

To,  
**Monarch Mutual Fund,**  
 KFin Technologies Limited  
 Selenium Tower B, Plot No: 31 & 32,  
 Financial District, Nanakramguda,  
 Serilingampally Mandal, Hyderabad - 500032.

| Distributor Details |                      |
|---------------------|----------------------|
| Name :              | <input type="text"/> |
| ARN Code :          | <input type="text"/> |

Dear Sir / Ma'am,

I \_\_\_\_\_ do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

## 1. NOMINEE NAME

|               |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |         |                      |  |  |  |  |
|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|--|--|--|--|
| Nominee Name  | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |         |                      |  |  |  |  |
| Relationship  | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |         |                      |  |  |  |  |
| Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |         |                      |  |  |  |  |
| Address       | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |         |                      |  |  |  |  |
| City          | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      | State                | <input type="text"/> |                      |                      |                      |                                            |                      |                      |                      |                      |                      | Pin                  | <input type="text"/> |                      |                      |         |                      |  |  |  |  |
| Email         | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | Nominee Email ID (ONLY IN CAPITAL LETTERS) |                      |                      |                      |                      |                      |                      |                      |                      |                      | Mobile* | <input type="text"/> |  |  |  |  |

## 2. GUARDIAN NAME (If the nominee is minor)

|               |                                            |  |  |  |  |  |  |  |  |  |       |                      |  |  |  |  |  |  |  |  |  |     |                      |  |  |  |  |
|---------------|--------------------------------------------|--|--|--|--|--|--|--|--|--|-------|----------------------|--|--|--|--|--|--|--|--|--|-----|----------------------|--|--|--|--|
| Gaurdian Name | <input type="text"/>                       |  |  |  |  |  |  |  |  |  |       |                      |  |  |  |  |  |  |  |  |  |     |                      |  |  |  |  |
| Address       | <input type="text"/>                       |  |  |  |  |  |  |  |  |  |       |                      |  |  |  |  |  |  |  |  |  |     |                      |  |  |  |  |
| City          | <input type="text"/>                       |  |  |  |  |  |  |  |  |  | State | <input type="text"/> |  |  |  |  |  |  |  |  |  | Pin | <input type="text"/> |  |  |  |  |
| Signature:    | <div>Signature of Nominee / Guardian</div> |  |  |  |  |  |  |  |  |  |       |                      |  |  |  |  |  |  |  |  |  |     |                      |  |  |  |  |

Please note: This nomination made by you now will override and replace any earlier nomination registered (including Trail Non Stop registration) and the old nomination shall stand cancelled on the registration of this nomination as appointed by you

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature:

Signature of Distributor