



FRANKLIN
TEMPLETON

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

Applicable for Individual Unitholders only (effective from June 01, 2025 to August 31, 2025). Please read the instructions carefully before filling up this form.

MY FOLIO NO(S)

having same mode of holding and pattern.

INVESTOR NAME

I/We wish to make a nomination. [As per details given below]																											
Nomination Details																											
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.																											
Nomination can be made upto three nominees in the account.	Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee																								
Mandatory Details																											
Name of the nominee(s) (Mr./Ms.)*																											
Share of each Nominee	%	%	%																								
Date of Birth (for Minor)	<table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	<table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	<table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y
D	D	/	M	M	/	Y	Y																				
D	D	/	M	M	/	Y	Y																				
D	D	/	M	M	/	Y	Y																				
Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____																								
Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____																								
Address of Nominee(s)/ Guardian in case of Minor City / Place: State and Country: Pincode																											
Mobile/Telephone No. of nominee(s)/Guardian in case of Minor																											
Email ID of nominee(s)/ Guardian in case of Minor																											
Non-Mandatory Details																											
Nominee Guardian Name (in case Nominee is Minor)																											
I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) with % <input type="checkbox"/> Nomination: Yes / No (Default)																											
This nomination shall supersede any prior nomination made by the account holder(s), if any																											
Signature(s) – As per mode of holding in demat accounts / MF Folio(s).																											
	Sole / First Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)																								
Signature / Thumb Impression																											
* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.																											
*Witness 1 Name & Address		*Witness 2 Name & Address																									
*Witness 1 Signature		*Witness 2 Signature																									

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)