

Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Form T5

Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

To:

Date:

The Trustees,

Mutual Fund

Name of the Claimant

Mr./Ms.

Name of the Guardian

← in case the claimant is a minor →

Date of Birth of the minor*

Mr./Ms.

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

PAN (Claimant/Guardian):

☐ KYC Acknowledgment attached

☐ KYC form attached

Tax Status:

☐ Resident Individual

☐ Resident Minor (through Guardian)

☐ NRI

☐ PIO

☐ Others (please specify)

Name of the HUF:

I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____.

☐ As there are no other surviving coparcener except myself, the above HUF stands dissolved OR

☐ The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree.

(Please tick✓ whichever is applicable)

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

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

@ as per Deed of Settlement / Partition of HUF /Decree of the competent court

Contact details of the Claimant

Mobile No. +91

Land Line No.

Email Address

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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Address (Please note that the address of the claimant will be updated as per 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 number	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 a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1

I also request you to pay the UNCLAIMED amounts of Income Distribution cum capital withdrawal option or redemption proceeds in respect of the HUF if any, 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 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

FATCA and CRS details

Country of Birth	Place of Birth
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Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ 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

Nomination@ (Please ✓ one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> 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.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)

Regn. No.: 109, Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013

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Contact Us:
1800-270-7000

adityabirlacapital.com



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Declaration and Signature of Claimant/s

I have attached herewith all the relevant / required documents as indicated in the attached Ready Reckoner. I confirm that the information provided above is true and correct to the best of my knowledge and belief. I undertake to keep _____ Mutual Fund / its AMC/RTA 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 AMC / RTAs. I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund'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 Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place: _____ Date: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of Claimant
D	D	M	M	Y	Y	Y	Y		
Signed before me									
At: _____ On: _____	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.								

Note: This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs

Documents Attached

- ☐ Copy of Death Certificate of the deceased Kata

☐ Copy of Birth Certificate (in case the Claimant is a minor)

☐ Copy of PAN Card of Claimant / Guardian

☐ KYC Acknowledgment OR ☐ KYC form of Claimant

☐ Cancelled cheque with claimant's name printed OR

☐ Claimant's Bank Statement/Passbook

☐ Nomination Form duly completed

☐ Annexure-I - Bank Attestation of Signature & bank account (if the value of the Units being transmitted is upto ₹2 lakhs)

☐ Bond of Indemnity signed by surviving coparceners as per Annexure VI.
- Notarised copy of ☐ Deed of Settlement ☐ Deed of Partition of HUF ☐ Decree of the competent court