

TRANSMISSION- ALL HOLDERS DECEASED & NOMINATION REGISTERED

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 (iii) Notarised copy Letter of Administration, in case of an intestate Succession	NA	NA	NA	✓	NA	NA
	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 Nominee or Legal Heir
(For Transmission of Units on death of the Sole holder / all Joint Holders)

Date:

To:
The Trustees,
_____ Mutual Fund

Name of the Claimant : Mr./Ms.	
Name of the Guardian ← in case the claimant is a minor →	Date of Birth of the minor* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mr./Ms. _____	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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)	Date of demise*
1	Mr./Ms.	DD/MM/YYYY
2	Mr./Ms.	DD/MM/YYYY
3	Mr./Ms.	DD/MM/YYYY

**Please attach certified copy of Death Certificate.*

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Land Line No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address: _____	

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	Pin	State

Bank Account Details of Holder no.1

Bank Name	
Account number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFSC Code (11 Digit): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="checkbox"/> Others _____	MICR Code (9 Digit): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of bank branch	
City: _____	Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 a <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.

® Guardian of a minor is not allowed to make a nomination on behalf of the 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 _____ 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 _____	
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 ₹ 2 lakhs

Documents Attached:

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

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.

✕ 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.

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

(where aggregate value of investment under all folios is up to ₹ 2 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;"><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></tr></table>																					
A/c Type (Pls ✓) : <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;"><tr><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;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											

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

City	Pin	State

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**

✘	Signature of the client
----------	-------------------------

**Signature of the bank official with
 Bank's Seal**

✘	
----------	--

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

* Mandatory