

# Al Ameen Islamic Smart Investment Plans\* - Account Update Form

\*formerly UBL Islamic Smart Investment Plans

Customer ID



**For assistance in filling this form speak with our customer care executive at 0800-26336 or sms HELP to 8258. Please Save 0340-8253863 in your smartphone to avail Smart Whatsapp self-services, type HI and send.**

you can submit your form at your nearest UBL Funds investment center, designated UBL branches or authorized distributor outlet, you can also courier the form to UBL Funds operations office 4th floor STSM building, Beaumont road civil lines, Karachi, Pakistan.

## General Instructions & Guidelines

- 1) Fill the form in block letters and in legible handwriting to avoid errors in application processing.
- 2) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- 3) If any alteration is made, a countersign is mandatory.
- 4) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- 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 in the Offering Document(s) of the the relevant schemes prior to submitting the form.
- 6) Payment can be made in the form of a cheque, demand draft, pay order or online account transfer.
- 7) Cash will not be accepted.
- 8) If payment instrument is returned, the unpaid application will be rejected.
- 9) It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- 10) Applications by foreign nationals and nonresident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
- 11) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) / Investment Plan(s).
- 12) Application will be processed as per cut-off timings for the Fund(s) / Plan(s). For cut-off timings SMS CT to 8258.

## 1 Principal Unit Holder Details (Mandatory)

Name (Mr/Ms/Mrs.) \_\_\_\_\_

CNIC Number

## 2 Mailing Address / Contact Details

Residential Address \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Tel / (Res): \_\_\_\_\_ Tel / (Office): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## 3 Contact Instructions

All dividend / redemption payments should be mailed to my:

Residential Address  Mailing Address  Hold Mail (will collect payment by hand)  Transfer (For UBL Account Holders Only)

I would like to receive my account statement through the following method.

Account Statement Fund Manager Report (Monthly) Financial Statements

Email

I do not wish to receive any correspondence through mail

#### 4 Change in Joint Applicant(s) Details

Name(s) of Joint Applicant(s)	Specimen Signature
1. Mr/Mrs/Ms: _____ CNIC: <input type="text"/>	_____
2. Mr/Mrs/Ms: _____ CNIC: <input type="text"/>	_____
3. Mr/Mrs/Ms: _____ CNIC: <input type="text"/>	_____

#### 5 Change in Zakat Status

Zakat exempt Yes  No  (If yes please provide Affidavit)

#### 6 Change in Account Opening Instructions:

First name joint holder only  All joint holders  Either or survivor  Other (Please Specify): \_\_\_\_\_

#### 7 Change in Al Ameen Islamic Wealth Builder Plan

Please select any one from the following:  
 Conventional  Islamic

Please select your desired allocation (Kindly select one from the choices provided)

**Islamic:**

	Al Ameen Islamic Sovereign Fund* (Income)	Al Ameen Shariah Stock Fund** (Equities)
<input type="checkbox"/> Al Ameen Islamic Wealth Builder Plan - Aggressive Allocation	25%	75%
<input type="checkbox"/> Al Ameen Islamic Wealth Builder Plan - Moderate Allocation	50%	50%
<input type="checkbox"/> Al Ameen Islamic Wealth Builder Plan- Conservative Allocation	75%	25%
<input type="checkbox"/> Al Ameen Islamic Wealth Builder Plan - Customized	_____ %	_____ %

\* formerly UBL Islamic Sovereign Fund  
\*\* formerly UBL Shariah Stock Fund

Note: if no allocation is chosen by the investor, conservative allocation will be chosen as default allocation scheme

Total Investment Amount (Rs.) \_\_\_\_\_ In words \_\_\_\_\_

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
1	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
2	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
3	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			

**Systematic Investment Plan (SIP) - Optional**

I / We would like to start a 'Systematic Investment Plan (SIP)' as per the instructions given below.

	Frequency of Payment	Start Date (dd-mm-yy)	End Date (dd-mm-yy)	Contribution Amount (Rs.)
1	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="text"/>	<input type="text"/>	

Debit Authority (tick one)  Post-dated cheque(s) (12 cheques incase of monthly and 4 cheques incase of quarterly, 2 cheques incase of semi-annual and 1 cheque incase of annual frequency)

Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of 'CDC Trustee Al Ameen Funds'

Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of 'CDC Trustee Al Ameen Funds'

#### 8 Change in Payment Instructions

Investment / Redemption & payment details: \_\_\_\_\_ \*For a list of banks, SMS 'OT' to 8258

Change in mode of redemption / Payment: Cheque  Pay order  Demand Draft  Online Transfer

9

**Change in Al Ameen Islamic Equity Builder Plan**

Please select your desired conversion mode (Kindly select one from the choiced provided)

Fixed Conversion Option-periodic transfer amount

Please state the 'amount' & 'frequency' for conversion from the Income Fund to the Equity Fund

Amount: \_\_\_\_\_

Frequency:  Daily  
 Weekly  
 Monthly

Fixed Conversion Option - Duration

Please state the 'No. of periods' and frequency for conversion from Income Fund to Equity Fund

No. of Periods \_\_\_\_\_

Frequency:  Daily  
 Weekly  
 Monthly

Note: If the calculated transfer amount for a transfer date is less than the minimum investment for USF, it will automatically be set at the minimum amount of USF

Regular Profit Conversion

This option allows the investor to convert the profit amount of the Income Fund to the Equity Fund on a monthly basis

Note: If the transfer amount is less than the minimum requirement of USF then the profit amount will not be transferred to USF.

Note: If an investor does not choose a specific duration or transfer amount and frequency, the investment will be transferred from AAISF to AASSF with duration set as 36 months through monthly transfer frequency.

Total Investment Amount (Rs.) \_\_\_\_\_ In words \_\_\_\_\_

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
1	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
2	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
3	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			

10

**Change in Bank Account Details (For UBL account holders only)**

Bank Account No: \_\_\_\_\_ Bank Name & Branch Code: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Tel No: \_\_\_\_\_

11

**Declaration & Signature(s)**

I/We hereby acknowledge having read and understood the Supplementary Offering Document(s) of the Plan(s), the Trust Deed(s) and Offering Document(s) of the Fund(s) and hereby apply for transaction(s) as indicated in this form. I/We agree to abide by the terms, conditions, rules and regulations applicable on the Fund(s) and Plan(s). I/We have carefully read and completed all applicable sections of this form that govern the transaction(s) mentioned herein and acknowledge understanding the risks involved prior to submission of this form.

Note: In case of 'Joint Operating Instructions', signatures of both the Primary Unit Holder and Joint Holder(s) are mandatory.

Official stamp required in case of Corporate Unit Holder.

Date -- \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (dd - mm - yy) Principal Unit Holder'(s) Signature Joint Unit Holder'(s) Signature(s)

**For Office Use Only**

Distributor \_\_\_\_\_ Name of Agent \_\_\_\_\_ Sub-Agent \_\_\_\_\_

Reference/Agent No. \_\_\_\_\_ IC/Location \_\_\_\_\_ Remarks \_\_\_\_\_