

Please tick as applicable:

- Auto Debit Form is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten days.
- Auto Debit Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

Distributor's ARN & Name ARN-4483	Sub-broker Code (internal)	Sub-broker's ARN (code)	EUIN* (Employee Unique Identification Number)	For Office use only
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I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants's Signature Mandatory

Investor Name _____

Existing Investor Folio No. _____ New Investor Application No. _____

PAN/PEKRN & KYC _____

Sole/First Applicant/Guardian Second Applicant/Guardian Third Applicant/Guardian

Please tick SIP Registration SIP with Top-up Registration SIP - Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

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

Sr. No	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year (Default Dec 2031)#
1			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
2			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
3			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice

*Default frequency; #The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system (refer Guide to investing through SIP)

\$ The amount should be in multiples of Rs. 500 only; ^ Quarterly SIP offers top-up frequency at yearly intervals only

DEMAT Account Details

National Securities Depository Ltd. Depository Participant
 Central Depository Services (India) Ltd. DP ID Number _____ Beneficiary Account Number _____

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.

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.

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] X First Unit Holder's Signature Second Unit Holder's Signature Third Unit Holder's Signature

Auto Debit Form-NACH/OTM Registration

SUNDARAM MUTUAL UMRN _____ Date DD MM YY YY ①

Tick (✓) Create Modify Cancel

Sponsor Bank Code: HDFC0000060 Utility Code: HDFC01685000013642

I/We hereby authorise SUNDARAMMUTUALFUND to debit Tick (✓) SB CA SB-NRE SB-NRO Others..... ②

Bank Account No _____ ③

④ With Bank _____ Name of customers bank _____ IFSC _____ or MICR _____ ⑤

⑥ This is an amount of ₹ (in words) _____ ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

⑦ Reference 1 Folio No _____ Phone No _____ ⑨

⑧ Reference 2 Application No _____ Email ID _____ ⑩

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

⑪ PERIOD From DD MM YY YY To DD MM YY YY

Signature Primary Account holder _____ Signature Account holder _____ Signature Account holder _____ ⑫

or Until Cancelled

1 _____ Name as in bank records 2 _____ Name as in bank records 3 _____ Name as in bank records ⑬

• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
 • I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.
 I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, how or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

General Instructions

1. This facility is offered to investors having Bank accounts in select banks (269) mentioned in our application form. The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Sundaram Asset Management Ltd (“SAMC”), Sundaram Trustee Company Ltd. (“Trustee”) or Sundaram Mutual Fund (“SMF”) without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued.
2. The AMC/ Trustee/ SMF will not be liable for any transaction failures due to rejection by the investors bank/branch.
3. SIP through Auto Debit Facility is available only on 1st / 7th / 14th / 20th / 25th of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
4. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
5. Investor will not hold AMC / Trustee / SMF and its service providers responsible if the transaction is delayed or not effected by the Investor’s Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration / Cancellation / Rejections.
6. The AMC/ Trustee/ SMF reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
7. The AMC/ Trustee/ SMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the Auto Debit facility of NACH and takes full responsibility for the same.
8. The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis.
9. The AMC/ Trustee reserves the right to discontinue the SIP in case of Direct Debit through NACH routes are rejected by the investor bank for any reasons.
10. For scheme related details, please refer to the Scheme Information Document (SID) / Key Information Memorandum (KIM) and the addendum issued from time to time.
11. The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof.
12. SIP cancellation can be done separately by submitting the request at least 15 Business days in advance; however the associated NACH mandate can be retained for future investments.
13. For intimating the change in bank particulars, please use the Auto Debit Form to modify transaction limit or add / remove banks from the NACH facility. Also fill-up all the relevant details as applicable. Requests for any changes / cancellation in the NACH Bank Mandate request should be submitted at least 15 Business days in advance.
14. In case of Micro SIPs, please refer to KIM under “your guide to fill the application form” for more details.
15. **SIP Frequency**
 - Weekly every Wednesday (For Minimum amount of Rs.1000, Minimum No. of installments is 5)
 - Monthly (For Minimum amount of Rs.250, minimum No. of installments is 20)
 - Quarterly (For Minimum amount of Rs.750, minimum No. of installments is 7)
16. SIP default date is 7th of every month, if no date is mentioned

The following applications will be considered as ‘Not In Good Order’ (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the NACH mandate will not be registered.
- If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or Auto Debit validity period expired.

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 Folio Number
8. Reference 2: Mention Application Number
9. Telephone Number (Optional)
10. Email ID
11. Period: Starting date of NACH registration (in format DD/MM/YYYY)
12. Signature as per bank account
13. Name: Mention Holder Name as Per Bank Record

Other Instructions

- Auto Debit 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 Auto Debit bank account has the adequate funds to honor multiple debits
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
- Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered

- Investors are required to submit “New Auto Debit / OTM” registration first and only after successful registration an existing “Auto Debit Mandate” associated with a SIP can be cancelled.
- Auto Debit Mandate 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/ visit www.sundarammutual.com for updated list of banks eligible for Auto Debit Facility.
- Submitting Auto Debit 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 Auto Debit payments please refer KIM or www.sundarammutual.com
- Auto Debit Bank Mandate is applicable only for investments via debit instructions
- By submitting the Auto Debit mandate 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