

Date تاریخ

 - -

الامین فنڈز
al-ameen funds
Managed by UBL Fund Managers Limited



Customer ID ID کسٹمر

 -

(For Office Use)

دفتری استعمال کے لیے

TS2 #

For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 for UBL Funds & 0800-26336 for AlAmeen Funds or sms HELP to 8258. Please save 021 111 825 262 in your smartphone to avail smart whatsapp self service. Type HI and send.

You can submit the form to 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.

اس فارم کو پُر کرنے میں معاونت کے لئے، 0800-00026 پر UBL فنڈ منیجرز اور 0800-26336 پر الامین فنڈز پر ہمارے کسٹمر کیئر ایگزیکٹو سے رابطہ کریں یا HELP لکھ کر 8258 پر سمس بھیجیں۔

برائے کرم اسمارٹ واٹس ایپ سلف سروس حاصل کرنے کے لئے اپنے اسمارٹ فون میں 021 111 825 262 کو محفوظ کریں۔ اور HI لکھ کر بھیجیں

آپ اس فارم کو اپنے قریبی UBL فنڈ منیجرز انویسٹمنٹ سینٹر، UBL کی نامزد شاخوں یا مجاز ڈسٹری بیوٹرز کو جمع کرا سکتے ہیں۔ آپ اس فارم کو اس پتہ پر کوریئر بھیج سکتے ہیں: UBL فنڈ منیجرز۔ آپریشنز آفس، چوتھی منزل، STSM بلڈنگ، بیومنٹ روڈ، سول لائنز۔ کراچی، پاکستان۔

General Instructions & Guidelines / عمومی ہدایات

- 1) Fill the form in block letters and in legible handwriting to avoid errors in application processing.
- 2) Cash will not be accepted.
- 3) Payment can be made in the form of a cheque, pay order or online account transfer.
- 4) Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund' or 'CDC Trustee Al-Ameen Islamic Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'
- 5) It should be the responsible of the applicant to pay all charges and taxes in relation to the units purchased by him/ her.
- 6) Applications by nonresident Pakistani individual 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).
- 7) Front-end load (charges) will be applicable on investment as per the constitutive documents of the Funds.
- 8) Application will be processed as per cut-off timings for the Funds.
- 9) This form is for use by individual applicants who want to open a Retirement Savings account with UBL Fund Managers.
- 10) If any alteration is made, a countersign is mandatory.
- 11) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- 12) Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
- 13) 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 (URSF) and Al-Ameen Islamic Retirement Savings Fund (AIRSF).
- 14) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.

1 Participant's details (Mandatory)

Mr. Ms. Mrs.

☐ ☐ ☐

مرد محترمہ عورت

(Please write name as per identity document in block letters)

Father Husband

☐ ☐

والد خاوند

(Please write name as per identity document in block letters)

Mother's Maiden name والدہ کا نام

(This information is required for verification purpose only)

(یہ معلومات صرف تصدیق کے مقصد کے لئے ضروری ہے)

CNIC No

☐

نمبر CNIC

NICOP No

☐

نمبر NICOP

ARC No

☐

نمبر ARC

POC No

☐

نمبر POC

Passport No

☐

پاسپورٹ نمبر

CNIC/ID/ Passport issuance Date

(dd-mm-yy) / (دن-ماہ-سال)

CNIC/ID/ Passport Expiry Date

(dd-mm-yy) / (دن-ماہ-سال)

شناختی کارڈ / پاسپورٹ کی میعاد ختم ہونے کی تاریخ

Gender

جنس

Male

مرد

Female

عورت

Are you a U.S. Resident ☐ Yes ☐ No
کیا آپ امریکہ کے رہائشی ہیں؟ جی ہاں، نہیں

Are you registered in the US as a tax payer? ☐ Yes ☐ No
کیا آپ امریکہ میں بطور ٹیکس دہندہ رجسٹرڈ ہیں؟ جی ہاں، نہیں

If you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W9 Form in original
اگر آپ امریکی ٹیکس سال میں 183 دن سے زیادہ عرصہ تک امریکہ میں رہ چکے ہیں تو، برائے کرم اصل W9 فارم جمع کروائیں۔

Note: Country and city code information are mandatory
نوٹ: ملک اور شہر کے کوڈ کی معلومات دینا ضروری ہیں۔

Note: Your mobile number has been registered for Tele-Transact & Mobile Transact facilities by default, please call our help line 0800 - 00026 for T-pin generation.

