

Request for Transmission of Units by Surviving Joint Holder/s

(Where the 1st holder is Deceased)

Form T2



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.

Sir(s),

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-MM-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 above-mentioned folios in my/our name/s in the following order:

UH*	Name(s) of the Unitholder	PAN	Tax Status:
1.	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2.	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> 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.

*UH- Unitholder

Contact Details of Holder no.1

Mobile No.	Tel.No. STD
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 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 & tick (✓) any one of the following to validate your bank details :										
<input type="checkbox"/> Cancelled cheque with claimant's name & account number pre-printed <input type="checkbox"/> Bank Statement/Passbook having claimant's name										
<input type="checkbox"/> Certification of the bank account details - on bank's letterhead or in Form Annexure I.										

Additional KYC details Holder no.1 (Please tick✓)

Occupation Details <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 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 in 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/We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I/We 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/We hereby authorize Trust 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)
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Attachments:

- Copy of Death Certificate of the deceased unitholder
- Copy of PAN Card of Claimant
- Cancelled cheque of the new first unit holder with name pre-printed OR Statement/Passbook of the new first unit holder
- KYC of the surviving unit holder(s), if not already complied earlier.



**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 & Signature
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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

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.