



General Instructions

- 1. This form is for use by individual applicants of the Income Payment Plan
- 2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory
- 3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms
- 4. Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable)
- 5. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document(s) of UBL Retirement Savings Fund (URSF)/Al Ameen Islamic Retirement Savings Fund (AIRSF)/UBL Income Payment Plan (UIPP)/Al Ameen Islamic Income Payment Plan (AIPP).
- 6. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
- 7. Applications complete in all respects and carrying necessary documentary attachments should be submitted at UBL Fund Managers' Investment Centers, designated UBL Branches, distributor outlets, or at UBL Fund Managers Operations Office: 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan. A complete list of Investment Centers, UBL Branches and distributor outlets is available on www.UBLFunds.com. To find an Investment Center near you SMS 'IC' to 8258
- 8. For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026 Please Save 0340-8253863 in your smartphone to avail Smart Whatsapp self service, type HI and send.

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Transaction Type Registration Account Information Update Withdrawal	Name (Mr/Ms/Mrs.) Transfer -
For new investors of Income Payment Plan:	Customer ID (Not required in case of registration)
TOT HEW INVESTORS OF INCOME PAYMENT PLAN.	
Investor Type a) Existing Investor of: URSF AIRSF	
CNIC/NICOP No.	CNIC Expiry Date dd - mm - yyyy)
b) Transfer from other Pension Fund (VPS):* Pension Fund	
Pension Fund N	Manager
c) Transfer from other Income Payment/Annuity Plan:* Income	me Payment/Annuity Plan
Pens	ion Fund Manager/Insurance Company
d) Other (Please specify)	
* Please attach copy of transfer form along with account statement.	

Participant Details (For registration/account information update)

Note: Existing participant of URSF/UIRSF do not need to fill this section at the time of registration unless they want to update any particular field.				
Name (Mr/Ms/Mrs.) Father/Husband Name				
CNIC/NICOP No. CNIC Expiry Date NTN No. (fl applicable)				
Gender Male Female Date of Birth Place of Birth Religion				
Nationality (dd - mm - yyyy) Passport No (Incase of Non-Resident Pakistani)				
Do you hold a U.S Permanent Resident Card (Green Card)?YesNo Zakat Deduction Yes No				
Own Mailing Address				
Residential Status Resident Non-Resident City Country Email Address				
Residential Phone Mobile				
Occupation Service Self-employed Other Employer/Business Name (If applicable)				
Employer/Business Address(if applicable)				
Correspondence to be sent to Residential Address Employer/Business Address Hold Mail				

I. It is likely that I will withdraw my investment

- a Within one year
- b Between 1 to 2 years
- c Between 2 to 5 years
- d Not before 5 years

II. Experience of Investing

- a I have no experience of investing in capital markets, stocks and bonds
- b I have experience of investing in capital markets, stocks and bonds

III. To seek high retruns I can take:

- a Very Low risk
- b Low risk
- c Moderate risk
- d Medium risk
- e High risk
- IV. The investment amount is: $= \frac{1}{2}$ الله المحارى كى رقم $= \frac{1}{2}$
- a A substantial part of my investable income بری قابلی سرماییآ مدنی کامعمولی حصه
- b A signifcant part of my investable income میری قابل سرمایی آمدنی کا انهم حصه
- c An insignificant part of my investable income میری قابلِ سرماییآ مدنی کا کافی حصه

8	
12	
16	
20	



40
60
80
100

8
12
16

Total Score مجموعي سكور (I + II + III + IV)

Score	Category of CIS/Plan	Risk Profile	Risk of Principle Erosion
>= 61 the risk is	Customized Plan with 100% in Money Market Sub Fund	Very Low	Principal at Very Low Risk
> 61 but =< 83 the risk is	Lower Volatility Plan & Life-cycle Plan (for age 60 years & above) with Zero Equity exposure	Low	Principal at Low Risk
83 but =< 105 the risk is	Low Volatility Plan. Life-cycle Plan (for age between 51-60 years). Customized Plan with 0% -25% Equity & Commodity Sub Fund aggregate exposure	Moderate	Principal at Moderate Risk
> 105 but= <127 the risk is	Medium Volatility Plan. Life-cycle Plan (for age between 51-60 years). Customized Plan with 26% - 50% Equity & Commodity Sub Fund aggregate exposure	Medium	Principal at Medium Risk
>127 the risk is	High Volatility & Life Cycle Plans (up to age of 50 years). Customized Plan with more than 50% Equity & Commodity Sub Fund aggregate exposure	High	Principal at High Risk

Disclaimer: I/we hereby declare that I have read understand and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only help me in assessing my / our risk appetite based on the information provided by me and I have the sole right & discretion to choose thee investment scheme/plan as I / we deem fit which may be different as compared to my / our risk profile. I am aware that my financial needs may change over the time depending on my / our personal situation and objectives.