Disclaimer: Make sure that provided email address is correct, active and pertinent (i.e email account being operated by you) as the same email address may be used by UBL Funds to contact you for update investment information and VAS (value added services). This email address may also be used to access your investment information and execute transaction including redemption, conversion & update profile Information etc. UBL Funds will not be held responsible for any potential misuse of the email.

دو تمبر داری: اس بات کو یقینی بنائیں کہ فراہم کردہ ای میل ایڈریس درست، فعال اور مناسب ہے (یعنی آپ اس ای میل اکاؤنٹ کو چلا رہے ہیں) کیونکہ VAS (ویلو ایڈڈ خدمات) اور انٹرنیٹ کی تازہ معلومات کے لئے آپ سے رابطہ کرنے کے لئے UBL فنڈز اس ای میل ایڈریس کو استعمال کر سکتے ہیں۔ اس ای میل ایڈریس کو، آپ کی سرمایہ کاری سے متعلق معلومات تک رسائی حاصل کرنے اور لین دین پر عمل درآمد کے لئے، استعمال کیا جاسکتا ہے جس میں ریڈمپشن، نوٹروٹن اور پروفاکس کی معلومات کو تبدیل کرنا وغیرہ شامل ہیں۔ ای میل کے کسی بھی تکنیکی غلط استعمال کے لئے UBL فنڈز کو ذمہ دار نہیں ٹھہرایا جائے گا۔

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

Bank Account Title

[illegible]

IBAN

[illegible]

OR

Bank Account Number

[illegible]

Bank Name

[illegible]

Branch Code

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Bank Address

[illegible]

3

Retirement Age

Please specify expected retirement age _____ or expected date of retirement _____

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

(dd - mm - yyyy)

Note:

1. 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.
2. If retirement age/date is not specified, by default the age/date 25 years from the first investment or 60 years whichever is earlier will be selected as the expected retirement age.
3. Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
4. 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.

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Know your customer KYC (Mandatory) (کسٹمر کی پہچان لازمی)

Please provide the following details pursuant to Anti-Money Laundering & CFT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan

برائے کرم سیکورٹیز اینڈ انویسٹمنٹ کمیشن آف پاکستان کے جاری کردہ اینی منی لائڈ رنگ ریگولیشنز، 2020 کے تحت درج ذیل تفصیلات فراہم کریں۔

Profession:

- ☐ Service/Salaried
 ☐ Self-employed
 ☐ Retired
 ☐ House wife
 ☐ Student
☐ Other: _____
 ☐ Relationship with person on whom dependent upon _____

Note: In case of Housewife, Student and Others, if dependent on any other person, then kindly fill relevant information for that person.

Source(s) of Investments (the principal unit holder or on whom dependent upon)

(Select atleast one / more than one source, along with approximate or estimated annual income)

- ☐ Salary Rs. _____
 ☐ Business Income Rs. _____
 ☐ Foreign Remittance(s) Rs. _____
- ☐ Gift Rs. _____
 ☐ Inheritance Rs. _____
 ☐ Sale of property Rs. _____
- ☐ Stocks / Investments / liquid asset as per tax return Rs. _____
 ☐ Others _____ Rs. _____
- ☐ Agriculture Rs. _____
 Aggregate Approximate / Estimated Income Rs. _____

For Sole Proprietor(s) / Business Income Investors (Principal unit holder or On whom dependent upon)

