

Transmission Request Form for Change of Karta



Form T4

(Upon demise of the registered Karta)

To:
The Trustees,
LIC Mutual Fund.

Date

D	D	M	M	Y	Y	Y	Y
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Name of the HUF:	Mr./Ms	FIRST	MIDDLE	LAST										
Name of the new Karta:	Mr./Ms	FIRST	MIDDLE	LAST										
PAN (Claimant/Guardian):	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<input type="checkbox"/> KYC Acknowledgment attached		<input type="checkbox"/> KYC form attached

I, the surviving co-parcener of abovenamed HUF, hereby inform you that,

Mr./ Ms.

	FIRST		MIDDLE		LAST
--	-------	--	--------	--	------

 expired on

D	D	M	M	Y	Y	Y	Y
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the Karta of the above HUF who was managing the affairs of the HUF, and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records in respect of the investments of the HUF in the following schemes / folios:

	Scheme Name	Folio No	No. of Units
1			
2			
3			

01. Contact Details of the new Karta

Mobile No.	+9	1	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Land Line No.	STD	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Email Address:							(EMAIL Id to be written in BLOCK letters)																			

02. Address of HUF (Please note that your address of the HUF will be updated as per your address on KYC form / KYC Registration Agency records)

Address Line 1:							
Address Line 2:							
City:	State	PIN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

03. FATCA and CRS details of the new Karta

Country of Birth	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Place of Birth	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Nationality	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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																					

04. Bank Account Details of the HUF

Account No.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
Bank Name	11-digit IFSC <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
A/c. Type (✓)	SB <input type="checkbox"/> Current <input type="checkbox"/>	9-digit MICR No. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Name of bank branch																						
City:	State: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> PIN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank Statement/Passbook of the HUF to validate your bank details & Banker's Certification of the bank account details and signature of the new Karta as per Annexure 1.																						

05 DECLARATION & SIGNATURE/S

I also request you to pay the UNCLAIMED amounts, *if any*, in respect of the HUF by direct credit to the bank account mentioned above. I hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

Date :		⊗
Place :	Name the new Karta	SIGN HERE Signature

06 Attachments:

- Copy of Death Certificate of the deceased Karta
- Cancelled cheque with HUF name pre-printed OR Bank Statement/Passbook of the HUF
- Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1A
- Bond of Indemnity signed by all surviving coparceners (including the new Karta) as per Annexure V.
- Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta
- KYC Acknowledgment OR KYC Form of the HUF (*if the HUF is not KYC compliant*)