Application Form For UBL Income Payment Plan

Date			-		-			J
		(dd	-	mm	-)	/y)		
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Customor ID (For Office Use)								



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General Instructions

- 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)/AI Ameen Islamic Retirement Savings Fund (AIRSF)/UBL Income Payment Plan (UIPP)/AI 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.
b) Transfer from other Pension Fund (VPS):*
Pension Fund Manager
c) Transfer from other Income Payment/Annuity Plan:* 🔲 Income Payment/Annuity Plan
Pension Fund Manager/Insurance Company
d) Other (Please specify)
* Please attach copy of transfer form along with account statement.

Participant Details (For registration/account information update)

Note: Existing participant of URSF/UIRSF do not need to	ill 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 data and the second
Gender 🗌 Male 📄 Female Dat	of Birth Place of Birth Religion
Nationality	Passport No (Incase of Non-Resident Pakistani)
Do you hold a U.S Permanent Resident Ca	rd (Green Card)?YesNo Zakat Deduction 🗌 Yes 📄 No
Own Mailing Address	
Residential Status 🗌 Resident 🗌 Noi	-Resident City Country Email Address
Residential Phone	Office Phone Mobile
Occupation Service Self-em	loyed Other Employer/Business Name (Please specify) (If applicable)
Employer/Business Address	
Correspondence to be sent to Resid	ential Address 📄 Employer/Business Address 📄 Hold Mail
Note: In case of fresh investor i.e. transfer from anot	er Pension Fund Manager, please provide information for FATCA compliance in specified format.

3	Plan Details	(For registration / chan	ge in plan term period)		
Plan T	ype 🗍 U	BL Income Payment Plan (U	IPP) Al Ameen	Islamic Income Payment	Plan (AIIPP)	
Plan T		(up to 15 years follow			ne Payment Plan (in PKR or %)	
		on Payment Details:				
		owing Allocation options:				
	egular Allocatior of transfer amou	•	AIRSE money market sub-1	fund. This amount will be	used for your monthly Pensior	n payments.
		nt will be set aside for grow				
	1.3	Sub Fund		ub Fund		rket Sub Fund
20%		45	5%	35%		
	Segment	•	Segment (0% -	· 100%)	Pension Segment	(0% - 100%)
	Money Market		Debt Sub Fund	Equity Sub Fund	Money Market Sub Fund	Debt Sub Fund
Allocation in Sub-Fund		(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)
Chase		owing pension disbursem				
		ayment (in PKR)	• • • •		both options)	>
		nthly Payment (Draw down pay				
		s will be made in the form of chequ				
		Pension Payments if Plan's term peri plan term period by the investor wi				
4	Nominee De	taila (For registration/a	banga in nominaa dat			
4	Nominee De	tails (For registration/c	nange in nominee deta	alis)	_	
1. Na	me (Mr/Ms/Mrs.)			CNIC/NICOP/B Form*	* No.	
Re	sidential Address	& Phone			Relation	% Allocation
2. Na	me (Mr/Ms/Mrs.)			CNIC/NICOP/B Form*	No.	-]
					Relation	% Allocation
		n two nominees, please attach				
* Inca:	se of minor					
5	Transfer De	tails				
		nother Income Payment Pla Name		nsion Fund Manager		
		nother Annuity Plan:				
Annu	ity Plan	Anr	iuity iype	Insurance Com	ipany	
6	Withdrawal	Details				
			~			
					_ or	
				e Iransfer to my	new Individial Pension Accour	1t (Attach Registration Form)
		g Individial Pension Accoun			Turneral Anna M	
					Type of Annuity	
		% (specify percentage) or				
					f Annuity Irns of preceding three years as filed wit	

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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 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 Professional 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 Stocks / Investments Other (Please specify)				
Name of ultimate beneficiary of investment CNIC/NICOP No.				
9 Declaration & Signature(s)				
given in this forms I have read and understood the Trust Deed and Offering Document(s) of the Fund along with details of SalesLoad 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 participant/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-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 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 participant. 				
For Office Use Only				
Distributor Name of Agent Sub-Agent				
Reference/Agent Code IC/Location				
Reference/Agent Code IC/Location Processing Checklist				
Processing Checklist				
Processing Checklist				