

REQUEST FOR TRANSMISSION OF UNITS



(Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

Form T1

To:
The Trustees,
Union Mutual Fund

Date	D	D	M	M	Y	Y	Y	Y
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Sirs,
Request for deletion of name(s) of the 2nd/ 3rd Holder

Folio No.	Folio No.	Folio No.
Folio No.	Folio No.	Folio No.

I/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)		Date of demise*							
2.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	D	D	M	M	Y	Y	Y	Y
3.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	D	D	M	M	Y	Y	Y	Y

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. +91		Tel.No.	STD	
Email Address				

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)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick <input checked="" type="checkbox"/> if you do not wish to nominate anyone)
<input type="checkbox"/> I/We wish to continue the existing nomination made by me/us in the above folios previously.
<input type="checkbox"/> I/We wish to make a fresh 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.

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
- Nomination Form duly completed
- KYC of the surviving unit holder(s), if not already complied earlier.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No./ Application No.									
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Date	D	D	M	M	Y	Y	Y	Y
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Received from: Mr./ Ms. /M/s _____
Request for Transmission of Units



Collection centre's stamp with date and time of receipt