## AIG Investments COMMON TRANSACTION FORM

(Please <) Mandatory	DIRECT					
	BROKER/DISTRIBUTOR	Sub Broker Name & Code				
	<b>ARN</b> - 34120					

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.

Essiating Heitholdes								
	s Information							
First Unitholder						Existin	g Folio No.	
Please ensure that all unitholders are PAN & KYC Details		nvestment of Rs. 50,000 ar	nd above.					
	blicant / Guardian		Second A	pplicant			Third /	Applicant
PAN No.*		PAN No.				PAN N		
KYC Compliant# (Please ✓)	Yes 1	No KYC Co	mpliant# (Please	e ✓)	es No	KYC C	Compliant# (Please	· ✓) ☐ Yes ☐ No
*Mandatory (Except for Micro S	IP) Enclose a Certified F	PAN Card Copy	#	KYC Mandator	y for investment	of Rs. 50,000	and above	
Photo Identification	Document * (ploter Identity Card				er under the Photo Ration		column, as app Photo Debit Card	Olicable)  Any Other (Please specif
Sole / First Applicant / Guardian	oter identity Card	Driving License	Fass	sport	FIIOLO NALIOII	Card	Frioto Debit Card	Any Other (Flease specif
Second Applicant								
Third Applicant								
* ONLY FOR MICRO SIP. Plea	ase enclose self/ARN h	nolder attested, copy o	of the document					
Additional Purchase	e							
Scheme Name				Pla	an		Option	
Investment Amount			Charges (if applica				(Cheque / DD Ame	
Rs. A		Rs.		В		Rs.	A m i	n u s B
Cheque/DD No.	D	rawn on (Bank / Branc	,					
Cheque / DD Date DD	/ M M /		nt Type Savii				FCNR Othe	Please specify
Systematic Inve	estment Plan (S	<b>IP)</b> (Through Pos	st Dated Che	ques)	* Micro	SIP		
Scheme Name				PI	an		Option	
Frequency (Please ✓): ☐ M	onthly Quarterl	y SIP/Micro SIP Dat	e: Ist 7	7th 🗌 l4th	21st All	four dates Ins	tallment Amount	Rs.
Enrolment Period From M	M / Y Y	To M M /	Y Y Che	que No(s). Fro	m	To		No. of Cheques
Drawn on (Bank / Branch Nar	me)							
* SIPs upto Rs. 50,000/- per year per i	nvestor i.e. aggregate of inst	tallments in a rolling 12 mont	th period or in a finan	cial year shall be re	ferred to as 'Micro SI	P'.		
Switch								
From Scheme (Transferor)				Plan			Option	
				Plan Plan			Option Option	
To Scheme (Transferee)		DR Units	OR					
To Scheme (Transferee)		DR Units	OR	Plan				
Please transfer Rs.  (Please Y)  Declaration & Signa  We have read and understood the cont on "Who cannot invest" and "Important hine Scheme is through legitime Notifications or Directions issued by any; to disclose details of my investment to my erceived nor been induced by any rebate commission or any other model, payable (We declare that I/We do not have any ex- declare that the information given in this a  APPLICABLE FOR NRIs: I/We confire  APPLICABLE FOR NRIs: I/We confire  APPLICABLE FOR NRIs: I/We confire	actures  ents of the Scheme Informatio Note on Anti Money Launderin, ms and conditions applicable it the sources only and does not in regulatory authority in India. 1/ v Pank(x) / AIG Global Investmo or gifts, directly or indirectly, in to him for the different compet isting Micro SIPs which togeth upplication form is correct, con m that I am/ we are Non-Resi v NRE / FCNR Account. I/We	in Document of the above Sch. g. Know-Your-Customer and In nereto. I/We hereby declare thi vivolve and is not designed for it We hereby authorise AIG Gold ent Group Mutual Fund's bankl making this investment. The A ting Schemes of various Mutual er with the current application plete and truly stated. dent(s) of Indian Nationality / dent(s) of Indian Nationality /	eme of AIG Global Invevestor Protection". I M at I (We am / are author he purpose of any contr los) and / or Distributor, (s) and / or Distributor, RN holder has discloses Funds from amongst w will result in aggregate i	Plan  All Units  All Units  street Group Mutuus  for le hereby apply for all  sized to make this sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  sized to make this  more this  more this  sized this  more this	al Fund including the se lotment/purchase of U sestment and that the ar of any Act, Rules, Regula ment Manager and its a 'Advisor, I / We have n missions (in the form o ling recommended to n g Rs. 50,000/- in a year	ctions inits in Out of Country of	Option  e / First plicant / ardian cond plicant	
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## AIG Investments **COMMON TRANSACTION FORM**

