# Nomination form for Registration / Change



Registered Office: 1003, A Wing, Naman Midtown, 10th Floor, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013

Tel: +91 6357222000 | Toll Free No.: 1800 103 4757

| Please re                          | ad the instructio          | ns carefully before filling up this form   |       | website: www.samcomf.com   Email: mfassist@samcomf.com                       |
|------------------------------------|----------------------------|--|-------|--|
| Name of                            | the 1 <sup>st</sup> Holder |  |       |  |
| Name of the 2 <sup>nd</sup> Holder |                            |  |       |  |
| Name of                            | the 3 <sup>rd</sup> Holder |  |       |  |
| I/We, the                          | above named Ui             | nitholders of Samco Mutual Fund, do hereby | У     |  |
| Nom                                | inate the person           | (s) described hereunder                    |       | Declaration for opting out of nomination (Tick point no 4 and sign the form) |
| Sr. #                              |                            | Folio No.                                  | Sr. # | Folio No.  |
| 1                                  |                            |  | 3     |  |
| 2                                  |                            |  | 4     |  |
|                                    |                            |  |       |  |

|        |                    | Nominee details              |                  |                   |                             |                           |                        |          |  |
|--------|--------------------|------------------------------|------------------|-------------------|-----------------------------|---------------------------|------------------------|----------|--|
|        | Mandatory details  |                              |                  |                   |                             |                           | Additional details**** |          |  |
| ominee | Name of<br>Nominee | Share of<br>Nominee<br>(%)** | Relation<br>ship | Postal<br>Address | Mobile Number<br>&<br>Email | Identity<br>Number<br>*** | D.O.B of<br>Nominee    | Guardian |  |
| 1      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 2      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 3      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 4      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 5      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 6      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 7      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 8      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 9      |                    |                              |                  |                   |                             |                           |                        |          |  |
| 10     |                    |                              |                  |                   |                             |                           |                        |          |  |

#### \*Joint Accounts:

| Event   | Transmission of Account / Folio to  |
|---|---|
| Demise of one or more joint holder(s)                           | Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners. |
| Demise of all joint holders simultaneously - having nominee     | Nominee   |
| Demise of all joint holders simultaneously - not having nominee | Legal heir(s) of the youngest holder  |

 <sup>\*\*</sup> if % is not specified, then the assets shall be distributed equally amongst all the nominee (see table in 'Transmission aspects').

 $\mbox{\ensuremath{\mbox{\tiny *****}}}$  to be furnished only in following conditions / circumstances:

Date of Birth (DOB): please provide, only if the nominee is minor

|    |  | Signature /<br>Thumb Impresssion<br>of Holder(s) | Witness Name                   | Witness Address   | Witness Signature*     |  |  |
|----|--|--|--------------------------------|---|------------------------|--|--|
|    | *should be signed by all unit holders including joint holders, irrespective of mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.  |  |                                |   |                        |  |  |
|    | 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. |  |                                |   |                        |  |  |
| C. | This nomination shall  | supersede any prior                              | nomination made by me / us, i  | f any.  |                        |  |  |
| b. | terms of paragraph 3   | 3.5 of the circular. He                          | •                              | ) to operate my account on my behalf, in case of r<br>my assets up to% of assets in the account / folion<br>t shall be considered.) | , ,                    |  |  |
|    | Name of nomin  | ee(s)  | Nomination: Yes / No           |   |                        |  |  |
| a. | I/We want the details as appropriate)  | fo my / our nominee                              | to be printed in the statement | of holding, provided to me / us by the AMC / DP as  | follows: (please tick, |  |  |
| •  | Guardian: It is optional for yo  | ou to provide, if the nominee                    |                                |   |                        |  |  |

|                               | Signature /<br>Thumb Impresssion<br>of Holder(s) | Witness Name | Witness Address | Witness Signature* |
|-------------------------------|--|--------------|-----------------|--------------------|
| Sole / First Holder (Mr./Ms.) |  |              |                 |                    |
| Second Holder (Mr./Ms.)       |  |              |                 |                    |
| Third Holder (Mr./Ms.)        |  |              |                 |                    |

<sup>\*</sup>Please use the nomination form if you wish to nominate more than 3 nominees along with Investment form. Or if you wish to update the nominee details subsequently.

 $<sup>\</sup>hbox{\scriptsize **** Provide oly number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. }$ 

## Instructions

- Nomination is mandatory for all the folios/accounts, opened by individual. New subscriptions received from individuals without nomination will be rejected.
- 2. Nomination is not allowed in a folio of a Minor unitholder.
- 3. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- 4. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- 5 The nomination details as registered with the Depository Participant shall be applicable to unit holders who have opted to hold units in Demat mode.

## Rights, Entitlement and Obligation of the Investor and nominee;

- If your are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- · You can make nomination or change nominee any number of times without any restriction.
- · You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the Investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open seperate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demant account.
- You have the option to designate any one of your nominees to operate your account / folio, if case of your physical incapciation. This mandate can
  be changed any time you choose.
- · The Signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF filio / demat account. i.e.
  - 'Either or Survivor' Folios / Accounts any one of the holder can sign
  - o 'Jointly' Folios / Accounts both holders have to sign

#### **Transmission aspects**

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees the assets shall be distributed pro-rate to the surviving nominees, as illustrated below.

| % share as specif<br>at the time of |         |         |                 |                                  |               |
|-------------------------------------|---------|---------|-----------------|----------------------------------|---------------|
| Nominee                             | % share | Nominee | % Initial share | % of A's share to be apportioned | Total % share |
| А                                   | 60%     | А       | 0               | 0                                | 0             |
| В                                   | 30%     | В       | 30%             | 45%                              | 75%           |
| С                                   | 10%     | С       | 10%             | 15%                              | 25%           |
| Total                               | 100%    | -       | 40%             | 60%                              | 100%          |