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 ← *in case the claimant is a minor* → 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)	**Id. Proof attached****	**Date of demise****
1)		DD / MM / YYYY
2)		DD / MM / YYYY
3)		DD / MM / YYYY

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

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

The above Contact details belongs to ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Parent ☐ Sibling ☐ Guardian of Minor

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	Identification Type

Nomination@ **(**Please ✓ one of the options below)

☐ I/We **DO NOT** wish to make a nomination. *(Mandatory to tick ✓if the claimant does not wish to nominate anyone)*
☐ I/We wish to make a nomination and hereby nominate the person/s more particularly specified in the separate Nomination form attached herewith to receive the Units held my/our folio in the event of my / our death.

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/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_____ Date	Signature of Claimant
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* ***₹5 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
☐ Annexure-I(a)-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
☐ Copy of PAN card or OVD of the deceased unitholder
☐ Nomination Form duly signed by the Claimant