Aditya Birla Sun Life **Mutual Fund**

2 3 4



MUTUAL FUNDS

			Form T1				
	REQUEST FOR TRANSMISSION OF UNITS						
	(Deletion of name/s of Joint Holders in case of c	-	Date: D D M M Y Y Y Y				
To:							
The Trus	tees,						
	Mutual Fund						
Sirs,							
Sr.#	Scheme Name	Folio No.	No. of Units				
1							

l/We, the surviving Unit holder/s in the above schemes/folios regret to inform you the demise of the following joint holder(s) on the dates mentioned below –

Name(s) of the Deceased Unitholder(s)	PAN	Date of demise*
Mr./Ms.		DD / MM / YYYY
Mr./Ms.		DD / MM / YYYY

A certified copy of his/her/their Death Certificate/s is/are attached herewith.

I/ we, therefore, request you to delete the name/s of the aforesaid deceased unitholder/s in your records and transmit the Units in the abovementioned folios in my/our name/s.

I also request you to update my email and mobile no. in your records as follows:

Mobile No.		Tel. No. STD			
The above contact details belongs to	Self	Spouse Guardian of Minor	Son	Daughter	Parent
Email ID					
The above contact details belongs to	Self	Spouse Guardian of Minor	Son	Daughter	Parent

The existing bank account details registered in the above folios may be Continued*/ Replaced* as per attached fresh Bank Mandate Form.

Nomination (Please ✓ one of the options below)

I **DO NOT** wish to make a nomination. (Please tick 🗸 if you do not wish to nominate anyone)

I wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

Acknowledgement Slip (To be filled in by the Investor)	
Application No.	Collection Centre / ABSLAMC Stamp & Signature
Received from Mr. / Ms.	Date : / /

Aditya Birla Sun Life Mutual Fund



MUTUAL FUNDS

Name & Signature of the surviving Unit holder/s

Name	PAN	Signature
1		
2		

* Please tick (🗸) whichever is applicable.

Attachments:

Copy of Death Certificate of the deceased unitholder

Fresh Bank Mandate Form along with

Cancelled cheque of the new bank account

Fresh Nomination Form (Only where change in nomination is desired by the surviving unit holder/s)

KYC of the surviving unit holder(s), **if not already complied earlier.**

Contact Us: 1800-270-7000

