|                          | <u>Declaration form for o</u>   | pting out of                 | f nomi          | nati        | <u>on</u>       |               |               |                |              |      |     |         |
|--------------------------|---|------------------------------|-----------------|-------------|-----------------|---------------|---------------|----------------|--------------|------|-----|---------|
| То                       |   |                              | Date            | e           | d d             | -             | m             | m              | _            | У    | У   | уу      |
|                          | e of the Mutual Fund / AMC  |                              |                 |             |                 |               |               |                |              |      |     |         |
| Mutu                     | ual Fund / AMC / Address.   |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          |   |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          | Mutual Fund Folio Number/ Application Number  |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          | Sole/ First Holder Name   |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          | Second Holder Name  |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          | Third Holder Name   |                              |                 |             |                 |               |               |                |              |      |     |         |
| I / W<br>mutu<br>case    | Aration & Signature  The hereby confirm that I / We do not wish to appoint  The last fund folio and understand the issues involved in not  The last fund folio and the account holder(s), my / our legal here  The last fund for other such competent authority, based on the | on-appointm<br>eirs would ne | ent of sed to s | nom<br>subn | inee<br>nit all | (s) ar<br>the | nd fu<br>requ | rther<br>isite | r are<br>doc | e aw | are | that in |
| Name                     | e and Signature of Unitholder(s)  |                              |                 |             |                 |               |               |                |              |      |     |         |
| Unith                    | Unitholder (1) Signature:   |                              |                 |             |                 |               |               |                |              |      |     |         |
| Unitholder (2) Signature |   | Name:                        |                 |             |                 |               |               |                |              |      |     |         |
| Unith                    | older (3) Signature:  | Name:                        |                 |             |                 |               |               |                |              |      |     |         |
|                          |   |                              |                 |             |                 |               |               |                |              |      |     |         |
|                          |   |                              |                 |             |                 |               |               |                |              |      |     |         |

## Annexure 1

## **List of Folios**

| Sr.No | AMC Name | Folio Number |
|-------|----------|--------------|
| 1     |          |              |
| 2     |          |              |
| 3     |          |              |
| 4     |          |              |
| 5     |          |              |
| 6     |          |              |
| 7     |          |              |
| 8     |          |              |
| 9     |          |              |
| 10    |          |              |
| 11    |          |              |
| 12    |          |              |
| 13    |          |              |
| 14    |          |              |
| 15    |          |              |

| First holder<br>Signature of Investment Se | Second holder rvices Account Holders | Third holder |  |
|--|--------------------------------------|--------------|--|
|  |                                      |              |  |
| Ciest holden                               | - Coord balder                       | Third holder |  |
| First holder Name of Investment Service    | Second holder                        | Third holder |  |