Transmission Request Form (under Simplified category but other than QTP Category)

LIC MUTUAL FUND

(On death of the Sole holder / all holders)

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

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

Fund Name:

Address:

City: **Pincode:**

Part A Claimant and Deceased Holder information

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

Part B Details of Securities

I/We, the Nominee / Legal Heir / Claimant of the above referred deceased investor(s), hereby inform you about the demise of the above-mentioned security/unit holder(s) and request you to transmit the securities/units held by the deceased security/unit holder(s) as listed below in my/our favor in my/our capacity as

☐ Nominee(s) ☐ Legal Heir(s) ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased

Sr. No.	Name of Mutual Fund Scheme / Company	Folio No. / Client ID / DP ID / Certificate No.	No. of Securities / Units / Shares Held	Certificate Number (for physical shares / securities)	Distinctive Numbers (if applicable)
1				NA	From: NA To: NA
2				NA	From: NA To: NA
3				NA	From: NA To: NA

Part C Other information about Nominee / Legal Heir / Claimant

☐ **KYC Acknowledgment attached** ☐ **KYC form attached**

Tax Status: ☐ **Resident Individual** ☐ **Resident Minor (through Guardian)** ☐ **NRI** ☐ **PIO / OCI** ☐ **Others (please specify)** _____

Contact details of the Nominee / Legal Heir / Claimant

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 Nominee / Legal Heir / Claimant

Bank Name:

Account No. **IFSC Code:**

Account Type: ☐ **SB** ☐ **Current** ☐ **NRO** ☐ **NRE** ☐ **FCNR** **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 D Consent by other Nominee(s) to be added as Joint Holder(s) (Applicable only in case of claims submitted by nominee)

Other nominee(s) nominated by the deceased holder in the above referred folio(s) as listed below hereby consent to transmit the units with me as the first holder and add other nominee(s) as Joint Holder(s) in the new transmitted folio.

Name of the Nominee(s) to be added as joint holder	PAN/ PEKN	KYC Compliance*

*If KYC not compliance/not done, KYC form with relevant supporting documents to be submitted.

I/We hereby provide my/our consent to add me/us as Joint Holder in the new transmission folio where claimant would be the first holder.

Name of the Nominee(s) to be added as joint holder	Signature
	⊗ SIGN HERE
	⊗ SIGN HERE

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.

Place: _____ **Date:** D D M M Y Y Y Y

⊗ SIGN HERE
Claimant Signature

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.

Signed before me,

_____

Signature of Notary With Official Seal of Notary & Registration No.

*strikeout whichever is not applicable.

Documents checklist to be annexed along with the transmission request form

Sr. No.	Document	Submitted	Remarks
1	Original Transmission Request Form (duly filled and signed)	☐	
2	Self-attested (by the claimant) copy of Verifiable Death Certificate of the deceased holder	☐	
3	Original Security Certificate / Statement of Account (if applicable).	☐	
4	If claimant is a minor - Birth Certificate or School leaving certificate/ Passport or last four digits of Aadhaar (where the date of birth is available – Attested by the Guardian (Natural or Legal).	☐	
5	KYC of Guardian (if claimant is a minor or of unsound mind)	☐	
6	Nomination Form or Nomination Opt-Out form	☐	
7	FATCA-CRS Declaration in a prescribed format	☐	
8	Signature of the Nominee/ Claimant shall be attested only by a Notary Public or a Judicial Magistrate First Class (JMFC)	☐	
9	Notarised indemnity bond indemnifying the RTA / listed entity/AMC as may be applicable	☐	
10	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection OR Copy of family settlement deed executed by all legal heirs, duly attested by a notary public, gazetted officer, or accepted and approved by a magistrate, judge or civil court.	☐	
11	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection	☐	
12	Any ONE of the following succession documents: Copy of Will as may be applicable in terms of Indian Succession Act,1925, along with a notarized indemnity bond from the legal heir(s)/claimant(s) to whom the securities have to be transmitted OR Legal Heirship Certificate or its equivalent issued by relevant authority which will mean a revenue authority not below the rank of a Tehsildar or equivalent authority, along with a notarized indemnity bond from the legal heir (s)/claimant(s) to whom the securities have to be transmitted; OR Copy of Succession certificate or Letter of Administration or Court Decree.	☐	

Note:
1. For claim submitted by nominee, only documents specified at serial no. 1-9 shall be submitted.
2. For claim submitted by legal heir(s)/claimant(s) under "Simplified" category, documents specified at serial no. 1-11, as applicable, shall be submitted.
3. For claim submitted by legal heir(s)/claimant(s) under "Above Threshold" category, documents specified at serial no. 1-9, 12 and 13, as applicable, shall be submitted.