## Transaction Form For Conversion of Unit



For assistance in filling out this form, speak with our Customer Care Executive at 0800-00026 or sms HELP to 8258.

You can submit the form at your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

## **General Instructions & Guidelines**

| is made, a countersign is mandatory. 4) Applications incomplete<br>responsibility of the applicant to carefully read and understand | in any respect and/or not accompanied by required documents are liable to<br>the guidelines and instructions provided in this form and the terms and cond<br>against your payment. Application will be processed as per cut-off timings for | be held or rejected until complete requirements are fulfilled. 5) It is the<br>litions in the Offering Document(s) of the the relevant schemes prior to |  |  |
|---|---|---|--|--|
| 1 Principal Unit Holder Information (Mandatory)   |   |   |  |  |
| Customer ID CNIC Number  Principal Unit Holder's Name (Mr/Ms/Mrs/Messrs)  |   |   |  |  |
| 2 Joint Unit Holder Information (If Applicable)   |   |   |  |  |
| 1. Name 2. Name   |   |   |  |  |
| 3 Transaction Type - Conversion between schemes   |   |   |  |  |
| From  |   | То  |  |  |
| Name of Scheme (s) Short Name of Fund/Plan (s)  | Type of Units Perform on (tick one) O Amount O No.of Units O %  | Name of Scheme (s) Short Name of Fund/Plan (s) Type of Units  |  |  |
| 1   |   |   |  |  |
| 1. Conversion amount (Rs. / Units) in words   |   |   |  |  |
| From  |   | То  |  |  |
| Name of Scheme (s) Short Name of Fund/Plan (s)  | Type of Units Perform on (tick one) O Amount O No.of Units O %  | Name of Scheme (s) Short Name of Fund/Plan (s)  Type of Units   |  |  |
| 2.  |   |   |  |  |
|   | from one fund to another fund and from <b>one</b> plan to another plan. Core per Constitutive Documents of the Fund(s)/Investment Plan(s). 3) Co  |   |  |  |
| Documents of the Fund(s)/Investment Plan(s). 4) Incase the  | amount available in a fund/plan is less than the requested amount, the  | e entire amount will be converted. 5) Incase of conversion  |  |  |

between conventional and Islamic investment plans, Insurance/Takaful Coverage (if offered) will be altered accordingly. 6) Incase of conversion from an investment plan, Insurance/Takaful Coverage (if offered) may be withdrawn if minimum amount required for coverage in that plan is not met. 7) If physical certificates are held, conversion will only be allowed if original (physical) certificates are surrendered/cancelled.

**Cooling-off Right** 

The unit holders have the right to obtain a refund of their first time investment (cooling-off right) in a particular Collective Investment Scheme. The cooling-off right shall be available to the individual unit holders only. The cooling-off period shall comprise of three business days commencing from the date of issuance of investment report (transaction statement) to the unit holder. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount is being refunded at the applicable NAV on the date the cooling-off right is exercised which shall be paid to the unit holder within six business days of receipt of written request from the unit holder. The AMC shall also refund any sales load paid by the unit holder. However, contingent load (Back end load) shall be payable by the unit holder where applicable.

Refrence/Agent No.

Remarks

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)/Plan(s) and hereby apply for transaction(s) as indicated in this form. I/we hereby confirm that I/we have received the latest Fund Manager Report and/or Fact Sheet as the case may be. I agree to abide by the terms, conditions, rules, and regulations applicable on the Fund(s) and Plan(s). I/We understand that investments in mutual funds are subject to market risks and fund prices may go up or down based market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

I confirm that I have understood the details of Sales Load to be deducted including taxes. . I/We hereby also acknowledge that I/We have reviewed and understood the Total Expense Ratio, Management Fee, Selling & Marketing expenses, Front-end, Back-end and Contingent Load of the Scheme as disclosed on the UBL Fund Managers website link https://www.ublfunds.com.pk/individual/resources-tools/fund-performance-tools/latest-fund-prices/

| f   |  |   |
|---|--|---|
| thirty six (36) months from commencement of Life  | ent Load (both referred as Exit Charges) to be deducted including ta<br>e of the Plan (excluding units redeemed during Subscription Period & | k Cash Dividend)  |
| <ul> <li>For conversion-in from other funds, minimum Rs.</li> <li>The amount of conversion(s) is net of CGT.</li> </ul> | 100,000 is required for initial investment & minimum Rs.1,000 for add  | ditional investment in the Plan.                          |
| For information regarding the investment policy of the 'UBL Special Savings Fund'                                       | he respective allocation plan, please refer to the Annexure 'B' of the   | offering document & thereto supplementals of              |
| Profit Re-Investment Disclaimer:  |  |   |
| I/we hereby authorize UBL Fund Managers throu   | ugh this one time standing instruction to re-invest the profit/cash divi   | idend (net of any applicable taxes) as and when disbursed |
| for UBL Special Savings Plan-II (USSP-II) in  | (Name of Fund) managed by UBL Fund M   | ACCOMPANIANCE.  |
| I/we hereby also confirm to inform UBL Fund Ma  | nagers (in writing) in specified format in case of any change in this s  | standing instruction.                                     |
| Date  | Principle Unit Holder's Signature  |   |
| 1.  | 2.   | 3.  |
|   | For Office Use Only  |   |
| Distributor   |  |   |
| Name of Agent   | Sub-Agent  |   |
|   |  |   |

IC / Location