

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

To:

The Trustees**PPFAS Mutual Fund**

Name of the Claimant	
Mr./Ms	
Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> →	Date of Birth of the minor* / /
Mr./Ms	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother	Court Appointed Guardian*
PAN (Claimant/Guardian):	<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 –	
<input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> 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

Mob. No.	
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 Mobile No. provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings
 Guardian PMS Custodian POA

Email id.	
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 Email id. provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings
 Guardian PMS Custodian POA
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 (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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 <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)

NOMINATION DETAILS Individuals (single or joint applicant) are advised to avail Nomination facility.

Declaration Form for opting out of nomination

I/ We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my /our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heir would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 1 st holder Sign	 2 nd holder Sign	 3 rd holder Sign
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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/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: _____	
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 PAN Card of Claimant / Guardian
- Cancelled cheque with claimant's name printed
- Nomination Form duly completed
- Annexure-IA - Bank Attestation of Signature & bank a/c. *(if the aggregate value of the Units being transmitted is up to ₹5 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
- Copy of Birth Certificate (in case the Claimant is a minor)
- KYC Acknowledgment OR KYC form of Claimant
- Claimant's Bank Statement/Passbook

In case of Legal heirship or its equivalent certificate submission claimant needs to give a notarized indemnity bond (annexure II) & No objection from all non-claimants (remaining legal heirs) (Annexure IV).

In the case of a Registered Will, the same may be accompanied by a notarized indemnity bond from the claimant (annexure II) (appropriate beneficiary of the Will)

NOTE: In case of Multiple Nominee each nominee will have to fill a separate form and transmission will be processed as per the % specified in the nomination registered in the respective folio.

 Toll Free - 1800-266-7790	 Email us at mf@ppfas.com	 Visit our Website www.amc.ppfas.com
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