

4. INVESTMENT & PAYMENT DETAILS (Stamp Duty Applicable)

| Scheme Name | Scheme-1 | Scheme-2 | Scheme-3 |
|--|---|---|---|
| Plan | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Regular <input type="checkbox"/> Direct |
| Option | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth |
| (*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Liquid Fund and sub-option Growth") Any / each correction carried out in selecting the target scheme has to be counter-signed by the investor(s) to make it a valid selection | | | |
| Payment Mode | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer* (*Subject to realisation) | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer* (*Subject to realisation) | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer* (*Subject to realisation) |
| Cheque / DD / Reference No. | | | |
| Payment from Bank Account No. | | | |
| Drawn on Bank / Branch | | | |
| Amount (₹) | Figures Words | | |
| Account Type | <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others..... | | |

5. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, in case the pay-out bank account below is different from the cheque issued for investment as per section 4) ☐ Same bank as per investment cheque

IFSC CODE

Bank Account No

Bank Name Bank Branch

Account Type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR Others → Please specify

6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF for transactions amounting to Rs. 50 Crores and above) Sundaram Mutual Fund - LEI Number: 335800QDGDY5PCN34581 (The LEI expires on March 20, 2029)

VALIDITY DATE OF LEI

Address of First / Sole Applicant

Town: City/District: State: PIN Code:

Overseas Address (in case of NRIs/FIIs) (Mandatory)

7. Systematic Transaction Registration Details – Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

(Refer Guide to investing through SIP)

Mode of SIP ☐ OTM/NACH (please submit SIP Registration Form) Each SIP Amount ₹ SIP Period Month/Year SIP Start SIP End (Default 40 years)#:

End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

SIP Date-Any Day ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)SIP Date: SIP Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Note: In case the chosen date falls on a Non-Business Day, then the SIP transactions will be processed on the immediate next Business Day based on the receipt of credit in the AMC account.

| STP | | | SWP | | |
|--|---------------------------------------|--|--|---------------------------------------|--|
| Source Scheme | | | Scheme | | |
| Target Scheme | | | Option | | |
| Option | <input type="checkbox"/> Fixed Amount | <input type="checkbox"/> Capital Appreciation option\$ | Option | <input type="checkbox"/> Fixed Amount | <input type="checkbox"/> Capital Appreciation option\$ |
| Amount (figures) | For fixed Amount Option | | Amount (figures) | For fixed Amount Option | |
| Frequency | Daily / Weekly / Monthly / Quarterly | | Frequency | Monthly / Quarterly | |
| STP Date - Any Day (for Monthly / Quarterly frequency) | D D M M | | SWP Date - Any Day (for Monthly / Quarterly frequency) | D D M M | |
| STP Period | From Date | To Date (including Perpetual) | SWP Period | From Date | To Date |

\$ Note: Capital Appreciation Option for STP/SWP can be availed only under "Growth" Option of the eligible scheme

8. OCCUPATION

| | Private Sector Service | Public Sector Government Service | Housewife | Business | Professional | Agriculturist | Retired | Student | Forex Dealer | Others | Others |
|------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| 1st Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |
| 2nd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |
| 3rd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |

GROSS ANNUAL INCOME

| | Below 1 Lac | 1-5 Lacs | 5-10 Lacs | 10-25 Lacs | > 25 Lacs - 1 Crore | > 1 Crore | Net worth (Mandatory for Non-Individuals) - ₹ | As on date | | | | | | | |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|------------|---|---|---|---|---|---|---|
| 1st Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D | D | M | M | Y | Y | Y | Y |
| 2nd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D | D | M | M | Y | Y | Y | Y |
| 3rd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D | D | M | M | Y | Y | Y | Y |

PEP & UBO Details

| | I am politically exposed person | | Related to PEP | | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If no, Please attach mandatory UBO declaration) | | Foreign Exchange / Money Changer Services | | Farming / Gambling / Lottery / Casino Services | | Money Lending Pawning | |
|------------|---------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | Yes | NA | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1st Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. FATCA-CRS DETAILS For Individuals (Mandatory)

Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure

The below information is required for all applicant(s) / guardian / PoA holder

| Category | First Applicant/Guardian | Second Applicant | Third Applicant |
|--|--|--|--|
| 1. Are you a Tax Resident of Country other than India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is your Country of Birth/ citizenship other than India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is your Residence address / Mailing address / Telephone No. other than in India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered YES to any of above, please provide the below details

| | | | |
|--|--|--|--|
| Country of Tax Residence | | | |
| Nationality | | | |
| Tax Identification Number ^{\$} or Reason for not providing TIN | | | |
| Identification Type (TIN or Other, please specify) | | | |
| Residence address for tax purposes (include City, State, Country & Pin code) | | | |
| Address Type | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office |
| City of birth | | | |
| Country of birth | | | |

\$ In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.

FATCA-CRS Instructions

Details under FATCA-CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the Country of Tax Residence field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation with supporting documents and attach this to the form.



Acknowledgement

Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615,
I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

Received From Mr./Mrs./Ms.
Communication in connection with the application should be addressed to the Registrar **KFin Technologies Limited**, Registrar and Transfer Agents,
9th Floor, Capital Towers, 180, Kodambakkam High Road, Nungambakkam, Chennai-600034. Contact No: 1860 425 7237 (India) +91 40 2345 2215 (NRI)
Please Note: All Purchases are subject to realisation of cheques / demand drafts.

Application No.

ISC's Signature & Stamp

10. Nomination Details (Refer Instruction 11)

☐ I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

| | Nominee Name | Nominee PAN | Relationship with applicant* | If nominee is minor# | | Allocation (%)* | Nominee Signature |
|---------|--------------|-------------|--|----------------------|----------------|-----------------|-------------------|
| | | | | Guardian Name* | Date of Birth* | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Address | | | * Mandatory Details # In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others. | | | Total 100% | |

☐ I / We DO NOT wish to nominate.

Nomination Declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11. Non-Profit Organization (NPO) Declaration

| | |
|--|---|
| We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please quote Registration No. of Darpan portal of Niti Aayog | |

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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. • declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. • 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 OTM/NACH • 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 ₹ 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 USA/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, 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.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions) and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same. I/We agree to indemnify Sundaram Asset Management Company Limited in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

Stamp Duty: Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

☐ (Applicable only for investments through RIA) RIA/PMRN Consent Declaration:

I/We, the above-named person/s have invested in the Scheme(s) of Sundaram Mutual Fund under Direct Plan under the above mentioned Account No(s)/Folio No(s). I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the below mentioned Mutual Fund Distributor/SEBI-Registered Investment Advisor/Portfolio Manager:




AMFI Registration Number ARN - _____ SEBI Registration No. _____

Name: _____

Address _____

City _____ PIN _____

E-Mail ID _____ Tel.No _____

| Name of First / Sole Applicant / Guardian | Name of Second Applicant | Name of Third Applicant |
|--|---|--|
| | | |
|  Signature of First / Sole Applicant / Guardian |  Signature of Second Applicant |  Signature of Third Applicant |

| Particulars | | | | |
|--|---|--|----------------------------------|---|
| Scheme Name / Plan / Option / Sub-option | Goal | Cheque / DD / Payment Instrument Number / Date | Drawn on (Name of Bank & Branch) | Amount in figures (₹) & Amount in words |
| | <input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP | | | |

Following fields need to be filled mandatorily

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Fill Bank Account Number
4. Fill name of Destination Bank
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention URN Number
8. Reference 2: Mention Folio/Application Number
9. Telephone Number (Optional)
10. Email ID
11. Period: Starting date and the ending date of NACH registration (not more than 40 years) in the format (DD/MM/YYYY)
12. Signature as per bank account
13. Name: Mention Holder Name as Per Bank Record

Other Instructions

- NACH/OTM Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the NACH/OTM bank account has the adequate funds to honor multiple debits
- NACH/OTM is applicable for both Individual and Non-Individual
- Registration of Multiple NACH/OTM forms is acceptable with different Bank and Accounts.
- Investors are requested to note that Turn Around Time(TAT) for SIP registration with new NACH /OTM will be 21 days and in case of SIP registration with existing NACH/OTM, the SIP registration TAT will be 15 days.

