

FORM FOR FRESH NOMINATION/ CHANGE OF EXISTING NOMINATION

Applicable for Individual Unitholders only (Mandatory for units held Singly and Optional for units held Jointly)

UNITHOLDER INFORMA	NOITA						
Folio No/s.							
Name of 1" Holder							
Name of 2 nd Holder							
Name of 3 rd Holder							
If We, the above named invested event of my/our death as trus				nate the person(s)) hereunder to receive th	e Units held by my/our	Folio/s listed above in the
NOMINATION DETAILS		4					
Name of 1st Nominee:					% of Allocation**:		
Relationship with Applicant	: Spouse	Father M	other Daug	hter Son	Others (please spe	ecify)	
Postal Address:							
Email Address:					Mobile Number:		
Identity Document:	□PAN	☐ Driving License		Passport	Identity No.:		
Nominee Date of Birth (Ma	indatory on	ly if Nominee is a Minor		(NRI/ PIO/ OCI only)	(if Aadhaar, last 4 digits onl Guardian's Name:	y)	
Name of 2nd Nominee:					% of Allocation**:		
Relationship with Applicant	: Spouse	Father M	other Daug	hter Son	Others (please spe	ecify)	
Postal Address:							
Email Address:					Mobile Number:		
Identity Document:	□PAN	☐ Driving License		☐ Passport	Identity No.:		
Nominee Date of Birth (Mandatory only if Nominee is a Minor):					(if Aadhaar, last 4 digits onl Guardian's Name:	y)	
Name of 3rd Nominee:					% of Allocation**:		
Relationship with Applicant	: []Spouse	☐ Father ☐ M	other Daug	hter Son	Others (please spe	erify)	
Postal Address:					The state of the s		
Email Address:					Mobile Number:		
Identity Document:	□PAN	☐ Driving License		Passport (NRI/ PIO/ OCI only)	Identity No.: (if Aadhaar, last 4 digits only		
Nominee Date of Birth (Ma	ndatory on	ly if Nominee is a Minor		(100 000 000)	Guardian's Name:		
** if % is not specified, then nominee mentioned in the n	the assets omination	shall be distributed equiform.	ally amongst all th	e nominees. Any	odd lot after division/ f	raction of %, shall be t	ransferred to the first
NOMINEE DETAILS TO I	BE PRINTE	D IN STATEMENT OF	HOLDING (MAI	NDATORY - TIC	K ANY ONE)		
If We want the details of me/ appropriate)	our nomin	ee to be printed in the s	tatement of holdi	ng or statement	of account, provided to	me/ us by the AMC as	follows: (please tick, as
Nomination: Yes/No			minee(s) with Perce				
If no option is selected, the acc		No. of the State of State of the State of th	ay the Nomination	status as 'Nomina	ation: Yes/No' without re	evealing Nominee name	(s)
UNIT HOLDER(S) SIGNA V We have read and understo supercedes all previous nomin	od the inst	ructions on nomination	given below/ over	leaf and IWe her	eby undertake to abide	by the same. The instru	actions contained herein
			of holder/,thumb			Name of Wito	ess & Address
Name(s) of Holder(s)			impression		of two witnesses*	(wherever a	
Second Hole							
Thiad Holds							

^{*} Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.