



AMFI-Registered Mutual Fund Distributor

Declaration Form for opting out of nomination

To	Date	D	D	M	M	Y	Y	Y	Y
	Mutual Funds/ AMC'S Name Mutual Funds/ AMC'S Address								
Mutual Fund Folio Number									
Sole / First Holder Name									
Second Holder Name									
Third Holder Name									
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.									
Name and Signature of Unitholder(s)									
Unitholder (1) Signature: _____ Name: _____									
Unitholder (2) Signature: _____ Name: _____									
Unitholder (3) Signature: _____ Name: _____									