Initial Investment Form for UBL Retirement Savings Fund (URSF)

Customer ID			
In case of existing unit holder			FUNDS
For assistance in filling out this form, Please call at Principal Unit Holder Details (Mandatory)	t 0800-00026 c	or sms HELP to 8258.	
Name (Mr/Ms/Mrs)			
CNIC Number	(Please write in b	lock letters)	
Occupation Service Self-employed Other	cify)		
Employer / Business Name			
Employer / Business Address			
Correspondence to be sent to Residential Address	Employe	er / Business Address	Hold Mail
2 Nominee Details			
1. Name (Mr/Ms/Mrs.)			-
Residential Address & Phone		Relation	% Allocation
2. Name (Mr/Ms/Mrs.)			-
Residential Address & Phone		Relation	% Allocation
Note: In case of more than two nominees, please attach a separate sheet w * Please provide the nomination deed along with nominee details.	vith details mentioned at	ove.	
Residential Address & Phone 2. Name (Mr/Ms/Mrs.) Residential Address & Phone Note: In case of more than two nominees, please attach a separate sheet w * Please provide the nomination deed along with nominee details. 3 Retirement Age Please specify expected retirement age Note: 1. Retirement age can be 25 years from the date of first investment or any 2. If retirement age. 3. Expected retirement age can be changed at a later date (subject to term 3. Expected retirement age can be changed at a later date (subject to term			
Please specify expected retirement age		or expected date of retirement	
Note: 1. Retirement age can be 25 years from the date of first investment or any 2 If retirement age/date is not specified, by default the age/date 25 years f	age between 60 to 70 ye from the first investment	ears whichever is earlier. or 60 years whichever is earlier will be	(dd - mm - yyyy) e selected as the expected
 retirement age. Expected retirement age can be changed at a later date (subject to term If you would like to change your expected date of retirement you may do till the date of your retirement, your VPS allocation will automatically be determined. 	o so by filling Section 6)	of VPS Account Update Form. In case	no written intimation is received
4 Bank Account Details of Principal Unit Holder (Man	datory)		
Bank Account Details (atleast one) of Principal Unit Holder (Mandatory))		
Bank Name Branch Code Note: Please provide bank account details for Additional account if applicable otherwise		Count details as per account opening forms	
5 Initial Contribution Details			
Account Type ⁴			
Mode of contribution (tick one) Self Employer/Third Investment details for 'Self' contribution	Party		
Initial Contribution Amount (Rs.) Ir	n words		
Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
1 Cheque Pay Order Online Transfer			

Note: 1. In case of Employer/Third Party initial contribution, 'Employer & Third Party Contributor Form' should be attached with details

2. 3. Online account transfer facility is available with selected banks

2

Cheque

Payment can be made in the form of a cheque, Cashier Cheque, pay order or online account transfer. Payment can be made in favor of "CDC Trustee UBL Retirement Savings Fund (URSF) or CDC Trustee UBL Funds" (URSF) or CDC Trustee UBL Funds" Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Laws

Online Transfer

Pay Order

Allocation Scheme Details

Please select (any one) of the Allocation Schemes given below. In case of customized allocation, please specify the percentage (%) in the respective sub-funds.

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Equity Sub-Fund 70%	Equity Sub-Fund 40%	Equity Sub-Fund 15%	Equity Sub-Fund 0%	Equity Sub-Fund%
Debt Sub-Fund 20%	Debt Sub-Fund 40%	Debt Sub-Fund 65%	Debt Sub-Fund 50%	Debt Sub-Fund%
MM Sub-Fund 0%	MM Sub-Fund 15%	MM Sub-Fund 20%	MM Sub-Fund 50%	MM Sub-Fund%
Commodity Sub-Fund 10%	Commodity Sub-Fund 5%	Commodity Sub-Fund 0%	Commodity Sub-Fund 0%	Commodity Sub-Fund%
	I	Γ		Γ
Age: 18-30	Age: 31-40	Age: 41-50	Age: 51-60	Age: 60 and above
Equity Sub-Fund 75%	Equity Sub-Fund 70%	Equity Sub-Fund 60%	Equity Sub-Fund 50%	Equity Sub-Fund 0%
Debt Sub-Fund 20%	Debt Sub-Fund 25%	Debt Sub-Fund 30%	Debt Sub-Fund 30%	Debt Sub-Fund 50%
MM Sub-Fund 5%	MM Sub-Fund 5%	MM Sub-Fund 10%	MM Sub-Fund 20%	MM Sub-Fund 50%

Note:

نوف: نقدتم قامل قبول ثين مددا يكل صرف كراس يتك يا بيهة مؤديا كن لائن ثرانغر كدور يتحكريم.

1. Allocation scheme can be changed twice in a financial year subject to the terms and conditions specified in the offering document of the fund.

2. If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. lifecycle allocation scheme, untill such time the participant selects an allocation scheme.

3. Customized allocation scheme subject to the condition that 5 year remaining from the participant's chosen retirement age, the participant shall aim to reduce allocation in equity sub-fund to a maximum of 25%, and a maximum of 25% in debit-sub fund, respectively.

7 Transfer from another Pension Fund Manager (If applicable)				
Name of Pension Fund				
Date of Joining - - - (dd - mm - yyyy) Amount being transferred (Rs.)				
Previous Pension Fund Manager's Address				
8 Tax Applicability on Withdrawal (Mandatory Section)				
Tax Status Please tick the appropriate option				
I file the income tax returns I do not file the income tax returns				
Please note that at the time of early or excess withdrawal (as defined in VPS Rules), you would be required to submit preceding three years' filed income tax return. In absence of the required documents UBL Funds reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.				
9 Declaration for Free Takaful Coverage (where applicable)				
I declare for:				

• not having had any illness requiring a hospital stay, medical treatment or medical follow-up for more than 30 days during the last 2 years Yes No

- not having been off work for sickness for more than 14 consecutive days during the last 2 years Yes 🗌 No 📃
- not having any surgical procedure or medical investigations planned for the next 6 months Yes 🗌 No 📃
- I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme.

Note: All above declarations are mandatory to tick. HQF will be required if 'Yes' is tick to any of the above.

Principal Unit Holder's Signature

I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I hereby accept that the company may, at any time in the future require any verification before processing any requested transaction in this account. I acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, my account if required document/information is not submitted within a stipulated time.

I have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed (TD) and Offering Document (OD) of UBL Retirement Savings Fund. I understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I understand to access the company website to keep myself updated before every operation of this account. I understand that investments in pension funds are subject to market risks and fund prices may go up or down based market conditions. I understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I declare that the amount so invested is legitimate and not generated from money laundering activities. I understand that my withdrawals made from the UBL Retirement Savings Fund, prior to retirement will result in a tax penalty/withholding tax. I have no objection to the Prescribed Investment Policy and Prescribed Application Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed Allocation Scheme. I also hereby authorize the Pension Fund Manager to deduct applicable premium charges.

I confirm that I have understood the details of Sales Load to be deducted including taxes thereon.

میں افرار کرتا ہوں کہ بتھےاں اکاؤنٹ کوقائم کرنے اورد فواست کردہ خصوصیات اورخدمات سے استفادہ کرنے کی قدرت اوراختیارحاصل جاور پر کہاں اوال اختیارات اس وقت تک جاری رہیں گتا دقتیکہ تمام متعلقہ پارٹیوں (فریقوں) کے دشخطوں سے ترمیم یا ختما کا تخریری نوٹس موصول نہیں ہوجاتا۔ بتھے یہ بات تجول ہے کہ بتی ضروری سچیقو مستقبل میں کی بھی وقداست کردہ کی بھی ٹرانزیکشن (لین دین) پڑھلدر آ یہ سے تل اوال ختیارات اس وقت تک جاری رہیں گتا دقتیکہ تمام متعلقہ پارٹیوں (فریقوں) کے دشخطوں سے ترمیم یا ختما کا تخریری نوٹس موصول نہیں ہوجاتا۔ بتھے یہ بات تجول ہے کہ بتی خار میں کہ بھی وقت اساکاؤنٹ میں درخواست کردہ کی بھی ٹرانزیکشن (لین دین) پڑھلدر آ یہ سے تل خار جائے پڑتال) کر کتی ہے۔ بتھے یہ بات منظور ہے کہ میری جانب سے مقررہ میعاد کے اندر مطلوبہ دستاد پر استخدا میں موجاتا ہے تھی ہوجاتا ہے تھی ہوئی کہ بتوں (فریقوں اصورت میں یولی ال خذینے زمامیڈ دلیتر زمانڈ کو بنی کی بتی ان کا جن حاصل ہے۔

میں نے یونی ایل ریٹائرمن سیونگر فنڈ کی متعلقہ ٹرٹ ڈیٹر (TD) اور آفرنگ دستادیزات میں درج شرائط دضواط کوفور سے پڑھاور تجھایا ہے اور تجھ یہ قول ہیں۔ میں نے اس بات کو تجھایا ہے کہ کینی وقافو قماً موجودہ یابعد میں لاگوہونے دالی شرائط دضواط میں ترمیم یا تبد لی کر کتی ہے۔ میں تبح میں اور کتھ یہ قول ہیں۔ میں نے یونی ایل ریٹائر من سیونگر فنڈ کی متعلقہ ٹرٹ ڈیٹر (TD) اور آفرنگ دستادیزات میں درج شرائط دضواط کوفور سے پڑھاور تبطیل ہے اور تجھ یہ قول ہیں۔ میں میں تعریف فنڈ ز میں میں بعد ایک ارکرد گی متعلقہ کر میں اور تجال ہے میں تیس اور تیک کی تیوں میں اتار پڑھا کہ یونی کی تیوں میں اتار پڑھا کہ یونی کی تو میں میں اور پڑھا نے میں میں اور تھی کہ یوں میں اور تر تھا ہوں کہ میں کہ کی میں تعریف فی نے میں کی کہ یوں کی تعلقہ میں تا ہو کہ کی تیوں میں اور پڑھا کہ یونی کی تعلقہ میں کہ کہ یوں کہ بی کر کہ توں میں اور پڑھا نے کہ میں میں اور تھا ہو کہ میں یہ تھتا ہوں کہ میں تک رہائی کرار کردگ معلقب کر کی تعلقہ میں کہ کی تعلقہ میں تعلقہ میں تعلقہ میں تعلقہ کہ توں میں اور پڑھا کہ توں میں اور تو کہ تعلقہ میں تعلق ہوں کہ بیل کر کردگ معلقب کر میں اور تعلقہ کر میں تھی تھیں ہیں گر کی تعلق ہیں کہ کو کھی تھی تعلیل کر کردگا معلقب کر کہ تعلقہ کر کہ تعلقہ بیل کر کہ تعلقہ ہوں کے تعلقہ میں تعلقہ ہوں کہ تعلقہ میں تعلقہ خوال ہے میں یہ تعلقہ تو ہوں ہے میں تعلقہ ہوں کہ میں تھی تعلقہ تھی تھیں بیل کی تر میں ایل کر مندے تھر تھیں تھیں تعلقہ خول ہے ہوں میں میں گوئی ہے تھر تی تیں پڑیں پڑھی ہے ہیں تیں ہیں کہ تھی تعلق میں کی کی تعلیم کوئی تعلیف میں میں تعلقہ میں اور کہ جل ہے تعلی کر کی کہ تر میں کہ کی میں تھی تعلقہ ہوں ہوں میں ت میں خون نے تعلیم کی تعلقہ میں تعلقہ ہوں ہوں کہ کہ ہوں ہوں ہے تو کر میں کر تھیں ہے میں تھی ہوں ہیں تعلقہ نے تعلق

میں/ ہم نصدیق/شلیم کرتے ہیں کہ میں/ ہم نے بشمول شیسز منہا کئے جانے والے سیلز لوڈ کی تفصیلات کو سمجھ لیا ہے۔

(dd - mm - yy)

Principal Unit Holder's Signature

توت: نفذرقم قابل قبول نہیں۔ادائیگی صرف کراس چیک یابے آرڈریا آن لائن ٹرانسفر کے ذریعے کریں۔

Instructions & Guidelines

نوف: نقدرتم تابل قيول نيس ادايكل صرف كراس چيك بالميشار فدرياك ن الأن ثرانسفر كے ذ

أبس

2. Payment can be made in the form of a cheque, pay order or online account transfer

3. Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'

4. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her

5. 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)

6. Front-end load (charges) will be applicable on investment as per the constitutive documents of the Fund

7. Application will be processed as per cut-off timings for the Fund

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal.

Copy of Pension Fund's Account Statement (In case of transfer from another Pension Fund Manager) Employer & Third Party Contributor Form (In case of contribution by Employer/Third Party) Nomination Deed (In case nomination is filled up)

For Office Use Only

____ Name of Agent

IC/Location

_ Sub-Agent _

_ _ _

Remarks

CRM Lead

Reference/Agent Code

Distributor

General Instructions & Guidelines

1) This form is for use by individual applicants who want to open a Retirement Savings account with UBL Fund Managers. 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, in case 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 of UBL Retirement Savings Fund (URSF). 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