

Application Form-Systematic Transfer Plan

Agent's Name and ARN	1 Sub A	vgent Co	nde	T	2 Sub	Sub Agent Code				3.Sub Agent Code													
ARN-42954	1.Sub Agent Code 2.					Zaa / igent code				J. Gaz. A. gent code						Use Only							
Unfront commission shall be paid directly by the investor to the AME	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 Please note that applicant details and mode					Folio No											/							
New Investor Information																							
Name of First/Sole Applicant																							
Permanent Account Number																	KYC	со	mpl	eted		Yes [□No
Name of Second Applicant																							
Permanent Account Number																	KYC	co	mpl	eted		Yes [□No
Name of Third Applicant																							
Permanent Account Number																	KYC	со	mpl	eted	□ '	Yes [□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									Mobi	le												
Systematic Transfer Plan																							
Transferring funds from Scheme Sundaram																							
Plans: ☐ Retail ☐ Institutional ☐ Super Insti	tutional O	ption: 🗆	Divide	end Pa	yout 🗌] Divid	dend Re	e-Inve	stmen	nt 🗌 Di	ivide	nd S	weep	о 🗌 (Grov	vth [] Oth	ners.					
Transferring funds to Scheme Sundara	m																						
Plans: ☐ Regular ☐ Institutional	О	ption: 🗆	Divide	end Pa	yout 🗆	Divid	dend Re	e-Inve	stmen	nt 🗆 Di	ivide	nd S	weep	о 🗌 (Grov	vth [] Oth	ners.					
Each STP Amount Rs																							
STP Frequency	ım amount Rs 1	1000) 🗆 N	onthly (Minimur	n amoun	nt Rs 25	0 Minim	um No	of insta	allments	20) [□ Qu	arterly	/ (Min	imun	n amo	unt Rs	750	Minin	num N	o of in	stallme	ents 7)
Period for the STP □ 1 year □ 2 y	ears [∃ 3 yeai	rs] 5 y∈	ears		10 y	years	I	□ 1	5 ye	ears			Perp	etuit	y					
STP Starting M M Y Y Y Y STP Da	ite (for moi	nthly an	ıd qua	rterly	option	ns)] 1	□ <i>7</i>		14 [] 20) [□ 25	5									
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, condition rules and regulations of the scheme • agree to terms & conditions of PIN 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 result in the total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the formation 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.													ditions, making ne form										
of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fu Nominee (available only for individuals)							ongst which the Scheme is being recommended to me/us. Signature																
Nonlinee (available only i	or marvia	uais)											31	igiia	ıtuı	C							
Name:							First / Sole																
Address:							Applie																
		Guardian																					
If nominee is a minor: Date of birth:																							
Name of Guardian:																							
Address of Guardian:						Second																	
							Applio	cant															
Signature of Nominee/Guard	dian of No	minee																					
							Third																
							Applicant																