Request for Transmission of Units by Surviving Joint Holder/s

(Where the 1st Holder is Deceased)

LIC MUTUAL FUND

Please tick (✓) the boxes wherever applicable and fill in the details legibly.

To: **Date:** D D M M Y Y Y Y

Company Name: **Fund Name:** **RTA:** **DP:**

Address:

City: **Pincode**

Part A Claimant and Deceased Holder information

Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	

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. _____

Sr. No.	Folio No.	Scheme Name	Units Held
1			
2			
3			

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 unit holder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned herein below.

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 Line 1:		
Address Line 2:		
City:	**State:**	**Pincode**

Bank Account Details of the of New 1st unit holder

Bank Name:	
Account No.	**11-Digit IFSC Code:**
A/c. Type (✓) ☐ **SB** ☐ **Current** ☐ **NRO** ☐ **NRE** ☐ **FCNR**	**9-Digit MICR No:**
Name of bank and branch:	
City:	**Pincode:**

Please attach & tick(✓) ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook

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 Company/AMC/RTA/ Depository Participant 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	⊗ SIGN HERE
Joint Holder 1	⊗ SIGN HERE
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.