Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

MUTUAL FUNDS

Request for Transmission of Units by Surviving Joint Holder/s (Where the 1st Holder is Deceased)

Date: D D M M Y Y Y Y

Part A – Claimant and Deceased Holder information

Folio No/s.	
Deceased Holder Name:	

Dear Sir/Madam,

I/We, the joint holder(s) in the above referred folio(s), hereby inform you about the demise of the 1st holder in the above specified folios viz. _____

S. No.	Folio No.	Scheme Name	Units Held

I/ we, the surviving Unitholder/s therefore request you to transmit the Units in the abovementioned folios in my/our name/s in the following order:

Name of the unit holder	PAN	Tax Status
Mr./Ms.		☐ Resident ☐ NRI ☐ OCI/PIO
Mr./Ms.		☐ Resident ☐ NRI ☐ OCI/PIO

I/We also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact details of new 1st unit holder

Mobile No. **Tel. No. STD**

Email Address

Above mobile belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter

Above email belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter

Address (Please note that address will be updated as per claimant's address on KYC form / KYC Registration Agency records)

Address (Please note that address will be updated as per claimant'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 (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR 9-digit MICR No.

Name of bank and branch

City Pin

Please attach & tick ✓ ☐ Cancelled cheque with claimant's name printed **OR** ☐ Claimant's Bank Statement/Passbook (Not Older than 3 months)

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : _____/_____/_____

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Part E – Declaration and Responsibility Clause

I/We confirm that the above documents have been submitted and that the information, facts, and particulars furnished by me/us in this undertaking and the accompanying documents are true, correct, and complete to the best of my/our knowledge and belief, and no material information / fact has been concealed or misrepresented therein.

I/We further undertake and confirm that in the event any information, declaration, or document furnished by me/us herein is subsequently found to be false, incorrect, incomplete, forged, or fraudulent, the responsibility and liability for resolving the resultant discrepancy, dispute, or claim – including any consequential loss, cost, or legal action – shall rest solely and exclusively with me/us, the claimant(s), and I/We shall keep the AMC fully indemnified and harmless against any loss, claim, demand, or liability arising directly or indirectly therefrom. I/We also knowledge to share the above demise information to the regulatory authorities or statutory authorities or to the entities entrusted by the regulatory/statutory authorities from time to time.

Signature of new unit holder(s)

Name	**Signature**
1st Unit Holder	
Joint Holder 1	
Place	**Date** D D M M Y Y Y Y

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

Signed before me

_____

Signature of Notary with Official Seal of Notary & Regn. No.

* strikeout whichever is not applicable.

Documents checklist to be attached along with the transmission request form.

S. No.	Document	Submitted	Remarks
1	Original Transmission Request Form (duly filled and signed).	☐	
2	Verifiable death certificate (as per SEBI circular dated July 23, 2026) of the deceased holder.	☐	
3	Copy of the Statement of account (SOA) if available or Original security certificate, where applicable.	☐	
4	Where the claimant is a minor, submit birth certificate or school leaving certificate or passport or masked Aadhaar showing last four digits or minor PAN showing date of birth, duly attested by the natural or legal guardian.	☐	
5	KYC of Guardian (if claimant is a minor or of unsound mind), if not KYC complied already	☐	
6	Nomination Form or Nomination Opt-Out form where changes are required.	☐	
7	FATCA-CRS Declaration in a prescribed format, if not already provided or updated information to be provided.	☐	
8	Any other document as requested specifically	☐	