

10. I/We do hereby nominate the following person to receive the amount payable on my/our death. (person applying on behalf of minor/power of attorney holder/partnership firm/karta of HUF & Non-Individuals cannot nominate)

Name :

Date of Birth (if minor)

Guardian of
Minor nominee _____

Date : _____

Place : _____

Signature of first holder

Signature of second holder

Signature of third holder

The above signatures are attested (with seal)

FOR OFFICE USE ONLY

New Folio No.

No. of Units

Date of Acceptance

_____ Inward number/case number

INSTRUCTIONS :

I. Signature of the claimant should be attested by anyone of the following persons:

1. Manager of scheduled commercial bank (with name and code number)
2. Manager or above of UTI Mutual Fund (with name and code number)
3. Judicial/Stipendary Magistrate
4. UTI's Chief Representative with FO upto Rs.20000 face value
5. UTI's Chief Representative with CC upto Rs.10000 face value
6. Other Chief Representatives upto Rs5000 face value.

II. Thumb impression of the claimant should be attested by anyone of the following persons:

Judicial/Stipendary Magistrate or Manager of scheduled commercial bank (upto Rs.10000 face value)

III. Nomination can be made by the sole holder or joint holders upto two persons.

IV. It is mandatory for furnishing the bank account particulars.

ACKNOWLEDGEMENT

Folio/Certificate/Membership Advice/Investor ID No. _____

Received from _____ an application for death claim admission

alongwith _____ Certificates/MA/SOA for _____ units.

SIGNATURE AND STAMP OF UTI