Mutual Funds

To:

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Form T1

Date: D D M M Y Y Y Y

REQUEST FOR TRANSMISSION OF UNITS

(Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

The T	rustees,			
		Mut	ual Fund	
Sirs,	Request for deletion	n of name(s) of the 2nd/ 3rd Holder	
Sr.#	Scheme Name		Folio No.	No. of Units
1				
2				
3				
4				
	, the surviving Unit holder/s in the above schemes/fol	ios regret to	inform you the demise of the	following joint holder(s) on the dates
Name(s) of the Deceased Unitholder(s)				Date of demise*
2. Mr./Ms.			DD / MM / YYYY	
3. Mr./Ms.			DD / MM / YYYY	
	request you to update my email and mobile no. in you	ır records as	follows:	
Ema	ail Address			
The e	existing bank account details registered in the above fol	lios may be	☐ Continued*/ ☐ Replaced	* as per attached fresh Bank Mandate
Nom	ination (Please √ one of the options below)			
□ I/	We DO NOT wish to make a nomination. (Please tick	√ if you do r	not wish to nominate anyone)	
□ I/	We wish to continue the existing nomination made by	me/us in th	e above folios previously.	
	'We wish to make a fresh nomination and hereby nomin eceive the Units held my/our folio in the event of my/ou		n/s more particularly describe	d in the attached Nomination Form to
			×	
Ackn	owledgement Slip (To be filled in by the Investor)			
Appl	lication No.			Collection Centre / ABSLAMC Stamp & Signature
Rece	ived from Mr. / Ms		Date :/	

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Name & Signature of the surviving Unit holder/s

Name	PAN	Signature
1		
2		

* Please tick (v) whichever is applicable.

Attachments:

Copy of Death Certificate of the deceased unitholder
Fresh Bank Mandate Form along with Cancelled cheque of the new bank account

Nomination Form duly completed KYC of the surviving unit holder(s), if not already complied earlier.