

Channel Partner / Agent Information

Serial No: EQ

| | | | |
|---|----------------------------|-------------------------|--|
| Distributor's ARN & Name ARN-0186 | Sub-broker Code (internal) | Sub-broker's ARN (code) | EUIN* (Employee Unique Identification Number) |
|---|----------------------------|-------------------------|--|

*Declaration for "Execution only" transaction (only where EUIN box is left blank) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | |
|-----------------------------------|---------------------|--------------------|
| First/Sole Applicant/ Guardian | Second Applicant | Third Applicant |
|-----------------------------------|---------------------|--------------------|

**ISC's signature
&
Time Stamping**

| | |
|---|---|
| Transaction charges For Rs. 10,000 and above: <input type="checkbox"/> Existing Investor-Rs.100 <input type="checkbox"/> New Investor-Rs.150 | 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. |
|---|---|

Existing Investor Information (Please fill in your Folio No.)
Please note that applicant details and mode of holding will be as per existing Folio Number.

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Folio No | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

New Investor Information

Name of First/Sole Applicant _____

Permanent Account Number _____ **KYC completed** Yes No

Name of Guardian (in case of First / Sole Applicant is a Minor) / **Contact Person - Designation** (in case of non-individual Investors) _____

Permanent Account Number (PAN) _____ **KYC completed** Yes No **Relationship** _____

Name of Second Applicant _____

Permanent Account Number (PAN) _____ **KYC completed** Yes No

Name of Third Applicant _____

Permanent Account Number (PAN) _____ **KYC completed** Yes No

Contact Details of First / Sole Applicant *Receive Account Statements, Annual Reports and other information by e-mail and receive SMS updates on mobile.* Yes No.

| | | | | | | | | | | | | | | | | | | | |
|----------|--|-----------|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| E-Mail | | | | | | | | | | | | | | | | | | | |
| STD Code | | Telephone | | | | Mobile | | | | | | | | | | | | | |

Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

Systematic Transfer Plan

Transferring funds from Scheme Sundaram

Plan: Regular Direct Others:..... **Option:** Dividend Payout Dividend Re-Investment Dividend Sweep Growth

Transferring funds to Scheme Sundaram

Plan: Regular Direct **Option:** Dividend Payout Dividend Re-Investment Dividend Sweep Growth

Each STP Amount Rs _____

STP Frequency Weekly (every Wednesday-Minimum amount Rs 1000 Minimum No of installments 5) Monthly (Minimum amount Rs 250 Minimum No of installments 20) Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

STP Date (for monthly and quarterly options) 1 7 14 20 25

STP Period **STP Starting** **STP Ending** OR **Till further notice***

(*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system)

Nominee (available only for individuals) I wish to nominate the following person(s)

| | | |
|--|---|--|
| <p>1st Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p> | <p>2nd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by second nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p> | <p>3rd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by third nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p> |
|--|---|--|

* Proportion (%) in which units will be shared by each nominee should aggregate to 100%

I do not wish to choose a nominee. **Signature of investor(s)** _____

Signature

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for Auto Debit • 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/investments which together with the current application will result in the total investments exceeding Rs. 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). 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.

Applicable to NRIs only: Please I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a Repatriation Basis Non-Repatriation Basis. I/We further declare that I/We am/are not a citizen of Canada.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

| |
|-----------------------------------|
| First / Sole Applicant / Guardian |
| Second Applicant |
| Third Applicant |