

## 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<br><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<br><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) |
|---|---|

**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.