

## 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 has been registered	Sole Holder / All Joint holders deceased & NO Nomination 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 or photocopy self-attested by the nominee(s) / claimant(s) / legal heir(s) subject to verification with original by AMC branches.	✓	✓	✓	✓	✓	✓
3.	Copy of Birth Certificate (in case the claimant is a minor)	NA	NA	✓	✓	NA	✓
4.	Self-attested copy of PAN of the claimant/ new Karta/ Guardian	✓*	✓*	✓	✓	✓	✓
5.	KYC of the Claimant / New Karta / Guardian (in case of nominee / claimant being a minor / of unsound mind).	✓**	✓**	✓	✓	✓	✓
6.	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.	✓	✓	✓	✓	✓	✓
7.	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 ₹500,000	NA	NA	✓	✓	NA	✓
8.	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
9.	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value in more than ₹500,000	NA	NA	✓	✓	NA	✓

\*If PAN not submitted previously      \*\*If not KYC compliant

SUPPORTING LEGAL DOCUMENTS							
Sr. 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)	<b>For Transmission value upto ₹500,000:</b>						
	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		✓	
	<i>Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.</i>						
(iv)	<b>Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:</b>						
	a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will) OR						
	b) Legal Heirship Certificate or its equivalent, along with – 1) a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and 2) No Objection Certificate from all the non- claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.	NA	NA	NA	✓	NA	NA

**SUPPORTING LEGAL DOCUMENTS**

Sr. 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
	<b>Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :</b>						
	a) Notarised copy of Probated Will; OR b) Succession Certificate issued by a competent court, OR c) Letter of Administration or court decree, in case of Intestate Succession. <i>Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.</i>	NA	NA	NA	✓	NA	NA
	<b>For change of Karta of HUF or Dissolution of HUF</b>						
(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	✓
	<i>Note: Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition. In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF.</i>						

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

 Date:        

 To:  
 The Trustees,  
 \_\_\_\_\_ 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         .

 A certified copy of his/her (i) Death Certificate and (ii) PAN / Aadhaar / Passport/ Voter Id. (*any one*) 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 <input type="text"/>	Land Line No.: <input type="text"/>
Email Address: <input type="text"/>	
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor	

**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 <input type="text"/>		
Address Line 2 <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	PIN <input type="text"/>

**Bank Account Details of Holder no.1**

Bank Name <input type="text"/>	
Account number : <input type="text"/>	IFSC Code (11 Digit): <input type="text"/>
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	MICR Code (9 Digit): <input type="text"/>
Name of bank branch <input type="text"/>	
City: <input type="text"/>	Pin <input type="text"/>
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 ✓)**

<b>Occupation Details</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	<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: _____
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. (*Mandatory to tick ✓ if you do not wish to nominate anyone*)

I/We wish to make a nomination and I / We do hereby nominate the person more particularly described hereunder to receive the Units held my/our folio in the event of my / our death.

Nominee Name	Guardian Name <i>(in case Nominee is a Minor)</i>	PAN of Nominee/ Guardian <i>(in case Nominee is a Minor)</i>	Date of Birth of Minor	Allocation (%)	Signature of Nominee/ Guardian <i>(in case Nominee is Minor)</i>
Nominee 1					
Nominee 2					
Nominee 3					

**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.

x	x
Signature of the new Holder no.1	Signature of the new Holder no.2

**Attachments:**

- Copy of Death Certificate of the deceased unitholder
- Copy of PAN Card of Claimant
- Cancelled cheque of the new first unit holder with name pre-printed **OR**  
 Statement/Passbook of the new first unit holder **OR**  
 Bank Attestation of Signature & bank account details of the Claimant as per Annexure-I
- KYC of the surviving unit holder(s), *if not already complied earlier.*

## 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.

*(tick whichever is applicable).*

S.No.	Folio No. / Application No.
1	
2	
3	
4	

<b>Name of the 1st Nominee* :</b> _____	<b>% of Allocation* :</b> _____
PAN of the Nominee <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____	Date of Birth of Nominee** : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Nominee Relationship* : _____	
Name of the Guardian **: _____	PAN of Nominee Guardian <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Guardian's Relationship with Nominee** : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§</sup> : _____	
City : _____	State : _____ PIN <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>
Nominee Signature <sup>§</sup> : x	

<b>Name of the 2nd Nominee* :</b> _____	<b>% of Allocation* :</b> _____
PAN of the Nominee <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____	Date of Birth of Nominee** : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Nominee Relationship* : _____	
Name of the Guardian **: _____	PAN of Nominee Guardian <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Guardian's Relationship with Nominee** : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§</sup> : _____	
City : _____	State : _____ PIN <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>
Nominee Signature <sup>§</sup> : x	

<b>Name of the 3rd Nominee* :</b> _____	<b>% of Allocation* :</b> _____
PAN of the Nominee <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____	Date of Birth of Nominee** : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Nominee Relationship* : _____	
Name of the Guardian **: _____	PAN of Nominee Guardian <sup>§</sup> : <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> _____
Guardian's Relationship with Nominee** : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <sup>§</sup> : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address <sup>§</sup> : _____	
City : _____	State : _____ PIN <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>
Nominee Signature <sup>§</sup> : x	

\* 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.

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