Signature: Principal Unitholder

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3 Plan Details (For registration / change in plan term period)				
Plan Type UBL Income Payment Plan (UIPP) Al Ameen Islamic Income Payment Plan (AIIPP) Plan Term Period (up to 15 years following the date of retirement) Transfer Amount for Income Payment Plan (in PKR or %)				
* or as allowed under VPS rules from time to time. Allocation & Pension Payment Details:				
Choose one of the following Allocation options: Regular Allocation Option: 80% of transfer amount will be invested in URSF/AIRSF money market sub-fund. This amount will be used for your monthly Pension payments. 20% of transfer amount will be set aside for growth based on the allocation as specified below.				
Equity Sub Fund Debt Sub Fund Money Market Sub Fund 20% 45% 35%				
Customized Allocation Option:				
Segment Growth Segment (0% - 100%) Pension Segment (0% - 100%)				
Allocation in Sub-Fund				
Choose one of the following pension disbursement options (payment will be made from pension segment, in both options) Fixed Monthly Payment (in PKR) (amount in words) Draw-Down Monthly Payment (Draw down payment is derived on the basis of term plan chosen by investor) Note: 1. Monthly pension payments will be made in the form of cheque/pay order/online to investor's 2. Tax is exempt on monthly Pension Payments if Plan's term period is 10 years or more. (as per current tax law) 3. Any subsequent change in plan term period by the investor will be effective at the end of calendar year.				
4 Nominee Details (For registration/change in nominee details)				
1. Name (Mr/Ms/Mrs.) CNIC/NICOP/B Form* No Relation % Allocation 2. Name (Mr/Ms/Mrs.) CNIC/NICOP/B Form* No Relation % Allocation Residential Address & Phone Relation % Allocation Note: Incase of more than two nominees, please attach a separate sheet with details mentioned above * Incase of minor				
5 Transfer Details				
In case of transfer to another Income Payment Plan: Income Payment Plan NamePension Fund Manager In case of transfer to another Annuity Plan: Annuity Plan Annuity Type Insurance Company				
6 Withdrawal Details				
By Participant: Encashment Amount (PKR)				

7	Payment Instructions (For Participant/Nominee in case of withdrawal)			
I wou	uld like to receive the encashment amount in the form of Cheque Pay Order Demand Draft Online Account Transfer* OR Bank Account Number			
Pank	Bank Account Title Branch Code			
	k Name & Branch ————————————————————————————————————			
8	Know Your Customer (KYC) (Not Applicable for investors already invested with UBL Funds)			
Please	e provide the following details pursuant to Anti-Money laundering Regulation issued by the Securities & Exchange Commission of Pakistan			
Edu	ucation Under-Graduate Graduate Post- Graduate Professional			
0	Other			
Mar	rital Status Single Married Other No. of dependents			
Do	you belong to profession: Accountant Real Estate Dealer Foreign Exchange Dealer Accountant			
Арр	proximate Annual Income from profession (Rs.)			
Oth	er Income (Rs.)			
Pub	olic Figure / PoliticallyExposed Person Yes No			
	udes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state ed corporations, important political party officials, Senior management/member of board of an international organization).			
	you a family member or close associate of any Public Figure / Politically Exposed Person ?			
	ase mark if yes to any of above two questions.			
So	purce of Funds (multiple options may be selected)			
	Salary Business Income			
	(please specify name of business)			
0	Home Remittance Stock / Investments (Please specify actual source of savings with documentary evidence)			
0	Gift (Please provide notarized copy of gift deed) Sale of Property / Assets (Please provide notarized copy of sale agreement / Title Deed)			
) Housewife Other Other			
(Ple	ease mark and provide source of income documents accordingly)			
☐ Inheritance ☐ Gift ☐ Depend on Husband / Son / Father income ☐ Remittances				
Ha	as any financial institution refused to open your account? Yes No			
	o you deal in high value item such as Silver, Gold Yes No			
Do you have any links to offshore tax haven countries? Yes No				
9 Declaration & Signature(s)				
I undersigned am the registered participant or nominee (in case of death of participant) and would like to withdraw/transfer (as the case may be) the Investment amount as per as details given in this forms I have read and understood the Trust Deed and Offering Document(s) of the Fund along with details of Sales Load to be deducted (if any) including taxes and Sales Load to be deducted (if any) including taxes and understand that the withdrawal/transfer (as the case may be, would be made under the terms, conditions, rules, and regulations as mentioned in these documents. I have carefully read and completed all applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form.				
Date	(dd - mm - yy) Participant's / Nominee's Signature			

Instructions & Guidelines

- 1. At the request of the participant/nominee, the Transfer Agent will verify the signature, holding and other relevant details as stated in the Income Payment Plan. Incase of such verification, the verified Form will be the only document accepted by the Trustee for encashment. If the verified Form is lost, destroyed, or mutilated, a new Withdrawal & Transfer Form will be verified by the Transfer Agent upon application by the participantl/nominee and on payment of such costs and on such terms so as to evidence indemnity
- 2. Pension Fund Manager or Trustee has the right to reject application for want of any document(s)/evidence required to be submitted by the participant/nominee

- 3. Zakat will be deducted (incase zakat affidavit has not been provided)

 4. Documents required incase of Withdrawal by Nominee: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA.
- Incase of Transfer to another Pension Fund Manager, units of such value which are sufficient to meet the requested amount of transfer, held in the Income Payment Plan of the participant, shall be redeemed at the Net Asset Value of each of the pertinent sub-funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new Pension Fund Manager, under advice to the participant.
- In case of transfer to Approved Annuity Plan, please attach application from the relevant Insurance Company. A cheque for the requested transfer amount shall then be sent
- directly to the Life Insurance Company, under advice to the participant.
 In case of transfer to Approved Income Drawdown please attach application from the relevant Pension Fund Manager. A Cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager, under advice to the participant.

For Office Use Only					
Distributor Name (of Agent	Sub-Agent			
Reference/Agent Code IC/Loca	ation	Remarks			
Processing Checklist					
Processing checklist to be filled by Processor / 0	Processing checklist to be filled by Processor / CRE. Please tick (🗸) against checklist item after validating the form.				
Customer ID Title	Product Name	Amount / %age			
Payment Mode (Default Cheque)	Bank Account Details (Or				
Signature (as per Operating Instructions)	Stamp (Time stamp etc)	Page 3 of 3			