

Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

Form T5



Date:

D	D	M	M	Y	Y	Y	Y
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To,

TRUST Mutual Fund

801, Naman Center, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051.

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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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)																			
Name of the HUF:																			
I, the above-named claimant & a surviving member of above-named HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____.																			
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR																			
<input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree.																			
<i>(Please tick (✓) whichever is applicable)</i>																			

*Please attach relevant proof

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

Sr.No.	Scheme Name	Folio No	No. of Units	% of Claim®
1				
2				
3				
4				

®As per Deed of Settlement / Partition of HUF /Decree of the competent court

Contact details of the Claimant

Mobile No.	Land Line No.
Email Address	

Address (Please note that the address of the claimant will be updated as per 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 Code							
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:				State				PIN					

Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the claimant to validate the bank details along with a Banker's Certification of the bank account details and signature of the claimant as per Form Annexure I.

I, also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, 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"/> 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)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described below 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

Sr. No	Name of Nominee	In case of Minor, Date of Birth of Minor & Guardian Name	Address of the Nominee [Address of the Guardian, in case of Minor]	Allocation %	Relationship with Investor	Nominee's Signature (Optional)/In case of Minor-Guardian's Signature (Mandatory)
1						
2						
3						

The percentage of allocation/share in favour of each of the nominees should be indicated against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.

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 Trust 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 Trust 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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of Claimant
D	D	M	M	Y	Y	Y	Y		
Signed before me									
Place _____ Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.
D	D	M	M	Y	Y	Y	Y		

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 Karta
- Copy of PAN Card of Claimant / Guardian
- Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook
- Annexure-I - Bank Attestation of Signature & bank a/c. (if the aggregate value of the Units being transmitted is up to ₹2 lakh)
- Bond of Indemnity signed by surviving coparceners as per Annexure VI.
- Copy of Birth Certificate (in case the Claimant is a minor)
- KYC Acknowledgment OR KYC form of Claimant

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**REQUEST FOR TRANSMISSION OF UNITS
Acknowledgement Slip (To be filled in by the Investor)**

Folio No.

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Received from Mr. / Ms. _____ Date : ____ / ____ / ____

Collection Centre /
Trust Mutual Fund Stamp &
Signature

Bank Attestation of Account Details & Account-holder's signature

(where aggregate value of investment under all folios is up to ₹2 lakhs)

Annexure I



{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
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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 No.	
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (please specify)	
9-digit MICR No.	11-digit IFSC Code

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

Bond of Indemnity to be submitted by the Claimant on dissolution of HUF or where there are no surviving members after demise of the Karta

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

Annexure VI



I, _____ aged _____ years, presently residing at _____ and surviving member of _____ *Name of the Hindu Undivided Family* HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as under:

1. That the HUF has investments/units in the following schemes/folios:

Sr.No.	Scheme Name	Folio No	No. of units
1			
2			
3			

2. That Mr. _____ who was managing the affairs of the HUF as its the Karta, expired on _____.
3. That after the death of the above-named Karta, the aforesaid HUF stands dissolved, as there are no other surviving coparcener except myself * OR as the surviving members of the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated*.
4. That I have approached Trust Mutual Fund with a request to transmit the aforesaid Units / proportional units as per the Settlement Deed / Partition Deed / Court Decree dated(hereinafter referred to as "the Units" in my name, in your records for which I execute the indemnity as is herein contained and on relying on the information herein given by me believing the same to be true.
5. That I agree and undertake to provide all necessary documents as may be required by Trust Mutual Fund for processing my request as aforesaid.

In consideration therefore of Trust Mutual Fund acceding to my request to transmit the Units in the Mutual Fund folios in my name, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless Trust Mutual Fund, its asset management company and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned.

I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this ____ day of _____

Signed and delivered by the within named _____

Name of the Claimant

.....
Signature of the Claimant

Signed before me

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Notary with Official Seal of Notary

Sr. 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	✓	✓	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-IA	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

Sr. 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.