

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

To:

(FME)

Alternative Investment Fund (AIF)

I/We the undersigned, hereby request (AIF) to delete the name of unitholder(s) on account of sad demise and transmit the units/redemption proceeds (strike off whichever is not applicable) to me/us.

Name of the Claimant (As per POI)

Date of Birth | | | / | | | / | | |

Mr./Ms.:

Claim made by: ☐ Joint Holder ☐ Registered Nominee ☐ Legal Heir ☐ New Karta ☐ Others (please specify)

Name of the Guardian (As per POI) ← in case the claimant is a minor → Date of Birth | | | / | | | / | | |

Mr./Ms.

Date of Birth of the minor* | | | / | | | / | | |

Relationship with Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian*

PAN (Claimant/Guardian): | | | | | | | | ☐ KYC Acknowledgment attached ☐ KYC form/doc. attached

Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO ☐ 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)	Id. Proof attached**	Date of demise**
1)		DD / MM / YYYY
2)		DD / MM / YYYY
3)		DD / MM / YYYY

**Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id. (any one)*

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

Scheme Name	Folio No.	No. of Units	% of Claim@
1)			
2)			
3)			
4)			

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

Contact details of the Claimant

Mobile No.+91		Tel. No. STD -
Email Address		
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor		

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
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	PIN

Please attach & tick ✓ ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook

I also 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"/> a 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 10 Lac <input type="checkbox"/> 10-50 Lacs <input type="checkbox"/> 50-100 Lacs <input type="checkbox"/> 100-250 Lacs <input type="checkbox"/> >250 Lacs

FATCA and CRS information

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
If TIN is not available, please tick the reason: Reason A <input type="checkbox"/> The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. Reason B <input type="checkbox"/> No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected) Reason C <input type="checkbox"/> Others, please state the reason thereof:-----		

Nomination@ (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Mandatory to tick ✓ if the claimant does not wish to nominate anyone)							
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the following person/s to receive the Units held my/our folio in the event of my / our death. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)							
S.No.	Nominee Name & Address	Relationship with Nominee	PAN	Date of Birth	Guardian Name & Address	Signature of Nominee / Guardian	Proportion (%)
1.							
2.							
					In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.		Total 100%

Declaration and Signature of the Claimant

I/ We have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*. In case of non-submission of any of the documents or if the documents are not found to be in order, the FME reserves the right to not register the application submitted.

I/We confirm that the information provided above is true and correct to the best of my knowledge and belief. I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962.

I/We undertake to keep _____ AIF/its FME/Administrator 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 FME/Administrator.

I/We hereby authorize _____ AIF and its FME/Administrator to share/discard any of the information provided by me/us, including any changes in respect thereof to the AIF'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 AIF & its FME/Administrator to provide/ share any

of the information provided by me/us including my holdings in the AIF to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place: _____	Name & Signature of Claimant	
Date: __		
We acknowledge the receipt of the request for Transmission of Units from Claimant(s)		Date & Stamp
Mr. / Ms. _____ Folio No. _____		

Documents Attached

- ☐ Notarized / Certified true copy of Death Certificate of the deceased unitholder
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ Self Attested copy of PAN Card or other Govt. issued ID Proof of Claimant/Guardian
- ☐ Self Attested copy of latest Address Proof of Claimant/Guardian
- ☐ KYC Acknowledgment OR ☐ KYC Documents of Claimant
- ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook
- ☐ Bank Attestation of signature & bank A/c.
- ☐ Bond of Indemnity furnished by Legal Heirs
- ☐ NOC from other Legal Heirs
- ☐ Any appropriate document evidencing relationship of the claimant/s with the deceased unitholder/s.
- ☐ Copy of ID proof (PAN/ Aadhaar/Voter ID / Passport or any other valid Officially Valid Document) of the deceased unit holder attested by the claimant & duly notarized
- ☐ Copy of ID proof (PAN/ Aadhaar/Voter ID / Passport or any other valid Officially Valid Document) of all legal heirs signing the NOC/affidavit other than the claimant is required

(To be signed jointly by all the Legal Heirs)

Indemnity Bond by All Legal Heir/s Confirming Claimant/s with respect to Transfer of the Alternative Investment Fund Units held by the Deceased Unit Holder without production of Legal Representation

(In case of Transmission of Alternative Investment Fund Units held by a Single Holder/ on death of all unit holders in case of Joint Holding and where there is no nomination has been registered).

I/We do hereby solemnly affirm and sincerely state on oath as follows,

I/We state that "Mr. / Ms. (*) _____" passed away on _____ and he/she was holding the following Alternative Investment Fund Units:

S. No.	Name of Alternative Investment Fund	Scheme Name	Folio No	No. of Units Held

The aforesaid unit holder died intestate /without registering any nominee/s in folio/s.

We further inform you that he / she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she governed at the time of his/her death.

We have, therefore, approached you with a request to transfer the aforesaid Alternative Investment Fund units/ redeemed proceeds of AIF Units (strike off, whichever is not applicable) in the name of the undersigned "Mr. / Ms. (#) _____" on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction 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 above said Alternative Investment Fund units/ redeemed proceeds of AIF Units (strike off, whichever is not applicable) to the name of the undersigned "Mr. / Ms. (#) _____". I / we hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your 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 Alternative Investment Fund units/ redeemed proceeds of AIF Units (strike off, whichever is not applicable) 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 here unto set their respective hands and seals this _____ day of _____.

Signed and delivered by the said legal heir/s.

1. _____
2. _____
3. _____
(Name & Address of the Legal Heirs) Signature of the Legal Heirs

1. _____
2. _____
Sureties Name & Address [Mandatory] Sureties Signature

(*) = Name of the deceased unit holder

(#) = Name of the claimant/s