<u>ر ۲</u>	DIRECT				
se	BROKER/DISTRIBUTOR	Sub Broker Name & Code			
(Plea Mand	ARN -				

This Form is to be u	used by Existing Investors for the purpose of	on the investo		ous factors includ	ing the service	I registered Distributors e rendered by the distri	
SWP STP	☐ Change of Contact Details (Please ✓ v	whichever is applicable	e)				
	nolders Information						
First Unitholder	1 H 100 H 100 H 100 H	10		Existing	Folio No.		
Redemption	holders are KYC compliant in case of investment of Rs. 50,00	U and above.					
Scheme			Plan		Option		
Amount Rs.		OR Units			OR	All units (Please fill	any one
Change of Ba	nk Account (New Bank Account Details)						
Account No.	Account type (Please	Savings      Cu	rrent NRE NI	RO  FCNR [	Others	Please specify	
Bank Name							
Branch Address					City		
MICR Code (9 digit)			IFSC Code (	(11 digit)			
Change of Ad	dress						
New Address		Home Office					
City	State	Co	untry		Pin/Zip		
Tel. (Off.)		Tel. (Res.)					
Systematic W	ithdrawal Plan (SWP)						
From Scheme			Plan		Option		
(Please ✓) ☐ Fixed	d Amount Rs. OR	Capital Appreciation	SWP Date:	lst 7th	☐ I4th	2lst	
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	cuted if amount is less than Rs. 1000/-						
Systematic Tr	ransfer Plan (STP)						
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Please tranfer Fixe	ed Amount Rs.	OR	Frequency :  Weekly	☐ Monthly	Quarterly		
(Please ✓) ☐ Cap	oital Appreciation		STP Date : 🗌 Ist	☐ 7th	☐ I4th	2lst	
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STP shall not be execu	uted if amount is less than Rs. 1000/-						
Change of Co	ntact Details						
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Declaration &	Signatures		* I would like to receive	information by er	mail in lieu of pl	nysical mail	
	stood the contents of the Scheme Information Document of the not invest" and "Important Note on Anti Money Laundering, k	above Scheme of AIG Global I	nvestment Group Mutual Fund i stor Protection". I /We hereby a	including Sole	/ First		
allotment/ purchase of Unit	ts in the Scheme and agree to abide by the terms and conditions	applicable thereto. I /We herel	by declare that I /We am / are au	A	licant / rdian		
of any contravention or ev AIG Global Investment Gre	nd that the amount invested in the Scheme is through legitimate rasion of any Act, Rules, Regulations, Notifications or Directio oup Mutual Fund, its Investment Manager and its agents to dis (s) and / or Distributor / Broker / Investment Advisor. I / We ha	ns issued by any regulatory aut close details of my investment	thority in India. I / We hereby a to my bank(s) / AIG Global Inv	uthorise vestment			
indirectly, in making this inv	vestment. The ARN holder has disclosed to me/us all the comn	nissions (in the form of trail com	nmission or any other mode), pa	ayable to 🖊 🛮 Ann	ond licant		
not have any existing Micro	eting Schemes of various Mutual Funds from amongst which the oSIPs which together with the current application will result in this application form is correct, complete and truly stated.	aggregate investments exceed	ling Rs. 50,000/- in a year. I /We	e declare			
<b>APPLICABLE FOR NRIs</b>	I I I We confirm that I am/ we are Non-Resident(s) of Indian Nat s or from funds in my / our NRE / FCNR Account. I/We undert	ionality / Origin and that I /We hake that all additional purchase	ave remitted funds from abroad s made under this folio will also		d licant		
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	s being made by a Constituted Attorney please full POA Holder for Applicant 1		ler for Applicant 2	in respect or each		der for Applicant 3	
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