

## FORM FOR FRESH NOMINATION / CHANGE OF EXISTING NOMINATION / CANCELLATION OF NOMINATION / OPTING OUT OF NOMINATION

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders Please read the instructions carefully before filling up this form

						Dat	te: D D	M M Y	YYY	
Name of the Mutual Fund FRA		FRANI	FRANKLIN TEMPLETON MUTUAL FUND							
Folio No(s).										
Name of 1 <sup>st</sup> Holder										
Name of 2 <sup>nd</sup> Holder										
Name of 3 <sup>rd</sup> Holder										
I/We, the above-named unitholders in the referred Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death and by cancelling the nomination(s) made by me / us previously in respect of the units held by me/ us in the indicated folio(s).										
Name and address of Nominee(s) [Mandatory]	ee(s) [Guardian PAN to be quoted if		ationship Sole / First t holder	Date of Birth* [Mandatory]	Name and address of Guardian* [Mandatory if Nominee is Minor]		Signature of Nominee / Guardian*	Guardian's Relationship with Nominee* [attach proof]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]	
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian		
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian		
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian		
* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate or School Leaving Certificate or Passport or Others equivalent proof)  ** Applicable in case the Nominee is a Minor.										
Declaration & Signature(s) [to be signed by all unit holders including joint holders, irrespective of mode of holding]    I / We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my / our credits in the event of my / our death. Signature of the nominee(s) acknowledging receipt of my / our credit will constitute full discharge of liabilities of the indicated Mutual Fund.  OR    I/We DO NOT wish to nominate: I/We do 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 holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.										
Signature of the 1	er		Signature of th	ne 2 <sup>nd</sup> unitholder	_	Signatur	e of the 3 <sup>rd</sup> uni	tholder		