

**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**

|                                                                                                                                                                                                                                |                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Name of the Claimant</b><br>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 –<br><input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased |                        |
| <b>Name of the deceased Unitholder(s)</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Date of demise*</b> |
| 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**

|                            |                       |
|----------------------------|-----------------------|
| <b>Mobile No.</b> +91      | <b>Tel. No.</b> STD - |
| <b>Email Address</b> _____ |                       |

**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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Occupation</b> <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<br><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)                                                                                                                                                                                                                                                                                          |
| <b>Gross Annual Income</b> (₹) <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<sup>@</sup>** (Please ✓ one of the options below)

|                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I/We <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/We 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. |

*@ 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 _____                                                                                       |                       |
| <b>Signed before me</b>                                                                          |                       |
| At: _____<br>On : _____                                                                          |                       |
| Signature of Notary / JMFC<br>Official stamp & seal of the Notary Magistrate/ Notary & Regn. No. |                       |

**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**

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