

**REQUEST FOR TRANSMISSION OF UNITS**  
(Deletion of name/s of Joint Holders in case of death of the 2<sup>nd</sup> or 3<sup>rd</sup> Holder)

To:  
The Trustees,  
NJ Mutual Fund

Date: \_\_\_\_\_

Sirs,

**Request for deletion of name(s) of the 2<sup>nd</sup>/ 3<sup>rd</sup> Holder**

Sr.#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			

I/We, the surviving Unit holder/s in the above schemes/folios regret to inform you the demise of the following joint holder(s) on the dates mentioned below –

Name(s) of the Deceased Unitholder(s)	PAN	Date of demise*
Mr./Ms.		DD / MM / YYYY
Mr./Ms.		DD / MM / YYYY

A certified copy of his/her/their Death Certificate/s is/are attached herewith.

I/ we, therefore, request you to delete the name/s of the aforesaid deceased unitholder/s in your records and transmit the Units in the abovementioned folios in my/our name/s.

I also request you to update my email and mobile no. in your records as follows:

<b>Mobile No.+91</b>		<b>Tel. No. STD</b>
<b>Email Address</b>		
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor		

The existing bank account details registered in the above folios may be Continued\*/ Replaced\* as per attached fresh Bank Mandate Form.

Nomination Please  one of the options below

<input type="checkbox"/> I/We DO NOT wish to make a nomination.(Mandatory to tick ✓ if you do not wish to nominate anyone)
The exiting Nomination in the above folios may be <input type="checkbox"/> Continued*/ <input type="checkbox"/> Replaced* as per attached Nomination Form

**Name & Signature of the surviving Unit holder/s**

Name	PAN	Signature
1.		
2.		

\* Please tick (✓) 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
- Fresh Nomination Form (Only where change in nomination is desired by the surviving unit holder/s)
- KYC of the surviving unit holder(s), *if not already complied earlier.*