

# Transmission Request Form



for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

**Form T5**

To:  
The Trustees,  
LIC Mutual Fund.

Date 

D	D	M	M	Y	Y	Y	Y
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<b>Name of the Claimant</b>	Mr./Ms	FIRST	MIDDLE	LAST										
Name of the Guardian	← in case the claimant is a minor →			Date of Birth of the minor*										
Mr./Ms	FIRST	MIDDLE	LAST	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y							
Relationship with Minor Please tick (✓): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*														
PAN (Claimant/Guardian): <table border="1" style="display: inline-table; border-collapse: collapse;"><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														
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)														

<b>Name of the HUF</b>	Mr./Ms	FIRST	MIDDLE	LAST																		
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr./ Ms. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> expired on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>															D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y															
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR																						
<input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree.																						
(Please tick ✓ whichever is applicable)																						

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme Name	Folio No	No. of Units	% of Claim@
1)			
2)			
3)			
4)			

@ As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable

<b>02. Contact Details of the claimant</b>																			
Mobile No.	+9	1								Land Line No.	STD								
Email Address:										(EMAIL Id to be written in BLOCK letters)									

<b>03. Address</b> (Please note that the address of the claimant 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; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>									

<b>04. Bank Account Details of the claimant</b>																			
Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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; border-collapse: collapse;"><tr><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	Current	NRO	NRE	FCNR	9-digit MICR No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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:					PIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>									
Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1																			
I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, to me by direct credit to the bank account mentioned above.																			

<b>05. Additional KYC information</b> (Please tick ✓ whichever is applicable)									
Occupation Details									
<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 Please specify									
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									

**06. FATCA and CRS details of 1<sup>st</sup> Claimant**

Country of Birth		Place of Birth	
Nationality		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

**07. FATCA and CRS details of 2<sup>nd</sup> Claimant**

Country of Birth		Place of Birth	
Nationality		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

**08. FATCA and CRS details of 3<sup>rd</sup> Claimant**

Country of Birth		Place of Birth	
Nationality		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

**09. Nomination (Please ✓ one of the options below) Guardian of a minor is not allowed to make a nomination on behalf of the minor**

I DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)

I wish to make a 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.

**10. Declaration and Signature of Claimant/s**

- I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.
- I confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I undertake to keep LIC 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 hereby authorize LIC Mutual Fund and 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/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Date : .....	Place : .....	⊗ SIGN HERE Signature of Claimant
Signed before me	Date : ..... Place : .....	⊗ SIGN HERE Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.

Note: This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹ 2 lakhs

**11. Attachments:**

- Copy of Death Certificate of the deceased Kata  Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian  KYC Acknowledgment OR  KYC form of Claimant
- Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook
- Annexure-I - Bank Attestation of Signature & bank a/c. (if the value of the Units being transmitted is upto ₹ 2 lakhs)
- Bond of Indemnity signed by surviving coparceners as per Annexure VI.  Nomination Form duly completed