COMMON TRANSACTION FORM (For Existing Investors) Please use a separate form for each transaction TO BE FILLED IN CAPITAL LETTERS. Please read the instructions carefully, before filling up the application form. All Columns marked \*are mandatory. 1. AGENT INFORMATION 2. EXISTING UNIT HOLDER OFFICE USE ONLY Employee Unique Broker Code / Name (AMFI registered members only) Sub Broker Code: Folio No. Receipt Date / Time Identification Number ticE 113814natio ARN Code: ARN-97821 ARN of Sub Broker (EUIN) IWe hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. New Investor (Investing first time in Mutual Fund) Existing Investor UNIT HOLDERS DETAILS (Mandatory) Name of First / Sole Applicant\* □ M/e Mr Me PAN / KYC DETAILS (Compulsory for all applicants. Kindly attach attested copy of the PAN card) (Refer instructions) First / Sole Applicant\* Second Applicant\* Third Applicant\* PAN & KYC Mandatory \* (Please provided attested PAN card copy) Attested PAN Card Attested PAN Card Enclosed (✓) Attested PAN Card KYC Acknowledgment attached KYC Acknowledgment attached KYC Acknowledgment attached Scheme Name Plan / Option / Sub Option Please tick Direct if investing directly with the fund. Also indicate Through Choice of Option: ☐ Growth Option ☐ Dividend Option ☐ Payout ☐ Reinvestment Plan/Mode: ☐ Direct\* direct in the ARN column of the application forms. Please read SID / Addendum for default option. Distributor 5. PLEASE SELECT ANY ONE TRANSACTION FROM THE BELOW MENTIONED OPTION A. ADDITIONAL PURCHASE Cheque/DD Amt.: DD Charges: Total Amount/Cheque Amount (in figures): Amount (in words): Cheque/DD No.: Cheque Date: Branch: Account No.: Account Type: Savings Current NRE NRO FCNR I/We undertake that the detail of the payment instrument mentioned above pertain to my/our own bank account in my/our name and is not a third party cheque except guardian in case of minor. The AMC reserves the right to reject the application in case of third party cheque. Cheque to be drawn in favour of the scheme / plan applied for. W.e.f. April 1, 2013 only CTS 2010 standard cheques shall be acceptable. OR Amount (Rs in figures): All units OR No. of units Amount Rs. (in words) For change of Bank Mandate, kindly refer separate form available. Bank Name: City: Branch Address: Pincode: Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR Account Number: C. SWITCH To Scheme Name Plan / Option / Sub Option ☐ All units OR No. of units OR Amount (Rs in figures): Amount Rs. (in words) D. SYSTEMATIC WITHDRAWAL PLAN Withdrawal option: Withdrawal frequency (Please ✓) Fixed Sum Fixed Units 5th every month 5th of Jan / Apr / July / Oct Period: From M\_M\_Y\_Y\_Y\_Y To M\_M\_Y\_Y\_Y\_Y\_Y

| ING 🔊   | Acknowledgment Slip (To be filled in by the investor) ARN-978 |   | 821                             |
|---|---|---|---------------------------------|
| Name of the Applicant                                     | Application/Folio No  |   | OFFICIAL                        |
| Received from the above mentioned investor the following: |   |   | Collection Centre, Date & Stamp |
| Additional Purchase : Scheme                              | Cheque Amount (Rs.)   |   |                                 |
| Cheque No.  | Drawn on  |   |                                 |
| Redemption or Switch Amount (Rs.)                         | OR Units  |   |                                 |
| Switch from   | Switch to   |   |                                 |
| Change of Address SWP STP F-communicat                    |   | Į |                                 |



