DECLARATION FORM FOR OPTING OUT OF NOMINATION

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

Date D D M M Y Y Y Y

To

NJ MUTUAL FUND / NJ ASSET MANAGEMENT PRIVATE LIMITED

REGISTERED OFFICE OF AMC:

Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat.

CORPORATE OFFICE AMC / HEAD OFFICE OF NJ MUTUAL FUND:

Unit No. 101A, 1st Floor, Hallmark Business Plaza, Bandra (East), Mumbai - 400051, Maharashtra.

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 nonappointment 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)

X Signature Unitholder (1)	X Signature Unitholder (2)	X Signature Unitholder (3)
Name of Unitholder (1)	Name of Unitholder (2)	Name of Unitholder (3)