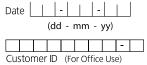
Application Form For UBL Income Payment Plan





General Instructions

nvestment Details

- 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

Transaction Type Registration Name (Mr/Ms/Mrs.) Account Information Update Withdrawal Transfer Customer ID (Not required in case of registration)
For new 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 Manager
c) Transfer from other Income Payment/Annuity Plan:* Income Payment/Annuity Plan
Pension Fund Manager/Insurance Company
d) Other (Please specify)

2 Participant Details (For registration/account information update)

* Please attach copy of transfer form along with account statement.

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 NTN No (dd - mm - yyyy) (If applicable)
Gender Male Date of Birth Place of Birth Religion
(dd - mm - yyyy)
Nationality Passport No
(Incase of Non-Resident Pakistani)
Do you hold a U.S Permanent Resident Card (Green Card)?Yes No Zakat Deduction Yes No
Own Mailing Address
Residential Status Resident Non-Resident City Country Email Address
Residential Phone Office Phone Mobile
Occupation Service Self-employed Other Employer/Business Name (flags specify) Employer/Business Name
Employer/Business Address
Correspondence to be sent to Residential Address Employer/Business Address Hold Mail

UBL FM / UIPP / Issue 02 / Ver. 02 /

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UBL FM	0	

3	Plan Details	s (For registration / chan	Plan Details (For registration / change in plan term period)					
	erm Period			Islamic Income Payment ansfer Amount for Incom	Plan (AIIPP) ne Payment Plan (in PKR or %) .			
	allowed under VPS rul	on Payment Details:						
Choo Re 80%	se one of the fol egular Allocation of transfer amou	llowing Allocation options: n Option:	•		used for your monthly Pension	payments.		
		Sub Fund		ub Fund	-	Money Market Sub Fund		
	ustomized Alloc	20%	45	5%	3:	5%		
	Segment		Segment (0% -	100%)	Pension Segment	(0% - 100%)		
	location in	Money Market Sub Fund	Debt Sub Fund	Equity Sub Fund	Money Market Sub Fund	Debt Sub Fund		
	Sub-Fund	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)		
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 De	etails (For registration/ch	ange in nominee deta	nils)				
Re 2. Na Re Note:	sidential Address ame (Mr/Ms/Mrs. sidential Address Incase of more tha	s & Phone 5 & Phone s & Phone un two nominees, please attach a		CNIC/NICOP/B Form*	Relation			
* Inca:	se of minor Transfer De	etails						
Incon In cas	ne Payment Planse of transfer to a	another Income Payment Pla Name another Annuity Plan: Ann	Pe	-	pany			
6	Withdrawal	Details						
	By Nominee, in ransfer to existin Purchase approve incash	n case of death of Participan ng Individial Pension Account ed Annuity Plan Insuranco . % (specify percentage) or	t: Encash full share (Attach Account Statement) e Company ar	Transfer to my If a purchase approved Ar If ype of	new Individial Pension Account Type of Annuity nuity Plans with balance Annuity Trns of preceding three years as filed with	(Attach Registration Form)		

7 Payment Instructions (For Participant/Nominee in case of withdrawal)
I would like to receive the encashment amount in the form of Cheque Pay Order Demand Draft Online Account Transfer*
Bank Account Number Bank Account Title
Bank Name & Branch Bank Address Note: Online account transfer facility is available with selected banks
8 Know Your Customer (KYC) (Not Applicable for investors already invested with UBL Funds)
The Know Your Customer (KYC) section is meant to enable a person to comply with the client identification program laid down by the Anti Money Laundering Laws and Circular 12 of 2009 issued by Securities & Exchange Commission of Pakistan (SECP).
Education Under graduate Graduate Post graduate Other (Please specify)
Marital Status Single Married No. of Dependants Approximate Annual Income (Rs.)
Public Figure Yes No (Includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials & family members, Politicians)
Source of Funds (Multiple options may be selected) Salary Self-owned / Family Business (Please specify)
Home Remittance Inheritance Stocks/Investments Other (Please specify)
Name of ultimate beneficiary of investment CNIC/NICOP 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
 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 participantt/nominee and on payment of such costs and on such terms so as to evidence indemnity and security 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 Zakat will be deducted (incase zakat affidavit has not been provided) 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.
For Office Use Only
Distributor Sub-Agent Sub-Agent
Reference/Agent Code IC/Location Remarks
Processing Checklist
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 (Online) Holding (in case of withdrawal)
Page 3 of 3 Signature (as per Operating Instructions) Stamp (Time stamp etc)