

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**

Name of the Claimant 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: ☐ Father ☐ Mother ☐ Court Appointed Guardian*	
PAN (Claimant/Guardian):	☐ KYC Acknowledgment attached ☐ KYC form attached
Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO ☐ 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	
Name of the deceased Unitholder(s)	Date of demise*
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**

Mobile No. +91	Tel. No. STD -
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: _____	State _____	PIN

Bank Account Details of the Claimant

Bank Name _____	
Account No. _____	11-digit IFSC
A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ 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)

Occupation ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Home Maker ☐ Student ☐ Forex Dealer ☐ Others _____ (Please specify)
The Claimant is ☐ a Politically Exposed Person ☐ Related to a Politically Exposed Person ☐ Neither (Not applicable)
Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1crore ☐ >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____	
Nationality _____	
Are you a tax resident of any country other than India? ☐ Yes ☐ 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@ (Please ✓ one of the options below)

☐ I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
☐ I/We 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 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/discard 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: _____ On : _____	
Signature of Notary / JMFC 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

- | | |
|---|--|
| ☐ 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. <i>(if the aggregate value of the Units being transmitted is up to ₹2 lakh)</i> | |
| ☐ Annexure-II - Bond of Indemnity furnished by Legal Heirs | |
| ☐ Annexure-III - Individual Affidavits given EACH Legal Heir | |
| ☐ Annexure – IV - NOC from other Legal Heirs | |