Geographies Involved ☒ Domestic ☐ Ex - FATA ☐ International

Type of counterparties dealing with ☒ Individual ☐ NPO/Trust ☐ Business ☐ Other

Your majority of transactions will be carried out through:	<input type="radio"/> Physical	<input type="radio"/> Online		
Your expected No. of monthly investment transactions:	<input type="radio"/> 0 - 5	<input type="radio"/> 6 – 10	<input type="radio"/> 11 – 15	<input type="radio"/> More than 15
Your expected No. of monthly redemption transactions:	<input type="radio"/> 0 - 5	<input type="radio"/> 6 – 10	<input type="radio"/> 11 – 15	<input type="radio"/> More than 15
Expected Investment Transactions (Rs.) in a year:	<input type="radio"/> Upto 100,000	<input type="radio"/> 100,000 – 800,000	<input type="radio"/> 800,001 – 10,000,000	<input type="radio"/> More than 10,000,000
Expected Investment Per Transaction (Rs.):	<input type="radio"/> Upto 25,000	<input type="radio"/> 25,000 – 400,000	<input type="radio"/> 400,001 – 1,000,000	<input type="radio"/> More than 1,000,000
Your purpose of investment:	<input type="radio"/> Growth	<input type="radio"/> Savings	<input type="radio"/> Regular income	<input type="radio"/> Cash Management

Do you Belong to these professions ☐ Lawyer وکیل ☐ Notary public نوٹری ☐ Real Estate ریل اسٹیٹ ڈیلر ☐ Foreign exchange dealer فارن ایکسچینج ڈیلر

☐ Tax advisor/Accountant ☐ Gem/ jewellery / Precious stone / Antique

Are you a politically exposed person (PEP) ☐ Yes جی ہاں ☐ No نہیں

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization).

(اس میں ریاستوں یا حکومت کے سربراہان، سینئر سیاستدان، گریڈ 21 یا اس سے اوپر کے سینئر سرکاری/عدالتی/فوجی عہدیدار، ریاستی ملکیت والے کارپوریشنز کے سینئر ایگزیکٹو، اہم سیاسی پارٹی عہدیدار، سینئر منجمنٹ/کسی بین الاقوامی تنظیم کے بورڈ کے ممبر شامل ہیں)۔

Are you a family member or close associate of any Politically exposed person? ☐ Yes جی ہاں ☐ No نہیں

کیا آپ کسی سیاسی شخصیت کے خاندان کے رکن یا قریبی ساتھی ہیں؟

Please mark if yes to any of above two questions. ☐ Local ملکی ☐ Foreign غیر ملکی

برائے کرم اگر مذکورہ سوالات میں سے کسی کے لئے ہاں ہے تو اسے نشان زد کریں۔

Has any financial institution refused to open your account? ☐ Yes جی ہاں ☐ No نہیں

کیا کسی مالی ادارے نے آپ کا اکاؤنٹ کھولنے سے انکار کیا ہے؟

Do you have any links to offshore tax haven countries? ☐ Yes جی ہاں ☐ No نہیں

کیا آپ کا غیر ملکی ٹیکس سیڈگ ملک سے کوئی تعلق ہے؟

Tick the appropriate Box (select one per question)

مناسب باکس پر نشان لگائیں (ہر سوال میں سے ایک کو منتخب کریں)

I. It is likely that I will withdraw my investment امکان ہے کہ میں اپنی سرمایہ کاری واپس لے لوں

- a Within one year ایک سال میں
- b Between 1 to 2 years ایک سے دو سال میں
- c Between 2 to 5 years دو سے پانچ سال میں
- d Not before 5 years پانچ سال سے پہلے نہیں

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II. Experience of Investing سرمایہ کاری کا تجربہ

- a I have no experience of investing in capital markets, stocks and bonds مجھے کپیتال مارکیٹس، اسٹاک اور بانڈز میں سرمایہ کاری کا کوئی تجربہ نہیں ہے۔
- b I have experience of investing in capital markets, stocks and bonds مجھے کپیتال مارکیٹس، اسٹاک اور بانڈز میں سرمایہ کاری کا تجربہ ہے۔

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III. To seek high returns I can take: زیادہ منافع کے لیے میں لے سکتا ہوں

- a Very Low risk
- b Low risk
- c Moderate risk
- d Medium risk
- e High risk

20

40

60

80

100

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

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

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Total Score مجموعی سکور (I + II + III + IV)