- Per transaction limit should be less than or equal to the amount as mentioned in NACH/OTM Form already registered or submitted, if not registered
- Investors are required to submit "NACH/OTM" registration first and only after successful registration an existing "NACH" associated with a SIP can be cancelled.
- SIP amount will not be debited if NACH/OTM registration is under process/unregistered
- NACH/OTM request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact offices of Sundaram Asset Management Company for updated list of banks eligible for NACH/OTM Facility.
- Submitting NACH/OTM form does not confirm your investments in SMF unless supported by SIP Investment Form or Common Transaction forms
- Sundaram Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH/OTM payments please refer KIM or www.sundarammutual.com
- NACH/OTM is applicable only for investments via debit instructions
- By submitting the NACH/OTM the investor authorizes Sundaram Mutual to utilize the information provided herein for the purpose of his/her investments in Sundaram Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

Please tick ☒ ☐ SIP Registration ☐ SIP with Top-up Registration

CKYC compliant ☐ Yes ☐ No (if no, please provide CKYC proof/additional documents if not submitted earlier)

1 Scheme Name Plan:..... Option:.....

SIP Installment Amount (₹).....

SIP Date:..... (for Monthly and Quarterly frequency).

Frequency: ☐ Daily ~ ☐ Weekly@ ☐ Monthly* ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Start Month/Year: [M][M][Y][Y][Y][Y] End Month/Year (Default 40 years)#: [M][M][Y][Y][Y][Y]

SIP Top Up amount^ (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency^ ☐ Half-yearly ☐ Yearly

~ SIP debits will be processed on all days including Public holidays and week ends.

*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

Bank Name

Cheque No

Dated

2 Scheme Name Plan:..... Option:.....

SIP Installment Amount (₹).....

SIP Date:..... (for Monthly and Quarterly frequency).

Frequency: ☐ Daily ~ ☐ Weekly@ ☐ Monthly* ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Start Month/Year: [M][M][Y][Y][Y][Y] End Month/Year (Default 40 years)#: [M][M][Y][Y][Y][Y]

SIP Top Up amount^ (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency^ ☐ Half-yearly ☐ Yearly

~ SIP debits will be processed on all days including Public holidays and week ends.

*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

Bank Name

Cheque No

Dated

3 Scheme Name Plan:..... Option:.....

SIP Installment Amount (₹).....

SIP Date:..... (for Monthly and Quarterly frequency).

Frequency: ☐ Daily ~ ☐ Weekly@ ☐ Monthly* ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Start Month/Year: [M][M][Y][Y][Y][Y] End Month/Year (Default 40 years)#: [M][M][Y][Y][Y][Y]

SIP Top Up amount^ (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency^ ☐ Half-yearly ☐ Yearly

~ SIP debits will be processed on all days including Public holidays and week ends.

*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

Bank Name

Cheque No

Dated

Please tick ☒ ☐ SIP Registration ☐ SIP with Top-up Registration

CKYC compliant ☐ Yes ☐ No (if no, please provide CKYC proof/additional documents if not submitted earlier)

4 Scheme Name Plan:.....Option:.....

SIP Installment Amount (₹).....

SIP Date:..... (for Monthly and Quarterly frequency).

Frequency: ☐ Daily * ☐ Weekly* ☐ Monthly* ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Start Month/Year: |M|M|Y|Y|Y|Y| End Month/Year (Default 40 years)#: |M|M|Y|Y|Y|Y|

SIP Top Up amount^ (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency^ ☐ Half-yearly ☐ Yearly

≈ SIP debits will be processed on all days including Public holidays and week ends.

*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

Bank Name

Cheque No

Dated

5 Scheme Name Plan:.....Option:.....

SIP Installment Amount (₹).....

SIP Date:..... (for Monthly and Quarterly frequency).

Frequency: ☐ Daily * ☐ Weekly* ☐ Monthly* ☐ Quarterly (Refer to respective Scheme Information Document for minimum criteria)

Start Month/Year: |M|M|Y|Y|Y|Y| End Month/Year (Default 40 years)#: |M|M|Y|Y|Y|Y|

SIP Top Up amount^ (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency^ ☐ Half-yearly ☐ Yearly

≈ SIP debits will be processed on all days including Public holidays and week ends.

