

COMMON APPLICATION FORM

Please read Instructions before completing this Form

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

"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"

KYC is mandatory for all non-individuals and NRIs irrespective of subscription amount.
However for individual investors, KYC is mandatory only for investments of Rs.50,000 and above.

Sr. No.

1. For Existing Unitholders

First Unitholder: F I R S T M I D D L E L A S T N A M E

Existing Folio No.

2. For New Investors - Sole / First Applicant's Personal Details

Sole / First Applicant: Salutation Mr. Ms. M/s Dr. Minor Gender Male Female

F I R S T M I D D L E L A S T N A M E

Date of Birth: DD / MM / YYYY PAN No.* KYC Compliant (Please ✓) Yes No

* Mandatory (Except for Micro SIP) - Enclose self/broker attested PAN Card Copy.

Guardian (if Sole/1st Applicant is Minor) OR Contact Person (For Non Individual Investors): F I R S T M I D D L E L A S T N A M E

Status of Sole/1st Applicant (Please ✓): Individual Minor through Guardian HUF Company AOP/BOI Partnership firm Body Corporate Trust Society Bank/ FI Proprietorship NRI - NRE NRI - NRO Others Please Specify

Complete Address for Correspondence (only PO. Box Address is not sufficient) Home Office

City State Pin Code

Overseas Address (Mandatory in case of NRI / FI Applicants in addition to mailing address) Home Office (Non-Resident Indians residing in the United States of America & Canada cannot invest)

City State Country Pin/Zip

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Fax (ISD) (STD) Mobile (For receiving SMS alerts) (ISD)

Email ID R E C O M M E N D E D

Mode of Correspondence (Please ✓)

I would like to receive the following by Physical Mail:
1. Account Statement for all transactions (other than SIP/STP/SWP)
2. Quarterly Account Statement for SIP/STP/SWP
3. Annual Reports and other Statutory Reports

I would like to receive the following by E-Mail in lieu of Physical Mail:
1. Account Statement for all transactions (including SIP/STP/SWP)
2. Monthly Holding Statement
3. Monthly Fact Sheet, Annual Reports and other Statutory Reports

Note: Where the investor has not opted for any option, the default option shall be through physical mail
Where the investor has opted for both the options, the default option shall be through e-mail.

3. Joint Applicant's Details & Mode of Holding (if not Single)

2nd Applicant: F I R S T M I D D L E L A S T N A M E

Date of Birth: DD / MM / YYYY PAN No.* KYC Compliant (Please ✓) Yes No (Please ✓) Resident Non Resident

3rd Applicant: F I R S T M I D D L E L A S T N A M E

Date of Birth: DD / MM / YYYY PAN No.* KYC Compliant (Please ✓) Yes No (Please ✓) Resident Non Resident

* Mandatory (Except for Micro SIP) - Enclose self/broker attested PAN Card Copy.

MODE OF HOLDING (Please ✓) Anyone or Survivor Joint (Default, in case of more than one applicant)

4. Default Bank Account Details (Mandatory for Redemption & Dividend Payouts)

Account No.

Bank Name Branch

Account type (✓ to select) Savings Current NRE NRO FCNR

City Pin Code

MICR Code (9 digit code on your cheque leaf) IFSC Code (11 digit code on your cheque)

Document attached (Any one) Cancelled cheque leaf with name pre-printed Bank Statement Pass Book Bank Certificate (P.T.O. ☞)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s. Sr. No.

Scheme / Plan / Option

Amount (Rs.) Bank / Branch Cheque / DD No. & Date Acknowledgement Stamp

5. Type of Investment

Please ✓ **Lumpsum Investment**
Please fill up Section on Lumpsum Investment below

OR **Systematic Investment*** OR **Micro SIP***

* For ECS please fill up the enclosed SIP / Micro SIP Auto Debit (ECS) Form and submit it together with Application Form and for post dated cheques please fill up the Common Transaction Form and submit it together with Application Form

Please use separate Application Forms for Lumpsum & Systematic Investment

6. Investment and Payment Details

Scheme

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. Cheque / DD Date D D / M M / Y Y Y Y

Drawn on (Bank / Branch Name) Bank Account No.:

Account Type (Please ✓) Savings Current NRE NRO FCNR Others Please specify

NRI / FII investors please enclose (✓ as applicable) Account Debit Foreign Inward Remittance Certificate Others Please specify

*Default Option will be applied in case of no information, ambiguity or discrepancy. Please read instructions for the default options. **Cheque / DD to be drawn in favour of "Scheme Name"**

Source of Payment (from which the above investment is made)

First / Sole Holder's Bank Account **Mandatory (any one):** Cheque leaf with name pre-printed Bank Statement Pass Book Bank Certificate

OR

Third Party's Bank Account

Relationship with the Holder: Parents/Grand-Parents/related persons Employer on behalf of employee Custodian on behalf of an FII or a client

Mandatory documents required: KYC Acknowledgment Letter Third Party Declaration Form

7. Nomination Details

| | Nominee | Name of Guardian (in case of Minor) | Signature of the Guardian | Percentage of Investment Allocation % |
|------------------|---------|-------------------------------------|---------------------------|---------------------------------------|
| Nominee 1 | | | | |
| Address | | | | |
| Nominee 2 | | | | |
| Address | | | | |
| Nominee 3 | | | | |
| Address | | | | |

8. 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.

APPLICABLE FOR NRIs : I / We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada 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

Second Applicant

Third Applicant

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <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:

| | POA Holder for Applicant 1 | POA Holder for Applicant 2 | POA Holder for Applicant 3 |
|--------------------------|--|--|--|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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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