

COMMON TRANSACTION FORM

| | | |
|-------------------------|--------------------|------------------------|
| (Please ✓) Mandatory | DIRECT | |
| | BROKER/DISTRIBUTOR | Sub Broker Name & Code |
| ARN - ARN-13308 | | |

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

This Form is to be used by Existing Investors for the purpose of

☐ Additional Purchase ☐ SIP ☐ Micro SIP ☐ Switch (Please ✓ whichever is applicable)

Existing Unitholders Information

First Unitholder Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

PAN & KYC Details

| Sole / First Applicant / Guardian | Second Applicant | Third Applicant |
|--|--|--|
| PAN No.* <input type="text"/> | PAN No.* <input type="text"/> | PAN No.* <input type="text"/> |
| KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No | KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No | KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Mandatory (Except for Micro SIP) Enclose a Certified PAN Card Copy

KYC Mandatory for investment of Rs. 50,000 and above

Photo Identification Document * (please specify the relevant document number under the respective column, as applicable)

| | Voter Identity Card | Driving License | Passport | Photo Ration Card | Photo Debit Card | Any Other (Please specify) |
|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|
| Sole / First Applicant / Guardian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Second Applicant | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Third Applicant | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* ONLY FOR MICRO SIP. Please enclose self/ARN holder attested, copy of the document

Additional Purchase

Scheme Name Plan Option

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A B Rs. A m i n u s B

Cheque/DD No. Drawn on (Bank / Branch Name)

Cheque / DD Date / / Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

☐ Systematic Investment Plan (SIP) (Through Post Dated Cheques) ☐ * Micro SIP

Scheme Name Plan Option

Frequency (Please ✓) : ☐ Monthly ☐ Quarterly SIP/Micro SIP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All four dates Installment Amount Rs.

Enrolment Period From / / To / / Cheque No(s). From To No. of Cheques

Drawn on (Bank / Branch Name)

* SIPs upto Rs. 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

Switch

From Scheme (Transferor) Plan Option

To Scheme (Transferee) Plan Option

Please transfer ☐ Rs. OR ☐ Units OR ☐ All Units

Declaration & Signatures

I / We have read and understood the contents of the Scheme Information Document of the above Scheme of AIG Global Investment Group Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I / We hereby apply for allotment/ purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve in the form of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I / We hereby authorise AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I / We declare that I / We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year I / We declare that the information given in this application form is correct, complete and truly stated.

APPLICABLE FOR NRIs : I / We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR Account.

| | | |
|--------------|-----------------------------------|----------------------|
| SIGNATURE(S) | Sole / First Applicant / Guardian | <input type="text"/> |
| | Second Applicant | <input type="text"/> |
| | Third Applicant | <input type="text"/> |

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

| Name | Address | PAN No.* | KYC Compliant # (Please ✓) |
|----------------------------|----------------------|----------------------|--|
| POA Holder for Applicant 1 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| POA Holder for Applicant 2 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| POA Holder for Applicant 3 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Mandatory - (Except for Micro SIP) - Enclose a Certified PAN Card

KYC Mandatory for investment of Rs. 50,000 and above

(P. T. O. ☞)

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

☐ SIP / ☐ Micro SIP : Installment Amount (Rs.) Total Cheques Cheque Nos.

☐ Additional Purchase : Amount (Rs.) Cheque No.

☐ Redemption: Amount (Rs.) OR Units

☐ Switch : Amount (Rs.) OR Units

☐ SWP : ☐ Fixed Amount (Rs.) OR ☐ Capital Appreciation

☐ STP : ☐ Fixed Amount (Rs.) OR ☐ Capital Appreciation

☐ Change of Bank Account ☐ Change of Address ☐ Change of Contact Details ☐ Nomination Details

Service Centre
Signature & Stamp

COMMON TRANSACTION FORM

| | | |
|----------------------|--------------------|------------------------|
| (Please ✓ Mandatory) | DIRECT | |
| | BROKER/DISTRIBUTOR | Sub Broker Name & Code |
| ARN - ARN-13308 | | |

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

This Form is to be used by Existing Investors for the purpose of ☐ Redemption ☐ Change of Bank Account ☐ Change of Address
☐ SWP ☐ STP ☐ Change of Contact Details (Please ✓ whichever is applicable)

Existing Unitholders Information

First Unitholder Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

Redemption

Scheme Plan Option
☐ Amount Rs. OR ☐ Units OR ☐ All units (Please fill any one)

Change of Bank Account (New Bank Account Details)

Account No. Account type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify
 Bank Name
 Branch Address City
 MICR Code (9 digit) IFSC Code (11 digit)

Change of Address

New Address ☐ Home ☐ Office
 City State Country Pin/Zip
 Tel. (Off.) Tel. (Res.)

Systematic Withdrawal Plan (SWP)

From Scheme Plan Option
 (Please ✓) ☐ Fixed Amount Rs. OR ☐ Capital Appreciation
 SWP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st
 Enrolment Period From To
 SWP shall not be executed if amount is less than Rs. 1000/-

Systematic Transfer Plan (STP)

From Scheme (Transferor) Plan Option
 To Scheme (Transferee) Plan Option
 Please transfer ☐ Fixed Amount Rs. OR ☐ Capital Appreciation
 Frequency : ☐ Weekly ☐ Monthly ☐ Quarterly
 STP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st
 Enrolment Period From To
 STP shall not be executed if amount is less than Rs. 1000/-

Change of Contact Details

☐ Update my Mobile No. ☐ Update my Email ID*
 * I would like to receive information by email in lieu of physical mail

Declaration & Signatures

I/We have read and understood the contents of the Scheme Information Document of the above Scheme of AIG Global Investment Group Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. I/We declare that the information given in this application form is correct, complete and truly stated.

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SIGNATURE(S)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

| Name | POA Holder for Applicant 1 | POA Holder for Applicant 2 | POA Holder for Applicant 3 |
|----------------------------|--|--|--|
| Address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PAN No.* | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| KYC Compliant # (Please ✓) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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KYC Mandatory for investment of Rs. 50,000 and above

Investor Care

1800-425-3444 (MTNL/BSNL); 60003444 (Others) Email: investorcare@aig.com

Distributor Care

60000344 Email: distributorcare@aig.com

SMS

AIGINV to 56767