

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

Form T3

To:

The Trustees**Mutual Fund**

Name of the Claimant Mr./Ms.	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
Mr./Ms.	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian):	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	

**Please attach relevant proof*

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –

Nominee Legal Heir Successor to the Estate of the deceased Administrator of the Estate of the deceased

Name of the deceased Unitholder(s)	Date of demise*
1)	DD / MM / YYYY
2)	DD / MM / YYYY
3)	DD / MM / YYYY

Please attach certified copy of Death Certificate.*Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested**

Scheme Name	Folio No.	No. of Units	% of Claim®
1)			
2)			
3)			
4)			

*@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.***Contact details of the Claimant**

Mobile No.+91	Tel. No. STD -
Email Address	

Address *(Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency records)*

Address Line 1		
Address Line 2		
City:	State	PIN

Bank Account Details of the Claimant

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✓ Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook***I also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder(s) to me by direct credit to the bank account mentioned above.****Additional KYC information** (Please tick✓ whichever is applicable)

Occupation <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 _____ (Please specify)
The Claimant is <input type="checkbox"/> a 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 information

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

Nomination[@] (Please ✓ one of the options below)

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

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the Claimant

I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ 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 hereby authorize _____ Mutual Fund and 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/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant
Date _____	
Signed before me	
At: _____	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.
On : _____	

Note: *This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs*

Documents Attached

- Copy of Death Certificate of the deceased unitholder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR KYC form of Claimant
- Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure-I - Bank Attestation of Signature & bank a/c. *(if the aggregate value of the Units being transmitted is up to ₹2 lakh)*
- Annexure-II - Bond of Indemnity furnished by Legal Heirs
- Annexure-III - Individual Affidavits given EACH Legal Heir
- Annexure - IV - NOC from other Legal Heirs

Bank Attestation of Account Details & Account-holder's signature

(where aggregate value of investment under all folios is up to ₹2 lakhs)

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch

having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No.	11-Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory

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 1st Holder _____

Name of 2nd Holder _____

Name of 3rd 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 st Nominee*	% of Allocation*
PAN of the Nominee [§]	Date of Birth of Nominee** DD/M/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian [§]
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship [§] <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address [§]	
City	State PIN
Nominee Signature [§]	

Name of the 2 nd Nominee*	% of Allocation*
PAN of the Nominee [§]	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian [§]
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship [§] <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{§§}	
City	State PIN
Nominee Signature [§]	

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

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.
