

Request for Transmission of Units by Surviving Joint Holder/s (Where the 1st 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 1st 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[@] (Please ✓ one of the options below)

| |
|---|
| <input type="checkbox"/> I DO NOT 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 attached Nomination Form 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) |
|---|---|

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.