AIG Investments

SIP / MICRO SIP AUTO DEBIT (ECS) FORM

(Please ✓) Mandatory

☐ DIRECT

BROKER/DISTRIBUTOR | Sub Broker Name & Code

ARN - 28191

"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 investments irrespective of the amount (Except for Micro SIP). Sr. No.

1. For Existing Unitholders

First Unitholder _____ Existing Folio No. _____

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.*	PAN No.*	PAN No.*
KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**

** Photo Identification mandatory - please refer to instruction no. 17 overleaf.

2. For New Investor - Applicant's Details (Mandatory)

Sole / First Applicant FIRST MIDDLE LAST NAME

3. ☐ Systematic Investment Plan (SIP) Details (Mandatory) OR ☐ Micro SIP Details (Mandatory)

Scheme Name _____

Plan Regular ☐ Growth* ☐ Dividend Payout ☐ Dividend Reinvestment

SIP Frequency (Please ✓) ☐ Monthly* **OR** ☐ Quarterly SIP Date (Please ✓) ☐ 1st **OR** ☐ 7th* **OR** ☐ 14th **OR** ☐ 21st **OR** ☐ All four dates

Installment Amount (Rs.) Rs. MINIMUM RS. 1000

First SIP Cheque No. _____ Dated D D / M M / Y Y Y Y

Drawn on (Bank / Branch Name) _____

SIP Auto Debit Period
(The first Auto Debit should be at least 30 days after the first SIP transaction date)

Start Date
(Second Installment) From M M / Y Y Y Y

End Date(1)
(Last Installment) To M M / Y Y Y Y

(1) If no End Date is specified SIP will continue for 50 years.

** Default Option will be applied in case of no information, ambiguity or discrepancy.*

4. Payment Bank Details

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

5. Particulars of Bank Account (From which money will be debited)

Account holder name as in Bank Account _____

Bank name _____

Account No. _____ Branch Address _____

City _____ MICR Code MANDATORY (This is a 9 Digit Number next to your Cheque Number)

For NRI / FII Investors, please indicate account type of your remittance (please ✓) ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

Enclosed (please ✓) ☐ Account Debit ☐ Foreign Inward Remittance Certificate ☐ Others

I/We hereby, declare that the particulars given above are correct and express my/our willingness to make payments referred above through direct debit / participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold AIG Global Investment Group Mutual Fund, their Investment Manager - AIG Global Asset Management Company (India) Private Limited or any of their appointed service providers or representatives responsible. I/We will also inform AIG Global Asset Management Company (India) Private Limited about any changes in my/our bank account. 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 have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S) (ALL ACCOUNT HOLDERS MUST SIGN HERE)

First Account Holder's Signature *(As in Bank Records)* | Second Account Holder's Signature *(As in Bank Records)* | Third Account Holder's Signature *(As in Bank Records)*

Dated D D / M M / Y Y Y Y

FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on D D / M M / Y Y Y Y Recorded by _____

Credit A/c. No. _____

6. Authorisation of Bank Accountholder(s) (to be signed by the Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in AIG Global Investment Group Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise AIG Global Asset Management Company (India) Private Limited - Investment Manager to AIG Global Investment Group Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise AIG Global Asset Management Company (India) Private Limited (Investment Manager to AIG Global Investment Group Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Account Number _____

Name of First Account Holder *(As in Bank Records)* | Name of Second Account Holder *(As in Bank Records)* | Name of Third Account Holder *(As in Bank Records)*

First Account Holder's Signature *(As in Bank Records)* | Second Account Holder's Signature *(As in Bank Records)* | Third Account Holder's Signature *(As in Bank Records)*