

Cummins Employee Stock Purchase Plan Investment Authorization

PLEASE DO NOT COMPLETE THIS FORM UNTIL YOU HAVE READ AND SIGNED THE ACCOMPANYING DATA PROTECTION AUTHORIZATION FORM.

Please scan and return this form with your signed Data Protection Authorization Form to CBS Compensation Services at cbs.compensation.services@cummins.com or your HR department.

The form must be received by CBS Compensation by the end of the month for your application to commence on the following month, providing that your monthly contribution is received by the ESPP account at ING no later than the 5th of the following month. If it is a non-working day, submission shall advance to the preceding workday.

Once your application is processed, you will receive an email detailing your monthly contribution amount and specific wire instruction.

1. Address Details

Please enter your address details including your postcode below.

Home:	
Email:	

2. Personal Details

Title (please tick)

Mr Mrs Ms Other

Surname First Name

WWID

Have you previously participated in this plan? Yes No

3. Percentage amount you wish to invest

*The amount you wish to invest should be a **whole percentage between 1% and 15%** of your monthly gross base salary in One Source as of the 1st day of the month when your application is received by CBS Compensation. You will be also notified in the case of contribution amount update results from salary change.*

%

- Please indicate the percentage amount you wish to invest per pay period
- Please indicate the percentage amount you wish to change per pay period
- I wish to withdraw from the ESPP

4. Company details

Please enter the name of the site at which you are located

5. Signature

I confirm that I have read and understood the Disclaimers, Declaration and Data Protection Authorization Form overleaf

Signed

Date

6. Disclaimers

- (a) I apply to participate in the Cummins Employee Stock Purchase Plan ("the Plan") to buy Ordinary Shares in Cummins Inc. (the "Company").
- (b) I understand that the current maximum contribution under the Plan is 15% of my base pay per pay period.
- (c) I authorise my employer to collect the amount indicated at 3 and to remit this to Morgan Stanley until I give notice to my employer that I no longer wish to participate in the Plan or I leave the Company. I authorise Morgan Stanley to use the proceeds of my account to buy Ordinary Shares in the Company in accordance with the Rules of the Plan.
- (d) I authorise my employer to provide such information as is necessary for the administration of the Plan to Morgan Stanley. The information may be held on computer and retained after my account has been closed.
- (e) I understand my participation will be cancelled automatically if my monthly contribution is not received by my employer's designated bank by the 5th of each month.
- (f) I understand funds received by my employer before employment termination will be used to purchase shares as scheduled.
- (f) I acknowledge that I will be governed by the rules of the Plan as from time to time to force and agree to be bound by them.

7. Declaration

I declare that I am eligible to participate in the Plan relevant to this application which has been arranged by my current employer.

YOU SHOULD BE AWARE THAT THERE MAY BE A DELAY BETWEEN THE RECEIPT OF YOUR CONTRIBUTION AND THE PURCHASE OF SHARES ON YOUR BEHALF, AS SHARES ARE PURCHASED ONLY ON THE 10TH DAY OF THE MONTH WHERE THIS DAY IS A WORKING DAY AND, IF NOT ON THE PRECEDING WORKING DAY. YOU SHOULD ALSO NOTE THAT INTEREST WILL NOT BE PAID ON ANY AMOUNTS HELD BY MORGAN STANLEY or CUMMINS PRIOR TO THE PURCHASE OF SHARES.