

# REQUEST FOR TRANSMISSION OF UNITS BY SURVIVING JOINT HOLDER/S



(Where the 1st holder is Deceased)

Form T2

To:  
The Trustees,  
Union Mutual Fund

Date 

D	D	M	M	Y	Y	Y	Y
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Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1st Holder in the said folios, viz.,

Mr./Ms. \_\_\_\_\_ expired on 

D	D	M	M	Y	Y	Y	Y
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A certified copy of his/her Death Certificate is attached herewith.

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

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:

UH	Name of the Unitholder	PAN	Tax Status:
1.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> 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 Holder no.1**

Mobile No. +91	Tel.No.	STD
Email Address		

**Address of Holder no.1** (Please note that your address will be updated as per your address on KYC form / KYC Registration Agency records)

Address		
City	State	Pin Code

**Bank Account Details of Holder no.1**

Bank Name	
Account No.	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	State Pin Code

**Please attach & tick ✓ any one of the following to validate your bank details :**

- Cancelled cheque with claimant's name & account pre-printed
- Bank Statement/Passbook having claimant's name
- Certification of the bank account details - on bank's letterhead or in Form Annexure 1.

**Additional KYC details Holder no.1 (Please tick ✓)**

<b>Occupation Details</b>	
<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 _____ <i>Please specify</i>
The claimant is <input type="checkbox"/> 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	

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)

Folio No./ Application No. \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Received from: Mr./ Ms. /M/s \_\_\_\_\_

Request for Transmission of Units by Surviving Joint Holder/s



Collection centre's stamp with  
date and time of receipt

**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 <b>DO NOT</b> wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our folio in the event of my / our death.

**Declaration and Signature of Claimant/s**

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I /we undertake to keep the 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 / We hereby authorize Union Mutual Fund & 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 any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Signature of Claimant 1 (new Holder no.1)	Signature of Claimant 2 (new Holder no.2)
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**Attachments:**

- Copy of Death Certificate of the deceased unitholder
- Copy of PAN Card of Claimant
- Cancelled cheque of the new first unit holder with name pre-printed OR  
 Statement/Passbook of the new first unit holder OR
- KYC of the surviving unit holder(s), if not already complied earlier.
- Nomination Form duly completed.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

**Computer Age Management Services Ltd.,**

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

**Email:** enq\_uk@camsonline.com | **Website:** www.camsonline.com

**Union Asset Management Company Pvt. Ltd.**

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.

**Toll Free :** 1800 200 2268/1800 572 2268 | **Tel No. :** 022 67483333

**Website:** www.unionmf.com | **Email :** investorcare@unionmf.com

