



Appendix 7

FORM OF DIRECTION FOR ISA INVESTORS*

AXA FRAMLINGTON MONTHLY INCOME FUND

For use at the Meeting of Unitholders of AXA Framlington Monthly Income Fund (the "**Fund**") to be held at the offices of AXA Investment Managers UK Limited on 13th September 2024 at 11:00 am and at any adjournment thereof.

Please read the accompanying Notice of Meeting of Unitholders and the notes below carefully before completing this Form of Direction. To be valid, this form must be properly completed and received no later than 48 hours before the Meeting. Please return the completed form in the reply-paid envelope provided.

I, the undersigned, being a Unitholder in the Fund through a AXA Investment Managers managed Individual Savings Account ("**ISA**") and the beneficial owner of units registered first in the name of my account manager, AXA Investment Managers UK Limited (the "**Account Manager**"), hereby direct the Account Manager to vote on my behalf at the Meeting of Unitholders of the Fund and at any adjournment thereof in respect of the Extraordinary Resolution specified in the Notice of Meeting dated 8th August 2024 (the "**Resolution**").

Please indicate how you wish the Account Manager to vote on your behalf in respect of the Resolution set out below by placing a cross in the appropriate box under either 'FOR' or 'AGAINST'.

RESOLUTION	FOR	AGAINST
THAT: the scheme of arrangement (the " Scheme ") for the transfer of the AXA Framlington Monthly Income Fund into AXA Framlington UK Equity Income Fund, the terms of which are set out in a circular dated 8 th August 2024 and addressed by AXA Investment Managers UK Limited (" AXA IM UK ") to Unitholders in the AXA Framlington Monthly Income Fund is hereby approved and that AXA IM UK and HSBC Bank plc are hereby instructed to implement the Scheme in accordance with its terms.		

Unitholder Name (capitals)	
Account number	
Signature	
Date	



barcode

***NOTES ON FORM OF DIRECTION FOR ISA INVESTORS**

Please indicate with an "X" in the appropriate space in the box above how you wish your votes to be cast in respect of the Resolution. If you wish the Account Manager to vote in respect of some of your Units for the Resolution and some against, please insert the number you wish to be voted for in the "FOR" box and the number you wish to be voted against in the "AGAINST" box. In the absence of any instructions the votes in respect of your holding will not be exercised.

If this Form of Direction is signed by an attorney, please attach a certified copy of the authority (e.g. power of attorney) under which the attorney is appointed.

To be valid, this Form of Direction must be completed and, together with any power of attorney or other authority under which it is signed (or a copy thereof certified by a solicitor), must be returned in the reply-paid envelope provided to Corporate Mailing Solutions Ltd., Unit 4B, Chelmsford Road Industrial Estate, Great Dunmow, Essex CM6 1HD to arrive no later than 48 hours before the Meeting or any adjourned meeting.