Transaction Form UBL Children Savings Plan (UCP)



General Instructions

- 1. This form is for use by existing Unit Holders who want to make the following types of transactions in their investment account: 1) Purchase of Additional Units, 2) Redemption of Units, and 3) Conversion of Units. Please use a separate form for each transaction type (multiple transaction types on a single form is not allowed)
- 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. It is the responsibility of the Unit Holder 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 the relevant Fund(s) and Supplemental Offering Document Plans(s) prior to submitting the form
- 5. Incase this form is incomplete or not duly filled and there is any discrepancy, the entire form or the particular transaction(s) may not be processed
- 6. 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
- $7. \ For assistance in filling this form or information about your current investment holdings call our nationwide help line at 0800-00026$
- 8 The applicant is requested to sign on both pages of the form

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1 Principal Unit Holder/Primary Guardian Details (Mandatory)					
Customer ID					
Principal Unit Holder's Name (Mr/Ms/Mrs)		(Please write in block letters)			
2 Joint Unit Holder/Secondary Guardian Details (If Applicable)					
1. Name	3. Name				
2. Name	4. Name				
Transaction Type - Additional Purchase of Units					
Name of Plan		Amour	it (Rs.)		
1 UBL Children Savings Plan					
2 UBL Islamic Children Savings Plan					
Total Investment Amout (Rs) In words					
Total Investment Amout (Rs) In words					
Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code		
1 Cheque Pay Order Demand Draft Online Transfer*					
1 Cheque Pay Order Demand Draft Online Transfer* 2 Cheque Pay Order Demand Draft Online Transfer*					
2 Cheque Pay Order Demand Draft Online Transfer* Guidelines & Instructions 1. Cash will not be accepted. Payment can be made in the form of a cheque					
2 Cheque Pay Order Demand Draft Online Transfer* Guidelines & Instructions 1. Cash will not be accepted. Payment can be made in the form of a cheque. Payment shall be made in favor of 'CDC Trustee UBL Funds'. Instrument 3. Front-end load (charges) will be applicable on investment as per the continuous process.	should be crossed 'Account nstitutive documents of the	Payee Only' e relevant fund(s)/plan(s)			
2 Cheque Pay Order Demand Draft Online Transfer* Guidelines & Instructions 1. Cash will not be accepted. Payment can be made in the form of a cheque. Payment shall be made in favor of 'CDC Trustee UBL Funds'. Instrument	should be crossed 'Account nstitutive documents of the or cut-off timings SMS 'CT' 1	Payee Only' e relevant fund(s)/plan(s)			

Signature(s)

Principal Unit Holder'(s)/

Primary guardian Signature

Joint Unit Holder'(s) / Secondary guardian Signature(s)

4	Source of Fund	ds (Mandatory)				
Sourc	ce of Funds (Multiple option	ns may be selected) Salary	Self-owned / Family Business (PI	lease specify)		
Home Remittance Inheritance Stocks/ Investments Other						
_			(please specify)		
5	Transaction Type - E	ncashment/Redemption of Units				
	Tick as appropriate	Name of F	Plan	Amount/ percentage of redemption		
1.		UBL Children Sa	•			
2.		UBL Islamic Childrer	n Savings Plan			
Total	l Encashment Amout (l	Rs) In w	vords			
I / We	e would like to receive	the encashment amount in the form of	f: Cheque Demand	d Draft Pay Order Online Account Transfer*		
Bank	Account Number	Bank Ac	count Title			
Bank	Name & Branch	Ba	nk Address			
	elines & Instructions skat will be deducted inca	se zakat affidavit (exemption) has not been	submitted			
2. Ba	ck-end load (charges) will	be applicable on redemption as per the coled as per cut-off timings of the fund/plan. Fo	nstitutive documents of the relevant	t fund(s)/plan(s)		
4. Ind	case of encashment from	an investment plan, units will be redeemed	from the underlying fund(s) in accor	rdance to the weightages assigned to them for that plan		
6. Ind	case of encashment from	•	rage (if offered) may be withdrawn i	f minimum amount required for coverage in that plan is not met		
- Or	nine account transfer facil	lity is available with selected banks. For a list	OI Danks SIVIS OT to 8258			
6	Transaction Type - C	onversion of Units				
		From		To		
	Γ	Name of Plan	Amount % of Investment	Name of Plan		
1				<u> </u>		
2						
Total	Conversion Amout (Rs	In w	ords			
Total	Conversion Amout (Rs	s) In w	rords			
Please fill the section below: Note: This section does not apply to any investor converting to any plan(s) other than that of UBL Children Savings Plan (UCP)						
		UBL Children Savings Plan				
lick as appropriate: UBL Children Savings Plan UBL Islamic Children Savings Plan						
7	Declaration & Signat	ture(s)				
II/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Fund(s)/Plan(s). I/we hereby confirm that I/we have received and read the latest Fund Manager Report and/or Fact Sheet as the case may be. 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/We confirm that I/We have understood the details of Sales Load to be deducted including taxes thereon. 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.ubfunds.com.pk/individual/resources-tools/fund-performance-tools/latest-fund-prices/						
esserial managers mobile into https://www.ashanas.com.promariadas/costatoes-toolishana-ponormanos-toolishates/-						
Date						
-410				International In		
	(dd - mm - yy)	 Principal Unit Holde Primary guardian Signa		Joint Unit Holder'(s) / Secondary guardian Signature(s)		
Note: I	(dd - mm - yy)	•	ture	Secondary guardian Signature(s)		
Note: I	(dd - mm - yy)	Primary guardian Signa	ture	Secondary guardian Signature(s)		