

SOLE HOLDER / ALL JOINT HOLDERS DECEASED & NOMINATION HAS BEEN REGISTERED

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 | ✓ |
| 10. | ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other valid Officially Valid Document (OVD) as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen and verified (OSV) seal attested by them. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

*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) | For Transmission value upto ₹ 500,000: | | | | | | |
| | 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 | | ✓ | |
| | <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> | | | | | | |

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 |
| (iv) | Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**: | | | | | | |
| | 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 |
| | Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below : | | | | | | |
| | 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 |
| | For change of Karta of HUF or Dissolution of HUF | | | | | | |
| (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:</i> <i>Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition.</i> <i>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 Nominee or Legal Heir
(For Transmission of Units on death of the Sole holder / all Joint Holders)

Date:

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

To:
HSBC Mutual Fund

Sirs,

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| Name of the Claimant : Mr./Ms. | | | | | | | | | |
| Name of the Guardian ← in case the claimant is a minor → Date of Birth of the minor* | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |
| Mr./Ms. _____ | | | | | | | | | |
| Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian* | | | | | | | | | |
| PAN (Claimant/Guardian): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | <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 –
☐ Nominee ☐ Legal Heir ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased

| S.No. | Name(s) of the Deceased Unitholder(s) | Id. Proof attached** | Date of demise** |
|-------|---------------------------------------|----------------------|---------------------|
| 1 | Mr./Ms. | | D D / M M / Y Y Y Y |
| 2 | Mr./Ms. | | D D / M M / Y Y Y Y |
| 3. | Mr./Ms. | | D D / M M / Y Y Y Y |

** Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport / Voter Id. (any one)

** ID proof [PAN/Redacted Aadhaar/Voter ID/Passport or any other valid Officially Valid Document (OVD) as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen and verified (OSV) seal attested by them.

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

| S.No. | Scheme Name | Folio No. | No. of units | % of Claim@ |
|-------|-------------|-----------|--------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

Contact details of the Claimant

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| Mobile No. + 9 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | Tel. (Res./Office) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS | | | | | | | | | | | | | | | | | | | | | |
| Email Address: _____ | | | | | | | | | | | | | | | | | | | | | |
| <i>Email ID to be filled in CAPITAL LETTERS</i> | | | | | | | | | | | | | | | | | | | | | |
| E-mail belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS | | | | | | | | | | | | | | | | | | | | | |

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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |

Overseas Address (Mandatory in case of NRI Claimant in addition to mailing address) (Should be same as in KRA records.)

| | | | | | | | | |
|----------------|---------|--|--|--|--|--|--|--|
| Address Line 1 | | | | | | | | |
| Address Line 2 | | | | | | | | |
| City | Country | Zip Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |

Bank Account Details of the Claimant

| | |
|--|-----------------------|
| Bank Name | |
| Account No. : | IFSC Code (11 Digit): |
| A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | MICR Code (9 Digit): |
| 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)

| | |
|--|--|
| 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 (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) | |
| 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 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 | Identification Type |
| | | |
| | | |
| | | |

Nomination@ (Please ✓ one of the options below)

| | | | | | |
|---|------------------|---------------------------|---------------------------|----------------|---------------------------------|
| <input type="checkbox"/> I/We DO NOT wish to make a nomination. (Mandatory to tick ✓ if the claimant does not wish to nominate anyone) | | | | | |
| <input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described hereunder 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. | | | | | |
| Nominee's Name | Guardian's Name* | PAN of Nominee/ Guardian* | Date of Birth of Nominee* | Allocation (%) | Signature of Nominee/ Guardian* |
| Nominee 1 | | | | | |
| Nominee 2 | | | | | |
| Nominee 3 | | | | | |

(* in case the Nominee is a Minor)

Declaration and Signature of Claimant/s

- 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 HSBC 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 HSBC 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 _____ | |
| Signed before me | |
| At : _____ | Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No. |
| On : _____ | |

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 ₹5 lakhs

Documents Attached:

- ☐ Copy of Death Certificate of the deceased unitholder
- ☐ Officially Valid Document (OVD) of the deceased unitholder
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ Copy of PAN Card of Claimant / Guardian
- ☐ KYC Acknowledgment
- ☐ Cancelled cheque with claimant's name printed
- ☐ Annexure - I – Bank Attestation of signature & bank A/c.
- ☐ Annexure - II – Bond of Indemnity furnished by Legal Heirs
- ☐ Annexure - III – Affidavits of EACH Legal Heir
- ☐ Annexure – IV – NOC from other Legal Heirs
- ☐ Annexure - IV – Indemnity from coparceners for change of Karta

