

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation 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

Name of 1st Holder _____
Name of 2nd Holder _____
Name of 3rd Holder _____

I/ We, the above named Unitholders of _____ 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/ or
☐ Cancel the nomination(s) made by me/ us previously in respect of the units held by me/ us in the Folio/s listed below
(tick whichever is applicable)

Scheme Name	Folio No.
1.	
2.	
3.	

Name of the 1st Nominee*										%age of Allocation*											
PAN of Nominee/ Guardian										Date of Birth of Nominee**				D	D	M	M	Y	Y	Y	Y
Nominee Relationship*																					
Name of the Guardian**																					
Guardian's Relationship with Nominee*: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian																					
Proof of relationship: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving <input type="checkbox"/> Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____																					
Address: _____																					
City _____ State _____ PIN _____																					
Signature of 1st Nominee*																					

Name of the 2nd Nominee*										%age of Allocation*											
PAN of Nominee/ Guardian										Date of Birth of Nominee**				D	D	M	M	Y	Y	Y	Y
Nominee Relationship*																					
Name of the Guardian**																					
Guardian's Relationship with Nominee*: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian																					
Proof of relationship: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving <input type="checkbox"/> Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____																					
Address: _____																					
City _____ State _____ PIN _____																					
Signature of 2nd Nominee*																					

Name of the 3rd Nominee*										%age of Allocation*											
PAN of Nominee/ Guardian										Date of Birth of Nominee**				D	D	M	M	Y	Y	Y	Y
Nominee Relationship*																					
Name of the Guardian**																					
Guardian's Relationship with Nominee*: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian																					
Proof of relationship: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving <input type="checkbox"/> Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____																					
Address: _____																					
City _____ State _____ PIN _____																					
Signature of 3rd Nominee*																					

☐ I/ We DO NOT wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)
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 heirs 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.

I/ We have read and understood the instructions on nomination given below/ overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/ us in respect of the folio(s) mentioned above.

Signature of 1st Unitholder	Signature of 2nd Unitholder	Signature of 3rd Unitholder
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* Mandatory

** Mandatory & Applicable in case the Nominee is a Minor