

## Form for Nomination/ Cancellation of Nomination/ Re-nomination after cancellation of existing nomination

(To be filled in by Individual(s) applying singly or jointly) (Please read the instructions overleaf)

Application No. \_\_\_\_\_

To,  
Computer Age Management Services Pvt. Ltd.,  
148, Old Mahabalipuram Road  
Okkiyam Thuraiyapakkam  
Chennai - 600 097

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Dear Sir,

- ☐ I/We, the undersigned, confirm that I/we do not wish to opt for the nomination facility for the investments made in the folio/ Application no. \_\_\_\_\_
- ☐ I/We, the undersigned, nominate the person(s) more particularly described hereunder to whom the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_ can be transferred by IDFC AMC Ltd in the event of my / our death.
- ☐ I/We, the undersigned, wish to cancel the nomination made by me / us in favour of \_\_\_\_\_ in respect of the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_.
- ☐ I/We, the undersigned, wish to cancel the nomination made by me / us in favour of \_\_\_\_\_ in respect of the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_ and nominate the person(s) more particularly described hereunder to whom the said units can be transferred by IDFC AMC Ltd in the event of my / our death.

(Please tick the appropriate box above)

| Particulars   | Nomination Details  |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|-----------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   | Nominee 1   | Nominee 2 | Nominee 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name and address of the nominee                                     |   |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Relationship with investor  |   |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of birth<br>(mandatory in case of minor)                       | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D         | D         | M | M | Y | Y | Y | Y | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D   | D   | M         | M         | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D   | D   | M         | M         | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D   | D   | M         | M         | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name and address of the Guardian<br>(in case the nominee is minor)* |   |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Specimen Signature of Nominee/<br>Guardian (optional)               |   |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Percentage of Allocation/Share                                      |   |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

# As the nominee is a minor as on date, I/we appoint the person named above as the guardian to receive the units on behalf of the nominee, in the event of my/our death during the minority of the nominee.  
I/We have read the rules and instructions overleaf on nomination specified herein and I/We hereby confirm to comply and adhere to such rules or any amendments that may be made from time to time.  
I/We understand that all payments and settlements made to Nominee(s) and Signature(s) acknowledging receipt thereof shall be valid discharge of duty and responsibility by IDFC AMC/Trustees/Mutual Fund.

### Unitholder (s) (To be signed by all joint holders, even if the mode of holding is not 'Joint')

|                            |                             |                            |
|----------------------------|-----------------------------|----------------------------|
| Name: _____                | Name: _____                 | Name: _____                |
| First Unitholder Signature | Second Unitholder Signature | Third Unitholder Signature |

### Witnesses (could be the same for all unit holders)

|                         |                          |                         |
|-------------------------|--------------------------|-------------------------|
| Name: _____             | Name: _____              | Name: _____             |
| First Witness Signature | Second Witness Signature | Third Witness Signature |