| To Cohomo Namo  |   |  |  |
|---|---|--|--|
| To Scheme Name Plan / Option / Sub Option   | Train option du option  |  |  |
| Transfer option Please ✓)   |   |  |  |
| Period: From M M M Y Y Y Y Y Y To M M M Y Y Y Y Y Y Dates: 1 <sup>st</sup> 10 <sup>th</sup> 1   | 15 <sup>h</sup> 🗀 27 <sup>h</sup>   |  |  |
| Systematic Transfer Amount:   |   |  |  |
| Amount in words   |   |  |  |
| C CHANCE OF ADDRESS (Income lifthe Falls in IVVS compliant places submit shows of address to CVI)   |   |  |  |
| 6. CHANGE OF ADDRESS (Incase if the Folio is KYC compliant, please submit change of address to CVL)   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   | PIN CODE  |  |  |
| District State  |   |  |  |
| Residence Office  | Fax   |  |  |
| Mobile Email  |   |  |  |
| 7. E-MAIL COMMUNICATION Registration Cancellation Change in Email ID  |   |  |  |
| 1. E-MAIL COMMUNICATION Pregistration Confident Change in Linaling  |   |  |  |
| Email ID:   |   |  |  |
| □ I wish to receive documents via email. (Please ✔) □ Physical Communication □ Email Communication  | (Please ✓) Frequency □ Daily □ Weekly □ Monthly   |  |  |
| If the option is not given specifically by the unit holder, the AMC will send the account statement, annual report & other communication by email, if the email at wants to receive the Account Statement in physical copy please tick at the appropriate place in the application form. On request, the AMC will change the mod applicable only for email account statements.  |   |  |  |
| 8. FOLIO CONSOLIDATION  |   |  |  |
| I/We wish to consolidate the following folio numbers  |   |  |  |
|   |   |  |  |
|   | uti i la la caracterita de la   |  |  |
| TO  |   |  |  |
| Folio Number P.S. Details in all folios to be merged should be identical to the folio number to   | be merged to.   |  |  |
| 9. DECLARATIONS & SIGNATURE(S)  |   |  |  |
| Applications by Individuals/HUF: IWe have read and understood the contents of the SID and I/We hereby apply to the trustee of ING Mutual Fund for units   |   |  |  |
| of Schemes, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant scheme. We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. If We hereby declare that IWe am/are authorised to make this investment in the   | First / Sole<br>Applicant   |  |  |
| above mentioned Scheme and that the amount invested in Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention and evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India.   | Guardian/<br>POA  |  |  |
| Applications other than Individuals/HUF: IWe certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company/ Frm/ Trust, I am/We are authorise to enter into this transactions for and on behalf of the  | Second  |  |  |
| Company/Frm/Trust.  | Applicant/<br>POA   |  |  |
| Applicable to NRIs only: IWe confirm that I am/we are Non Resident of Indian Nationality/Origin and. IWe hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR/NRSR   | 7   |  |  |
| Account:Yes No(Piesse Tick )  We undertake that all additional purchases made under this folio are from funds received from abroad through approved banking channels or from funds in</td <td>Third<br/>Applicant/</td>   | Third<br>Applicant/   |  |  |
| my/our NRE/FCNR Account.  | POA   |  |  |
| 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. Further I'We are declare that, I'We are not involved in any high risk occupation. In case of non-individual(s), I'We here by confirm that the ultimate beneficial owner (holding>25% of the shares/voting rights) are not linked to any sanction/high risk countries and are not involved in anymoney laundering/temoristfinancing activity.   | Date:  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 |  |  |
| Thereby agree and undertake to pay a transaction charge of Rs. 100/- (in case of existing investors of the mutual fund) or Rs. 150/- (in case of new investors of the mutual fund) or Rs. 150/- (in case of new investors of the mutual fund) per subscription of Rs. 10000/- & above and that such transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance shall be invested. I further acknowledge that in case of SIP, such transaction charge shall be applicable only if the total commitment through SIP amounts to Rs. 10,000/- & above and in such cases the transaction charge shall be recovered in 4 installments. (Not applicable in case of directinvestments). | various Mutual Funds from amongst which the Scheme is being recommended to melas  |  |  |
| I hereby agree that AMC shall in case where multiple purchase / additional purchase / switch-in transactions aggregating to Rs. 2 lakh or more are submitted by me /us for the same transaction date / NetAsset Value (NAV) applicability date, then all such multiple applications will be aggregated and will be considered as a single transaction for considering NAV applicability date.   |   |  |  |
| Applications from investors residing in USA, Canada, Cuba, Syria, North Korea, Iran   | , Myanmar and Sudan shall be rejected.  |  |  |

## ING Investment Management (India) Pvt. Ltd.

805/806, Windsor, Off C.S.T Road, Kalina, Santacruz (E), Mumbai 400 098.