Score	Category of Pension Sub Funds/Plans	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 & Lifecycle Plan (for age 60 years & above) with Zero Equity exposure	Low	Principal at Low Risk
>83 but =< 105 the risk is	Low Volatility Plan. Lifecycle 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. Lifecycle 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 understand that this questionnaire only help me/our in assessing my risk appetite based on the information provided by me/us in present circumstance and I/We have the sole right & discretion to choose the CIS(s)/Plan(s)/VPS(s) as I/we deem fit which may be different compared to my/our risk profile. I/We am/are aware that my financial needs may change over time depending on my circumstances.

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.

Select Fund from below:

UBL Retirement Saving Fund ☐

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: _____%

Al-Ameen Islamic Retirement Saving Fund ☐

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: 75%	Equity Sub-Fund: 40%	Equity Sub-Fund: 15%	Equity Sub-Fund: 0%	Equity Sub-Fund: _____%
Debt Sub-Fund: 25%	Debt Sub-Fund: 45%	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: _____%

UBL Retirement Saving Fund ☐ Al-Ameen Islamic Retirement Saving 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 plan can be changed subject to the terms and 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. lifecycle allocation scheme, until such time the participant selects an allocation scheme.
- Customized allocation scheme subject to the condition that 5 year remaining from the participant's chosen retirement age, the participant shall aim to reduce allocation in equity sub-fund to a maximum of 25%, and a maximum of 25% in debt-sub fund, respectively.

Risk Disclaimers:

I/We have understood in detail with the help of the company representative of UBL Fund Managers Limited / Distributor, the risks involved in my investment. I have understood the details of sales load and have reviewed the Total Expense ratio including Management fee and Selling & Marketing expenses as disclosed in the Fund Managers' Report/Term Sheet and as disclosed on the UBL Fund Managers' website under latest fund prices' section. I/We have carefully read, understood, and accepted the terms and conditions given in the relevant Trust Deed(s) and Consolidated Offering Document(s) of the Fund(s)/Plan(s). I/We understand that investments in Mutual funds and Pension funds are subject to market risks, and fund prices may go up or down based on market conditions. I/We understand that past performance is not necessarily an indicator of future results and there are no fixed or guaranteed returns.

رہسک سے دستبرداری: میں/ہم نے UBL فنڈ مینجری لمیٹڈ کے کئی نمائندے/ڈسٹری بیوٹر کی مدد سے تفصیل سے ان خطرات کو سمجھ لیا ہے جو کہ میری/ہماری سرمایہ کاری میں شامل ہیں۔ میں/ہم نے سیکر لوڈ کی تفصیلات کو سمجھ لیا ہے اور منجمنٹ فیس اور فروخت اور مارکیٹنگ کے اخراجات سمیت کل اخراجات کے تناسب کا جائزہ لے لیا ہے جیسا کہ یہ چیزیں فنڈ مینجری رپورٹ/ٹرم شیٹ میں موجود ہیں اور اسی طرح یہ UBL فنڈ مینجری کی ویب سائٹ پر فنڈ کی تازہ ترین قیمتوں والے سیکشن میں بھی موجود ہیں۔ میں/ہم نے متعلقہ ٹرسٹ ڈیڈ اور فنڈ/پلان کی پیش کش والے دستاویز میں دیئے گئے شرائط و ضوابط کو احتیاط سے پڑھا، سمجھا اور قبول کیا ہے۔ میں/ہم سمجھتے ہیں کہ میوچل فنڈز اور پنشن فنڈز میں کی جانے والی سرمایہ کاری مارکیٹ کے خطرات سے مشروط ہے نیز فنڈ کی قیمتیں مارکیٹ کے حالات کے مطابق اوپر یا نیچے جاسکتی ہیں۔ میں/ہم سمجھتے ہیں کہ ماضی کی کارکردگی لازمی طور پر مستقبل کے نتائج کا اشارہ نہیں ہے اور اس کی کوئی مقررہ اور یقینی ضمانت بھی نہیں ہے۔

