

Transaction Form

For Smart Investment Plans

Customer ID

For assistance in filling this form, speak with our customer care executives 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

- 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 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)
(Please write in block letters)CNIC Number

2 Joint Unit Holder Information (If Applicable)

1. Name _____ 3. Name _____
2. Name _____ 4. Name _____

3 Transaction Type - Additional Purchase of Units

	Name of Fund / Plan	Type of Units	Amount (Rs.)
1			
2			
3			

	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			

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

Guidelines & Instructions

1. Cash will not be accepted. Payment can be made in the form of a cheque, demand draft, pay order or online account transfer
2. Payment shall be made in favor of 'CDC Trustee < Fund Name >' (incase of investment in funds), and in favor of 'CDC Trustee UBL Funds' (incase of investment in plans), Instrument should be crossed 'Account Payee Only'
3. Front-end load (charges) will be applicable on investment as per the constitutive documents of the relevant fund(s)/plan(s)
4. Transaction will be processed as per cut-off timings for the fund/plan. For cut-off timings SMS 'CT' to 8258

For Conventional Investors:

Tick as appropriate	Name of Plan	Amount/ percentage of redemption

For Islamic Investors:

Tick as appropriate	Name of Plan	Amount/ percentage of redemption

I/ We would like to receive the encashment amount in the form of: Cheque Demand Draft Pay Order Online Account Transfer*

Bank Account Number _____ Bank Account Title _____

Bank Name & Branch _____ Bank Address _____

Guidelines & Instructions

1. Zakat will be deducted incase zakat affidavit (exemption) has not been submitted
 2. Original (physical) certificates must be surrendered (if issued) along with this form. Partial redemption of physical certificates is not allowed
 3. Back-end load (charges) will be applicable on redemption as per the constitutive documents of the relevant fund(s)/plan(s)
 4. Transaction will be processed as per cut-off timings of the fund/plan. For cut-off timings SMS 'CT' to 8258
 5. Incase of encashment from an investment plan, units will be redeemed from the underlying fund(s) in accordance to the weightages assigned to them for that plan
 6. Partial encashment from an investment plan will only be allowed subject to maintaining minimum investment amount in the plan
 7. Incase of encashment from an investment plan, Insurance/Takaful Coverage (if offered) may be withdrawn if minimum amount required for coverage in that plan is not met
- * Online account transfer facility is available with selected banks. For a list of banks SMS 'OT' to 8258

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) along with details of Sales Load to be deducted (if any) including taxes and hereby apply for transaction(s) as indicated in this form. I agree to abide by the terms, conditions, rules, and regulations applicable on the Fund(s) and Plan(s). I 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: Incase of 'Joint Operating Instructions' signatures of both the Principal Unit Holder/Primary Guardian and Joint Unit Holder/Alternate Guardian are mandatory. Official Stamp required incase of Corporate Unit Holder.

 Date - -
 (dd - mm - yy)

Principal Unit Holder(s) Signature

1.

2.

3.

Joint Unit Holder(s) Signature(s)

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent No. _____ IC/Location _____ Remarks _____

Processing Checklist

Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.

- | | | | |
|--|---|--|--------------------------|
| <input type="checkbox"/> Customer ID | <input type="checkbox"/> Title | <input type="checkbox"/> Fund Plan / Product Name | <input type="checkbox"/> |
| <input type="checkbox"/> Payment Mode (Default Cheque) | <input type="checkbox"/> Holding | <input type="checkbox"/> Bank Account Details (Online) | |
| <input type="checkbox"/> Signature (as per Operating Instructions) | <input type="checkbox"/> Stamp (Time stamp etc) | | |