

## Request for Transmission of Units by Surviving Joint Holder/s (Where the 1<sup>st</sup> holder is Deceased)

To:  
The Trustees,

Date: \_\_\_\_\_

\_\_\_\_\_ Mutual Fund

Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1<sup>st</sup> Holder in the said folios, viz., Mr./Ms. \_\_\_\_\_ expired on DD-MMM-YYYY.

A certified copy of his/her Death Certificate is attached herewith.

Sr#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			
5			

I/ we, the surviving Unitholder/s therefore request you to transmit the Units in the abovementioned folios in my/our name/s in the following order:

UH	Name of the Unitholder	PAN	Tax Status:
1	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO

I/ we also request you to pay the UNCLAIMED amounts, *if any*, in respect of the deceased unitholder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned hereinbelow.

### Contact Details of Holder no.1

Mobile No. +91	Land Line No.
Email Address	

**Address of Holder no.1** (Please note that your address will be updated as per your address on KYC form / KYC Registration Agency records)

Address Line 1		
Address Line 2		
City:	State	PIN

### Bank Account Details of Holder no.1

Bank Name	
Account No.	11-digit IFSC
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
Please attach & tick ✓ any one of the following to validate your bank details :	
<input type="checkbox"/> Cancelled cheque with claimant's name & account pre-printed <input type="checkbox"/> Bank Statement/Passbook having claimant's name	
<input type="checkbox"/> Certification of the bank account details - on bank's letterhead or in Form Annexure 1.	

### Additional KYC details Holder no.1 (Please tick ✓)

Occupation Details
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist
<input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <i>Please specify</i>
The claimant is <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

**FATCA and CRS details**

Country of Birth _____		Place of Birth _____
Nationality _____		Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

**Nomination**<sup>@</sup> (Please ✓ one of the options below)

<input type="checkbox"/> I <b>DO NOT</b> wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our folio in the event of my / our death.

**Declaration and Signature of Claimant/s**

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I/we undertake to keep the Mutual Fund/ its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.
- I / We hereby authorize \_\_\_\_\_ Mutual Fund & its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Signature of Claimant 1 (new Holder no.1)	Signature of Claimant 2 (new Holder no.2)
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**Attachments:**

1.  Copy of Death Certificate of the deceased unitholder
2.  Copy of PAN Card of Claimant
3.  Cancelled cheque of the new first unit holder with name pre-printed OR  
 Statement/Passbook of the new first unit holder OR
4.  KYC of the surviving unit holder(s), *if not already complied earlier.*
5.  Nomination Form duly completed.

## Form for Fresh Nomination / Change of Existing Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders  
Please read the instructions carefully before filling up this form

Name of 1<sup>st</sup> Holder \_\_\_\_\_

Name of 2<sup>nd</sup> Holder \_\_\_\_\_

Name of 3<sup>rd</sup> Holder \_\_\_\_\_

I/We, the above-named investors of \_\_\_\_\_ Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death by cancelling the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below.

Folio No. / Application No.
1.
2.
3.

Name of the 1 <sup>st</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>§</sup>	Date of Birth of Nominee** DD/M/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian <sup>§</sup>
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§</sup>	
City	State <span style="float: right;">PIN</span>
Nominee Signature <sup>§</sup>	

Name of the 2 <sup>nd</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>§</sup>	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian <sup>§</sup>
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§§</sup>	
City	State <span style="float: right;">PIN</span>
Nominee Signature <sup>§</sup>	

Name of the 3 <sup>rd</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>§</sup>	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian <sup>§</sup>
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§</sup>	
City	State <span style="float: right;">PIN</span>
Nominee Signature <sup>§</sup>	

Signature of the 1st holder	Signature of the 2nd holder	Signature of the 3rd holder
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\* Mandatory

§ Optional

\*\*Mandatory & Applicable in case the Nominee is a Minor

## **Instructions**

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder **cannot nominate**.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on “Anyone or Survivor” basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee’s share will be distributed equally amongst the surviving nominees.
14. **Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).**
15. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
16. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

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