OR

☐ KYC form of Claimant

OR

☐ Claimant's Bank Statement / Passbook

PUBLIC

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

☐ Fresh Nomination
 ☐ Change of Existing Nomination
 ☐ Cancellation of Nomination

REGISTRATION FOR FRESH NOMINATION / CHANGE OF EXISTING NOMINATION / CANCELLATION OF NOMINATION

| | |
|------------------------|--|
| Sole/First Holder Name | |
| Name of Second Holder | |
| Name of Third Holder | |

I/We, wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the listed Folio/s. Incase of single mode of holding (refer point 5 on page 2).

| Folio No. | |
|-----------|----|
| 1. | 2. |
| 3. | 4. |

| Nomination can be made upto three nominees in the account. | Details of 1st Nominee | Details of 2nd Nominee | Details of 3rd Nominee |
|--|---|------------------------|------------------------|
| | Mandatory Details | | |
| Name of the Nominee (Mr./Ms.) | | | |
| Date of Birth of Nominee [§] | | | |
| Name of the Guardian [§] | | | |
| Share of each Nominee | % | % | % |
| | Equally [If not equally, please specify percentage] Any odd lot after division shall be transferred to the first nominee mentioned in the Form. | | |
| Nominee's Relationship with Applicant (If any) | | | |
| Guardian's Relationship with Nominee [§] | | | |

[§] Applicable in case the Nominee is a Minor

| | Non-mandatory Details | | | | | |
|---|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|
| Proof of Relationship | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport |
| | <input type="checkbox"/> School Leaving Certificate | <input type="checkbox"/> Others | <input type="checkbox"/> School Leaving Certificate | <input type="checkbox"/> Others | <input type="checkbox"/> School Leaving Certificate | <input type="checkbox"/> Others |
| Mobile/Telephone No. of Nominee(s)/Guardian in case of Minor | | | | | | |
| Email ID of Nominee(s)/Guardian in case of Minor | | | | | | |
| PAN of the Nominee | | | | | | |
| Address of Nominee(s)/Guardian in case of Minor | City _____ | | City _____ | | City _____ | |
| | State _____ | | State _____ | | State _____ | |
| | Country _____ | | Country _____ | | Country _____ | |
| | PIN _____ | | PIN _____ | | PIN _____ | |
| Nominee/Guardian in case of Minor Identification details [Please ✓ any one and provide details of same] | <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN | | <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN | | <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN | |
| | <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. | | <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. | | <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. | |
| | <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | |
| Signature of Nominee/Guardian in case of Minor | | | | | | |

DECLARATION & SIGNATURE(S) [to be signed by all unit holders including joint holders, irrespective of mode of holding]

I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.

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

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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. This nomination shall supersede any prior nomination made by the account holder(s), if any.
5. 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). Nomination shall be optional for jointly held Mutual Fund folios. However if single mode of holding kindly provide nomination or fill in the Opt out form.
6. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
7. 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.
8. 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.
9. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
10. **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.
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.
17. HSBC Mutual Fund, the AMC reserves the right to seek information and/or obtain such other additional documents/information/due diligence for establishing the identity of the nominee.

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

(where aggregate value of investment under all folios is up to ₹ 5 lakhs)

(To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below)

Date:

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

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____
is a customer of our bank, namely, _____ Name of the Bank _____,
_____ branch having
the following Bank Account:

| | |
|--|--|
| Account number : <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> | |
| A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ | |
| MICR Code (9 Digit) : <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | IFSC Code (11 Digit) : <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> |

His/her address, as per our Bank records, is as follows:

| | | |
|---|-------|--|
| | | |
| | | |
| City | State | PIN <table border="1" style="display: inline-table; width: 50px; height: 20px;"></table> |
| PAN as per Bank records <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | | |

Signature Verification by Bankers

Signature of the above customer
in the box alongside, verified &
validated with his/her specimen
signature as per Bank's records

| | |
|---|-------------------------|
| X | Signature of the client |
|---|-------------------------|

| | |
|---|---|
| X | Signature of the bank official with Bank's Seal |
|---|---|

| | |
|--------------------------------------|--|
| Name* of the attesting Bank Official | |
| Designation* | |
| Employee Code* | |
| Telephone Number* | |

* Mandatory