Participant's signature

Initial Contribution Details

Account Type⁴ ☐ PF ☐ Normal
 Mode of contribution (tick one) ☐ Self ☐ Employer/Third Party
 Investment details for 'Self' contribution

Front end load %: _____ (Excluding Taxes)

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:

1. In case of Employer/Third Party initial contribution, 'Employer & Third Party Contributor Form' should be attached with details
2. Online account transfer facility is available with selected banks
3. 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 Al-Ameen Retirement Savings Fund (AIRSF)"
4. Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Laws

Participant's Signature

8 Transfer from another Pension Fund Manager (If applicable)

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 _____

9 Tax Applicability on Withdrawal (Mandatory Section)

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.

10 Declaration for Free Takaful Coverage (where applicable)

I declare for:

- not having 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 ☐
- not having been off work for sickness for more than 14 consecutive days during the last 2 years Yes ☐ No ☐
- not having 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 to any of the above.

11 Payment Details ادائیگی کی تفصیلات

1. Mode of Payment ادائیگی کا طریقہ ☐ Cheque چیک ☐ Online Transfer آن لائن ٹرانسفر ☐ Cashier Cheque/Pay Order پے آرڈر / کیشئر چیک

Instrument Number چیک نمبر Bank Name (Drawn On) بینک کا نام (جس کا چیک تیار کیا گیا) Branch Code برانچ کوڈ

Branch Name

2. Mode of Payment ادائیگی کا طریقہ ☐ Cheque چیک ☐ Online Transfer آن لائن ٹرانسفر ☐ Cashier Cheque/Pay Order پے آرڈر / کیشئر چیک

Instrument Number چیک نمبر Bank Name (Drawn On) جس کا چیک تیار کیا گیا Branch Code برانچ کوڈ

Branch Name

*Amount should matched with selected fund(s) amount رقم منتخب شدہ فنڈز کی رقم کے برابر ہونی چاہیے۔

Note: Payment can be made in the form of a cheque, Cashier Cheque / Pay Order (counterfoil also required) online account transfer. Payment shall be made in favor of CDC Trustee <Fund Name>،

نوٹ: ادائیگی چیک، کیشئر چیک / پے آرڈر یا آن لائن اکاؤنٹ کی منتقلی کی شکل میں کی جاسکتی ہے۔ ادائیگی CDC ٹرسٹی < فنڈ کا نام > کے حق میں ہو سکتی ہے۔

Undertaking

I hereby declare that the information provided in this form is true and correct and that I am/are authorized to conduct transaction in this account. I, hereby give our consent to UBL Funds to share my information with any third party(ies) in order to perform KYC related verification including NADRA Verisys, IBAN, due diligence, Mobile CNIC pairing verification and for improvement in customer services. I hereby acknowledge having read and understood the Consolidated Offering Document(s) & Supplementary Offering Document of the income Payment Plan, as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant VPS(s)/Plan(s). I authorize UBL Fund Managers to make the additions and/or changes requested in this form in my investment account as stated and complete the necessary alterations pertaining to the account. I certify that the authorizations herein shall continue until any written notice of a modification or termination. I have no objection on the Prescribed Investment Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed investment policy and allocation selected by me. I understand to access the Company website to keep myself updated before every operation of this account. I declare that I am the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I am fully informed and understand that investment in units of VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned.

I hereby indemnify UBL Funds against any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information by me and / or due to technical issue in the site / portal / service for the execution of online transaction (online, IBFT & RTGS). I further indemnify UBL Funds from any loss or liability occurring by blocking of accounts due to any administrative action including missing or outdated Source of Income and/or Know Your Customer related information. I hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I understand that investment in Plan(s)/VPS(s) 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 guaranteed return or capital. I hereby also acknowledge that I have reviewed and understood detail of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Under the Cooling-off Right Investor can claim, first time investment in a Plan(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

Note: Charges applicable (if any) for online transfer will be borne by the Unit Holder.

Participant's Signature

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of UBL Fund Managers Limited maintaining continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize UBL Fund Managers Limited to disclose relevant account and/or personal information to third parties including the US tax authorities, as well as take necessary action including stopping redemption from any/all of my/our account(s) and/or withholding of tax for the purpose of UBL Fund Managers Limited's compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with UBL Fund Managers Limited to ensure it meets its obligations under FATCA in connection with my/our account(s). I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless UBL Fund Managers Limited, its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Limited in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

میں/ہم اس فارم کے ذریعہ تسلیم اور اعلان کرتا کرتی / کرتے ہیں کہ اس فارم میں فراہم کردہ FATCA کی معلومات درست ہیں اور میرے/ہمارے علم اور اعتقاد کے مطابق صحیح ہیں۔ میں/ہم مذکورہ بالا معلومات میں کوئی تبدیلی آنے کی صورت میں 30 دن کے اندر معاون ثبوت فراہم کرنے اور تنازعہ معلومات فراہم کرنے پر اتفاق کرتا کرتی / کرتے ہیں۔

UBL فنڈ مینیجرز لمیٹڈ میرے / ہمارے اکاؤنٹ کو برقرار رکھیں تو، میں / ہم واضح طور پر اور غیر مشروط طور پر UBL فنڈ مینیجرز لمیٹڈ کو امریکی ٹیکس حکام سمیت تیسرے فریق کے ساتھ متعلقہ اکاؤنٹ اور / یا ذاتی معلومات کا انکشاف کرنے کی اجازت دیتا / دیتی / دیتے ہیں اس بات کی بھی اجازت دیتے ہیں کہ، امریکی فارن اکاؤنٹ ٹیکس تھیل ایکٹ ("FATCA") کے تحت UBL فنڈ مینیجرز لمیٹڈ کی اپنی ذمہ داریوں کی تعمیل کے مقصد سے کسی بھی / میرے / ہمارے اکاؤنٹ (اکاؤنٹس) سے رقم کی ریڈمپشن روکنے اور / یا دوبہولڈنگ ٹیکس کے ضمن میں کارروائی کر سکتے ہیں۔ میں / ہم UBL فنڈ مینیجرز لمیٹڈ کے ساتھ مکمل تعاون کرنے کا عہد کرتے ہیں تاکہ یہ یقینی بنایا جاسکے کہ وہ میرے / ہمارے اکاؤنٹ (اکاؤنٹس) کے سلسلے میں FATCA کے تحت اپنی ذمہ داریوں کو پورا کرتا رہے۔

میں/ ہم یقینی طور پر اس بات کی تصدیق کرتا/ کرتے ہیں کہ میں/ ہم UBL فنڈ مینیجر زلمیڈ، اس کے ڈائریکٹرز، افسران، اور ملازمین کو کسی نقصان، کارروائی، لاگت، اخراجات (بشمول، لیکن محدود نہیں، اس معاوضہ کے جو دعوی جات کی ادائیگی، معقول وکیل اور کنسلٹنٹ کی فیس، اور ماہر حضرات کی فیس میں ادایا ہوا)، دعوی، نقصانات، یا ذمہ داری جو FATCA کے تحت اپنی ذمہ داریوں کو نبھانے میں اور/ یا امریکی ٹیکس حکام کو ظاہر کرنے کے نتیجے میں UBL فنڈ مینیجر زلمیڈ کو برداشت کرنا پڑ سکتے ہیں، اس ضمن میں UBLFM کا دفاع کریں گے، اسکی ادائیگی کریں گے اور کوئی نقصان نہیں پہنچنے دیں گے۔

میں/ ہم تسلیم کرتا/ کرتے ہیں اور قبول کرتے ہیں کہ اگر ضروری وقت میں دستاویزات/ معلومات جمع نہیں کروائی گئیں تو، UBL فنڈ مینیجر زلمیڈ، پیشگی اطلاع کے بغیر میرے/ ہمارے کسی ایک/ میرے سارے/ ہمارے سارے اکاؤنٹس کو بند کرنے یا معطل کرنے کا حق محفوظ رکھتا ہے۔

Participant's Signature

Name نام

Principal Unit holder / Guardian (Incase of minor)

