DECLARATION FORM FOR OPTING OUT OF NOMINATION

To, Mutual Fund/ AMC's Name Mutual Fund/ AMC;'s Address	**Date:** D D M M Y Y Y Y
Mutual Fund Folio Number	
Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I/We hearby confirm that I/We do not wish to appoint any nominee(s) for any mutual fund this held in my/ our mutual fund folio and understand the issues incolved in non-aapointment 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 therequisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name and Signature of Unitholder(s)

Unitholder (1) Signature:_____ Name: _____

Unitholder (2) Signature:_____ Name: _____

Unitholder (3) Signature:_____ Name: _____