





**H. NOMINATION (REGISTRATION/CHANGE/MODIFICATION/CANCELLATION OF NOMINATION (Please fill section A+H+I))**

NOMINEE (OPT-IN) Details or **OPT-OUT Declaration** is **Mandatory** to process the application. Please tick (✓) from below **Option A** or **Option B** as appropriate.

**A) FOR NOMINATION OPT-IN:**  I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth [Mandatory]*	Name and address of Guardian (Mandatory if nominee is minor)	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee [Mandatory]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	

\* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

**B) FOR NOMINATION OPT-OUT:**  (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

**I. INVESTOR(S) DECLARATION & SIGNATURE(S)**

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected." I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT