

Initial Investment Form for UBL Retirement Savings Fund (URSF)

Customer ID

In case of existing Participant

For assistance in filling out this form, Please call at 0800-00026 or sms HELP to 8258. Please Save 0340-8253863 in your smartphone to avail Smart Whatsapp self service, type HI and send. Kindly fill the form with blue pen.



1 Principal Participant Details (Mandatory)

Name (Mr/Ms/Mrs) (Please write in block letters)

CNIC/NICOP No. NTN

Occupation ☐ Service ☐ Self-employed ☐ Other (please specify)

Employer / Business Name

Employer / Business Address

Correspondence to be sent to ☐ Residential Address ☐ Employer / Business Address ☐ Hold Mail

2 Nominee Details

1. Name (Mr/Ms/Mrs.) CNIC/NICOP No. Residential Address & Phone Relation % Allocation

2. Name (Mr/Ms/Mrs.) CNIC/NICOP No. Residential Address & Phone Relation % Allocation

Note: In case of more than two nominees, please attach a separate sheet with details mentioned above.
* Please provide the nomination deed along with nominee details. (On stamp paper of atleast Rs.100/-)

3 Retirement Age

Please specify expected retirement age or expected date of retirement (dd - mm - yyyy)

Note:

- Retirement age can be 25 years from the date of first investment in a pension fund or any age between 60 to 70 years whichever is earlier.
- If retirement age/date is not specified, by default the age 25 years from the date of first investment or 60 years whichever is earlier will be selected as the expected retirement age.
- Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
- If you would like to change your expected date of retirement you may do so by filling Section 6 of VPS Account Update Form. In case no written intimation is received till the date of your retirement, your VPS allocation will automatically be changed to 'Lower Volatility' at the date of retirement in accordance with the VPS Rules, 2005.

4 Bank Account Details of Principal Participant (Mandatory)

Bank Account Details (atleast one) of Participant (Mandatory)

IBAN OR Bank Account Number

Bank Account Title Branch Code

Bank Name & Branch Branch Code Bank Address

Note: Please provide bank account details for Additional account if applicable otherwise previously provided bank account details as per account opening forms will be updated

5 Initial Contribution Details

Account Type⁴ ☐ PF Linked ☐ Normal

Mode of contribution (tick one) ☐ Self ☐ Employer/Third Party

Investment details for 'Self' contribution

Initial Contribution 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"/> Online Transfer/remittance			
2	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Online Transfer/remittance			

Note:

- In case of Employer/Third Party initial contribution, 'Employer & Third Party Contributor Form' should be attached with details
- Online account transfer facility is available with selected banks
- 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"
- Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Laws

Participant's Signature

Tick the appropriate Box (select one per question)

I. It is likely that I will withdraw my investment

a	Within one year	8
b	Between 1 to 2 years	12
c	Between 2 to 5 years	16
d	Not before 5 years	20

II. Experience of Investing

a	I have no experience of investing in capital markets, stocks and bonds	4
b	I have experience of investing in capital markets, stocks and bonds	8

III. To seek high retruns I can take:

a	Very Low risk	20
b	Low risk	40
c	Moderate risk	60
d	Medium risk	80
e	High risk	100

IV. The investment amount is: سرمایہ کاری کی رقم ہے:

a	An insignificant part of my investable income میری قابل سرمایہ آمدنی کا معمولی حصہ	8
b	A significant part of my investable income میری قابل سرمایہ آمدنی کا اہم حصہ	12
c	A substantial part of my investable income میری قابل سرمایہ آمدنی کا کافی حصہ	16

Total Score مجموعی سکور (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.

Participant's Signature

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

High volatility <input type="checkbox"/>	Medium volatility <input type="checkbox"/>	Low volatility <input type="checkbox"/>	Lower volatility <input type="checkbox"/>	CUSTOMIZED <input type="checkbox"/>
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 _____%

LIFE CYCLE <input type="checkbox"/>				
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:

- Allocation scheme can be changed subject to the terms & conditions specified in the Offering document of the fund.
- If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. that is life cycle allocation scheme, unit such time the participant selects an allocation scheme depending on the age of the participant.

Name of Pension Fund _____ Name of Pension Fund Manager _____

Date of Joining - - (dd - mm - yyyy) Amount being transferred (Rs.) _____

Previous Pension Fund Manager's Address _____

Tax Status Please tick the appropriate option

☐ Filer

☐ Non-filer

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.

I declare that, I:

- 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 ☐
- Had been off-work for sickness for more than 14 consecutive days during the last 2 years Yes ☐ No ☐
- Have 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 marked in any of the above.

Participant'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 on 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. I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party(ies) for performance of due diligence or for improvement in customer services & experience

میں اقرار کرتا ہوں کہ مجھے اس اکاؤنٹ کو قائم کرنے اور درخواست کردہ خصوصیات اور خدمات سے استفادہ کرنے کی قدرت اور اختیار حاصل ہے اور یہ کہ اس حوالے سے حاصل اختیار اس وقت تک جاری رہیں گے تا وقتیکہ تمام متعلقہ پارٹیاں (فریقوں) کے دستخطوں سے تسلیم یا اختتام کا تحریری نوٹس موصول نہیں ہو جاتا۔ مجھے یہ بات قبول ہے کہ کمپنی ضروری سمجھے تو مستقبل میں کسی بھی وقت اس اکاؤنٹ میں درخواست کردہ کسی بھی شرائط یا شرائط کو غور سے پڑھا اور سمجھا لیا ہے اور مجھے یہ قبول ہے۔ میں نے اس بات کو سمجھا لیا ہے کہ کمپنی وقتاً فوقتاً موجودہ یا بعد میں لاگو ہونے والی شرائط و ضوابط میں ترمیم یا تبدیلی کر سکتی ہے۔ میں سمجھتا ہوں کہ باخبر رہنے کے لئے اس اکاؤنٹ کے ہر آپریشن (تفصیل) سے قبل کمپنی کی ویب سائٹ تک رسائی کروں گا۔ میں یہ سمجھتا ہوں کہ کمپنی فیڈز میں سرمایہ کاری مارکیٹ خطرات سے مشروط ہے اور مارکیٹ کی صورتحال کے مطابق فیڈز کی قیمتوں میں اتار چڑھاؤ ہو سکتا ہے۔ میں یہ سمجھتا ہوں کہ ماضی کی کارکردگی مستقبل کے نتائج کی لازمی عکاس نہیں اور کوئی متعین یا ضمانت شدہ منافع نہیں۔ میں اقرار کرتا ہوں کہ سرمایہ کاری میں لگائی جانے والی رقم جائزہ اور منظم لاڈرنگ کی سرگرمیوں سے حاصل نہیں کی گئی۔ میں سمجھتا ہوں کہ ریٹائرمنٹ سے قبل یو بی ایل ریٹائرمنٹ سیونگز فنڈ سے رقم نکالنے کے نتیجے میں ٹیکس پینالٹی (جرمانہ) / دو ہولڈنگ ٹیکس عائد ہوگا۔ مجھے کمیشن اوریشن فنڈ فیئر کی جانب سے عائد کردہ / مقرر کردہ شروع / مجوزہ انویسٹمنٹ / سرمایہ کاری پالیسی پر کوئی اعتراض نہیں ہے اور میں شروع / مجوزہ انویسٹمنٹ اسکیم سے وابستہ خطرات سے پوری طرح واقف ہوں۔ میں پینشن فنڈ فیئر کو قابل اطلاق پریمیم چارجز منہا کرنے کی بھی اجازت دیتا ہوں۔

میں تصدیق/تسلیم کرتا ہوں کہ میں نے بشمول ٹیکسز منہا کئے جانے والے سٹیلز لوڈ کی تفصیلات کو سمجھا لیا ہے۔

Date - -
(dd - mm - yy)

Participant's Signature

نوٹ: نقد رقم قابل قبول نہیں۔ ادائیگی صرف کراس چیک یا پے آرڈر یا آن لائن ٹرانسفر کے ذریعے کریں۔

Instructions & Guidelines

- Cash will not be accepted
- Payment can be made in the form of a cheque, pay order or online account transfer
- Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'
- It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
- Applications by non-resident Pakistanis 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)
- Front-end load (charges) will be applicable on investment as per the constitutive documents of the Fund
- 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) ☐ Zakat Affidavit

For Office Use Only

Distributor Name of Agent Sub-Agent
Reference/Agent Code IC/Location Remarks
CRM Lead

General Instructions & Guidelines

- This form is for use by individual applicants who want to open a Retirement Savings account with UBL Fund Managers.
- 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.
- Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
- 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 (URSIF).
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- 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.
- For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026