

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



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)														

**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)	Date of demise*
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY

**Please attach certified copy of Death Certificate.*

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

Sr.	Scheme Name	Folio No	No. of Units	% of claim@
1				
2				
3				
4				
5				

@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

Contact details of the Claimant

Mobile No.	Tel.No. STD
Email Address	

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 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 (✓) Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook

Also, I 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"/> 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 unitholder
- 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)
- Annexure-II - Bond of Indemnity furnished by Legal Heirs
- Annexure-III - Individual Affidavits given EACH Legal Heir
- Annexure – IV - NOC from other Legal Heirs
- Document evidencing relationship of the claimant/s with the deceased unitholder
- KYC Acknowledgment OR KYC form of Claimant
- Copy of Birth Certificate (in case the Claimant is a minor)

.....✂.....✂.....



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 furnished jointly by all Legal Heirs including the Claimant

(To be submitted on Non-judicial Stamp Paper of appropriate value)

Annexure II



[For Transmission of Units without production of Legal Representation on death of Sole Unit Holder or all Unit Holders in case of Joint Holding, where no nomination has been registered]
(where aggregate value of investment under all folios is up to ₹2 lakhs)

Date:

D	D	M	M	Y	Y	Y	Y
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I/We do hereby solemnly affirm and state on oath as follows:

That Mr./Ms. _____ Name of the deceased unit holder _____ * was holding the Units in following schemes/folios :

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

That the aforesaid unit holder died intestate on _____, without registering any nominee/s leaving behind him/her the following persons as the only surviving legal heirs, according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

Name of the Claimant/s	Address	Age	Relationship with the Deceased
1.			
2.			
3.			
4.			

Therefore, I/We, the deponent/s herein has/have, approached Trust Mutual Fund with a request to transfer the aforesaid Units in the name of the undersigned Mr./Ms. _____ #,

on my/our behalf, without insisting on production of a Succession Certificate or the order of a competent court, for which we or any one on our behalf, execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said Mutual Fund units to the name of the undersigned Mr./Ms. _____ #,

I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid Mutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned Mr./Ms. _____ #,

without insisting on production of a Succession Certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF the said Mr./Ms. _____ #,

_____ #, have hereunto set their respective hands and seals this day of _____.

Signed and delivered by the said legal heir/s.

Name the Legal Heirs	Signature of the Legal Heirs
1.	X
2.	X
3.	X

(*) = Name of the deceased unit holder (#) = Name of the claimant/s

SURETY

I/We, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the Trust Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the claimant herein and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

	Sureties Name & Address (Mandatory)	Signature of the Surety
1.		X
2.		X

Signed before me

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Notary / JMFC

Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.:

Note: This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary
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(For Transmission of Units on death of Sole Unit Holder / all Unit Holders in case of joint holding, where NO NOMINATION has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

I, _____ #

son / daughter of _____

residing at _____

do hereby solemnly affirm and state on oath as follows.

That Mr./Mrs. _____ @

("the deceased Unitholder") held the following units in Trust Mutual Fund in his / her name as single holder / joint holder:

Sr.No.	Scheme Name	Folio No	No. of units held

That the aforesaid deceased Unitholder(s) died intestate leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate* / Legal Heirship Certificate* dated _____ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. *

OR

That the aforesaid deceased Unitholder died testate, leaving behind him/her, the following persons as the legatees as per the Probated Will dated _____ and without registering any nominee.*

A notarised copy of the Succession Certificate* / Legal Heirship Certificate* / Probated Will* is attached herewith.

Name of the Claimant/s	Address	Age	Relationship with the Deceased
1.			
2.			
3.			

That among the aforesaid legal heirs, Master/Kum. _____ aged _____ years is a minor and is being represented by Mr./Ms. _____ §

being his/her father/mother/legal guardian.

I also indemnify the Trust Mutual Fund and its AMC and authorized Registrar through a separate Indemnity letter with third party Sureties.

Signature of the Deponent: X _____

VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct. The Original Death Certificate or original attested copy of the death certificate and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above-mentioned mutual funds units of the deceased.

Solemnly affirmed at _____ Signature of the Deponent: X _____

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 & Regn. No.

*Strikeout whichever is not applicable

= Name of the legal heir @ = Name of the deceased unit holder § = Name of the Guardian

No-Objection Certificate from the Legal Heir(s)

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

Annexure IV



**Format of NOC from other Legal Heir(s) for Transmission of Units in favour of the Claimant
wherein the Sole Holder OR all Joint Holders in the folio(s) are deceased
WITHOUT REGISTERING ANY NOMINATION**

DECLARATION

I/We, the legal heir(s) of late Mr. / Ms. _____ (Name of the deceased Unit Holder)

declare as follows –

(i) That the above-named deceased Unitholder was holding Units in the following Schemes/ folios of Trust Mutual Fund in his / her name as single holder/joint holder:

Sr.No.	Scheme Name	Folio No	No. of units held

(ii) That the deceased had died intestate on DD/MM/YYYY .and without registering any nominee.

(iii) That I / We are the legal heir(s) of the deceased unit holder, apart from the Claimant, Mr. / Ms. _____, who has applied for transmission of the aforesaid Units.

Name of the legal heirs	Address	Age	Relationship with the Deceased
1.			
2.			
3.			

(iv) I/We hereby declare that, I/We do not desire to make any claim in respect of the title to the aforesaid Units held by the deceased and I/We hereby willfully relinquish & renounce all my /our rights in respect of the aforesaid Units and shall have no legal claim upon said Units in future.

(v) Accordingly, I/We declare that I/We have NO OBJECTION WHATSOEVER in Trust Mutual Fund transmitting the aforesaid Units in favour of Mr. / Ms. _____.

(vi) I/We hereby state that whatever is stated herein above are true to the best of my/our knowledge.

Deponent's Signature/s : 1) _____ 2) _____ 3) _____

VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mutual fund units.

Solemnly affirmed at _____

Deponent(s) 1) _____ 2) _____ 3) _____

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.