

TRANSMISSION TO SURVIVING HOLDERS - 1st HOLDER DECEASED

| TRANSMISSION DOCUMENTS MATRIX - READY RECKONER | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|---------------|
| S. No. | Documents required for Transmission | Transmission to Surviving Holders | | Sole Holder / All Joint holders deceased & Nomination registered | Sole Holder / All Joint holders deceased & Nomination NOT registered | Karta of HUF deceased | |
| | | 2nd or 3rd Holder deceased | 1st Holder deceased | | | New Karta Appointed | HUF Dissolved |
| 1. | Prescribed Transmission Request Form | ✓ Form T1 | ✓ Form T2 | ✓ Form T3 | ✓ Form T3 | ✓ Form T4 | ✓ Form T5 |
| 2. | Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3. | Copy of Birth Certificate (in case the Claimant is a minor) | NA | ✓ | ✓ | ✓ | NA | ✓ |
| 4. | KYC of the Claimant / New Karta / Guardian (in case of nominee /claimant being a minor / of unsound mind). | ✓* | ✓* | ✓ | ✓ | ✓ | ✓ |
| 5. | Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6. | Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I where Transmission value upto ₹ 200,000: | NA | NA | ✓ | ✓ | NA | ✓ |
| 7. | Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1a | NA | NA | NA | NA | ✓ | NA |
| 8. | Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class, if the Transmission value in more than ₹ 200,000: (in the space provided in TRF) | NA | NA | ✓ | ✓ | NA | ✓ |

*If not KYC compliant

| SUPPORTING LEGAL DOCUMENTS | | | | | | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|---------------|
| S. No. | Documents required for Transmission | Transmission to Surviving Holders | | Sole Holder / All Joint holders deceased & Nomination registered | Sole Holder / All Joint holders deceased & Nomination NOT registered | Karta of HUF deceased | |
| | | 2nd or 3rd Holder deceased | 1st Holder deceased | | | New Karta Appointed | HUF Dissolved |
| (i)# | Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) - duly notarised | NA | NA | NA | ✓ | NA | NA |
| (ii) | Individual Affidavit by all legal heir/s (Annexure III) - duly Notarised | NA | NA | NA | ✓ | NA | NA |
| (iii) | Transmission value upto ₹ 200,000: | | | | | | |
| | Document evidencing relationship of the claimant/s with the deceased unitholder/s | NA | NA | NA | ✓ | NA | NA |
| | NOC from other Legal Heirs (Annexure – IV) | NA | NA | NA | ✓ | NA | NA |
| | Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta. | NA | NA | NA | NA | ✓ | NA |
| (iv) | Transmission value is more than ₹ 200,000: | | | | | | |
| | (i) Notarised copy of the Probated Will OR | | | | | | |
| | (ii) Notarised copy Legal Heir certificate or Succession certificate issued by a competent court OR | NA | NA | NA | ✓ | NA | NA |
| | (iii) Notarised copy Letter of Administration, in case of an intestate Succession | | | | | | |
| | Notarized copy of – | | | | | | |
| | Deed of Settlement or Deed of Partition or Decree of the relevant competent Court | NA | NA | NA | NA | NA | ✓ |
| | In case of no surviving co-parceners and the transmission value is more than ₹ 200,000 OR where there is an objection from any surviving members of the HUF | NA | NA | NA | NA | ✓ | NA |
| (v) | Indemnity bond signed by all co-parceners including the new Karta (Annexure V) | NA | NA | NA | NA | ✓ | NA |
| (vi) | Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/ partitioned after demise of the Karta (Annexure VI) | NA | NA | NA | NA | NA | ✓ |

In case the claimant produces any one of the documents mentioned at (iv) above, where transmission value is more than ₹ 2 Lakhs, then indemnity bond as mentioned at point no (i) would not be required

Note - All the supporting documents should be either notarized or a notarised copy duly attested by a Gazetted Officer with the Name, seal, signature and designation of the attesting official. For HUF, HUF seal to be affixed on all the documents.

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

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

To:
The Trustees,
_____ Mutual Fund

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 .

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.: + 9 1

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Land Line No.:

| | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|
| S | T | D | - | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|

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 | Pin | State |
|------|-----|-------|

Bank Account Details of Holder no.1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account number : <table border="1" style="display: inline-table; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | IFSC Code (11 Digit): <table border="1" style="display: inline-table; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/c Type (Pls <input checked="" type="checkbox"/>): <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ | MICR Code (9 Digit): <table border="1" style="display: inline-table; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of bank branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: _____ | Pin <table border="1" style="display: inline-table; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach & tick <input checked="" type="checkbox"/> 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)

I/We DO NOT wish to make a nomination. (Please tick if you do not wish to nominate anyone)

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.

| | |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <p>×</p> <p>Signature of Claimant 1 (new Holder no.1)</p> | <p>×</p> <p>Signature of Claimant 2 (new Holder no.2)</p> |
|-----------------------------------------------------------|-----------------------------------------------------------|

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/ CANCELLATION OF 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 Unitholders 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 and/or

Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below

(tick whichever is applicable).

| S.No. | Scheme Name | Folio No. |
|-------|-------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Name of the 1st Nominee : _____ **% of Allocation :** _____

PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian
 Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____
 City : _____ State : _____ PIN

Name of the 2nd Nominee : _____ **% of Allocation :** _____

PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian
 Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____
 City : _____ State : _____ PIN

Name of the 3rd Nominee : _____ **% of Allocation :** _____

PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian
 Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____
 City : _____ State : _____ PIN

**applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)*

I/We **DO NOT** wish to make a nomination. (Please tick if the unitholder does not wish to nominate anyone)

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

| | | |
|---------------------------------|---------------------------------|---------------------------------|
| x | x | x |
| Signature of the 1st unitholder | Signature of the 2nd unitholder | Signature of the 3rd unitholder |

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. **Cancellation of Nomination:** Request for cancellation of Nomination made can be made only by the unitholders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer / transmit the units in favour of the Nominee.
16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. 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.
