the above particulars. I/We be	ee not to hold Sundaram Asset	Second Applicant Third Applicant
by me/us, to any Indian or foreign governmental or statutory or judicial auth without any obligation of advising me/us of the same. I/We hereby agree to	of the information provided by me/ us, including all changes, updates to such info norities/agencies, the tax/revenue authorities and other investigation agencies and provide any additional information/documentation that may be required in con	nnection with this application.	equest Date
Acknowledgement Request	Date: DDMMYYYY	Time Stamp/Seal	
Folio No	☐ Fixed Amount RsOR ☐ Capital Appreciation		
Scheme Name:	SWP Frequency		
Plan: ☐ Regular ☐ Direct ☐ Others	☐ Monthly ☐ Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6)		

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