

To:
 The Registrar,
 Senfin Asset Management (Pvt) Ltd.
 No.267, Galle Road, Colombo 03.

Dear Sir,

I.....(Full Name of Unit Holder) of.....(Address of Unit Holder) do hereby declare that I maintain the following Account/s with Senfin Asset Management Pvt Ltd. (hereinafter referred the "Manager").

Fund Name	Account No/NIC /Passport number

(for "Private Wealth Management" please specify client ref. no with Senfin Asset Management and custodian name, account number). It is my wish and desire in terms of Section 544(1) of the Civil Procedure Code and the Section 26(3) of the Unit Trust Code 2011 to nominate.

Full Name of the nominee	Address of nominee	NIC number	Payment percentage

To receive all monies as aforesaid lying to the credit of the aforesaid account/s in the event of my death and I understand that such nominations shall take effect upon my death notwithstanding anything to the contrary declared in any Last will or writing of a testamentary nature heretofore or hereinafter made by me and that this nomination shall be subject to the Laws of Sri Lanka.

This nomination revokes any previous nominations made by me and shall be in force until I expressly revoke it by notice in writing delivered to you by a subsequent nomination made duly by me.

I declare that the payment of the balance in the aforesaid account/s at the date of my death by the Manager to the nominee referred to herein shall be full and complete discharge of the obligation of the Manager in respect of such account/s as provided in section 544(5) of the said Civil Procedure Code. You are entitled without any notice to me to settle my indebtedness to the Manager and/or any third party on any units pledged by me with written notice to you, whether such liabilities be actual contingent, primary or collateral and several or joint on one account by transferring monies from the credit balance of another notwithstanding the balance on such other account and the liabilities may not be expressed in the same currency. The Manager's right will not be affected by my bankruptcy or death.

IN WITNESS WHERE OF I have set my hand hereunto and to one other at.....on this.....day ofTwo Thousand and.....

For conditions see the next page

CONDITIONS

1. Nomination shall have effect notwithstanding anything to the contrary contained in any Last Will of the Unit holder.
2. The Nomination will stand revoked under the following circumstances.
 - a) On the death of the nominee in the lifetime of the Unit holder.
 - b) By written notice of revocation of nomination by the Unit holder unless a Notice of Pledge/Lien has been registered with the Manager.
 - c) By a subsequent nomination duly made by the Unit holder and delivered to the Manager unless a Notice of Pledge/Lien has been registered with the Manager.
 - d) Where units have been pledged by the Unit holder in favor of a third party with written Notice to the Manager, by written notice of revocation of such nomination confirmed in writing by the third-party Pledgee.
3. The monies will be paid to the person legally entitled thereto in the event this nomination cannot be effected.
4. Payment will be made to a nominee only on production of proof of identity and the Manager reserves the right to call for any information /documents that maybe required by the Manager to establish such identity.
5. Nominations cannot be made in respect of units held by more than one Unit holder jointly.
6. The nominator should be a natural person.

I hereby agree with the above Terms and Conditions.

.....
Signature of the Unit Holder

.....
Date

WITNESS (Witness to the signature and identity of the Unit Holder above named)			
Name of Witness	Address of witness	NIC/passport	Signature

FOR OFFICE USE ONLY	
Name:	
Title:	
Date:	
Signature and Seal: (By signing, you attest that you have identified the Customer whose signature is on this form and have witnessed said signature)	