Form T2

Request for Transmission of Units by Surviving Joint Holder/s

(Where the 1st holder is Deceased)

To: Date: _____

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 DD-MMM-YYYY.

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.		☐Resident ☐NRI ☐PIO
2	Mr./Ms.		☐Resident ☐NRI ☐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. +91	Land Line No.
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:	State	PIN

Bank Account Details of Holder no.1

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✓ any one of the following to validate your bank details :

☐Cancelled cheque with claimant's name & account pre-printed ☐ Bank Statement/Passbook having claimant's name

☐ 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

☐ Private Sector Service ☐Public Sector Service ☐Government Service ☐Business ☐Professional ☐Agriculturist ☐Retired ☐Home Maker ☐Student ☐Forex Dealer ☐Others *Please specify*

The claimant is ☐ 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 details

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	Identification Type

Nomination@ (Please ✓ one of the options below)

☐ I **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.

Signature of Claimant 1 (new Holder no.1)	Signature of Claimant 2 (new Holder no.2)

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.