*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

Bank Name

Cheque No

Dated

| DEMAT Account Details | | (Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form) | |
|--|------------------------|---|----------------------------|
| <input type="checkbox"/> National Securities Depository Ltd. | Depository Participant | | |
| <input type="checkbox"/> Central Depository Services (India) | DP ID Number | | Beneficiary Account Number |

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 • declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority • 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 NACH/OTM • 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 ₹ 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.

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.

Signatures [as per Mutual Fund Records / Application]

First Unit Holder's / Guardian Signature

Second Unit Holder's Signature

Third Unit Holder's Signature

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A. Fields marked with “*” are mandatory fields.
B. Tick “/” wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. The ‘OTP based E-KYC’ check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update

KYC Number (Mandatory for KYC update request)

Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details (Please refer instruction A at the end)

| | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> | <input type="text"/> | - | <input type="text"/> |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T- Transgender | |
| PAN* | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> FORM 60 furnished | |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Others | |
| Citizenship* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others – Country _____ | Country Code | <input type="text"/> |
| Residential Status* | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non Resident Indian | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin |

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction **B** at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

| | | | | | | | | | | | | | |
|--------------------------|--|---|-----------------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | A-Passport Number | <input type="text"/> | Passport Expiry Date | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | B-Voter ID Card | <input type="text"/> | | | | | | | | | | | |
| <input type="checkbox"/> | C-Driving Licence | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | D-NREGA Job Card | <input type="text"/> | | | | | | | | | | | |
| <input type="checkbox"/> | E-National Population Register Letter | <input type="text"/> | | | | | | | | | | | |
| <input type="checkbox"/> | F-Proof of Possession of Aadhaar | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> | | | | | | | | | | | |
| II | <input type="checkbox"/> E-KYC Authentication | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> | | | | | | | | | | | |
| III | <input type="checkbox"/> Offline verification of Aadhaar | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> | | | | | | | | | | | |



Signature /Thumb Impression
across photo without covering
the face

Address [For other than resident Individual, please mention Overseas Address]

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|------------------|--|--|------------------------|--|--|--|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | City/Town/Village* | | | | | | | | |
| District* | | | | | | | Pin/Post Code* | | | | | | | State/U.T. Code* | | | ISO 3166 Country Code* | | | | | | | | |

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction **B** at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number

☐ B-Voter ID Card

☐ C-Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

II ☐ E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

III ☐ Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

IV ☐ Deemed Proof of Address – Document Type code

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|-----------------|--|--|--|--------------------|--|------------------------|--|--|--|--|--|
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 1* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | City/Town/Village* | | | | | | | |
| District* | | | | | | | Pin/Post Code* | | | | | | | | State/U.T Code* | | | | | | ISO 3166 Country Code* | | | | | |

[Institution Stamp]



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

| | | | | | | | | | |
|---|---|--|--|--|---|--|--|--|--|
| PAN / PEKRN* | | | | | | | | | |
| Name | | | | | | | | | |
| Address Type [for KYC address] | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | | | Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i> | | | | |
| Place of Birth | | | | Country of Birth | | | | | |
| Gross Annual Income Details in INR | <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore | | | Occupation Details [Please tick any one (✓)] | <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____ | | | | |
| Net Worth in INR. In Lacs & Date [Optional] | _____ <i>dd-mmm-yyyy</i> | | | | | | | | |
| Politically Exposed Person [PEP] | <input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable | | | Any other information [if applicable] | <i>[Please specify]</i> | | | | |

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes ☐ No ☐

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

| S. No. | Country of Tax Residency | Tax Identification Number (TIN) or Functional Equivalent | Identification Type [TIN or other, please specify] | If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below] |
|--------|--------------------------|--|---|--|
| 1 | | | | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 2 | | | | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

➤ Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

➤ Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]

➤ Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [KFIN/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:

Place:

Signature:

Acknowledgement

We [KFIN, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on *dd-mmm-yyyy*

Date:

Signature with Name, Emp. ID & Seal