پرنسپل یونٹ ہولڈر/ سرپرست (اگر درخواست دہندہ نابالغ ہو)

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Undertaking (by the Sales agent / Supervisor)

I, _____, hereby confirm the following:

1. I have explained the risk of the Fund/Plan being subscribed by the investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money.
3. I have not made or implied any guarantee with respect to return/profit or the Principal investment amount.
4. I have not quoted any fixed return/profit percentage or amount to the investor.
5. I have explained the Risk Profiling Questionnaire to the Investor.
6. I have explained to the Investor about the Sales Load (if any) of the Scheme/Plan in which the investor is investing.

Signature

Name of Sales Agent: _____
(ICM qualified only)

Date:

- -

Signature

Name of Supervisor: _____
(To sign only in case of non-ICM qualified Sales agent)

Date:

- -

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Mandatory Documents Checklist لازمی دستاویزات کی فہرست

- | | | |
|--|---|--|
| <input type="radio"/> Zakat Affidavit (in case of exemption)
زکوٰۃ کا حلف نامہ (استثنائی کی صورت میں) | <input type="radio"/> Copy of CNIC/ NICOP / POC / ARC / Passport / Passport with valid visa or any other proof of legal stay in Pakistan (for foreign nationals only) | |
| <input type="radio"/> W-8 BEN Form (For Non U.S. Person(s))
W-8 BEN فارم (غیر امریکی افراد کے لئے) | <input type="radio"/> KYC and FATCA form
KYC اور FATCA فارم | <input type="radio"/> Business / Employment Proof
کاروبار/ ملازمت کا ثبوت |
| <input type="radio"/> CRS-I Form
CRS-I فارم | <input type="radio"/> Source of Fund Proof
رقم کے ذریعہ کا ثبوت | <input type="radio"/> W-9 Form (For US. Person(s))
W-9 فارم (امریکی افراد کے لئے) |
| <input type="radio"/> Copy of B-Form / Juvenile card & Guardian CNIC/ NICOP/ POC / ARC / Passport (For minor) | | |
| <input type="checkbox"/> Copy of Pension Fund's Account Statement
(In case of transfer from another Pension Fund Manager) | <input type="checkbox"/> Employer & Third Party Contributor Form
(In case of contribution by Employer/Third Party) | |

Distributor ڈسٹری بیوٹر	<input type="text"/>	Name of agent ایجنٹ کا نام	<input type="text"/>
Sub agent ذیلی ایجنٹ	<input type="text"/>	Reference agent Code ایجنٹ کوڈ کا حوالہ	<input type="text"/>
IC Location IC لوکیشن	<input type="text"/>	Remarks ریمارکس	<input type="text"/>
Eligibility اہلیت	<input type="text"/>	ID	<input type="text"/>
		CRM Leads CRM لیڈز	<input type="text"/>

Lead Referral Program (LRP) لیڈ ریفرل پروگرام (LRP)

Name of Leads referral provider لیڈ ریفرل مہیا کرنے والے کا نام	<input type="text"/>
Location لوکیشن	<input type="text"/>
Ref. No حوالہ نمبر	<input type="text"/>

1	ARC No	Alien Registration Card	14	KYC	Know Your Customer
2	CFT	Combating the Financing of Terrorism	15	MFS	Margin Financing System
3	CIS	Collective Investment Scheme	16	MTS	Margin Trading System
4	CNIC	Computerised National Identity Card	17	NAV	Net Asset Value
5	CPPI	Constant Proportion Portfolio Insurance	18	NBFC & NE Regulations	Non Banking Finance & Companies Notified Entities Regulations
6	CRS	Common Reporting Standard	19	NICOP	National Identity Card for Overseas Pakistanis
7	DFI	Development Financial Institution	20	NTN	National Tax Number
8	FATA	Federally Administered Tribal Areas	21	POC No	Pakistan Origin Card Number
9	FATCA	Foreign Account Tax Compliance Act	22	TIN	Taxpayer Identification Number
10	IBAN	International Bank Account Number	23	VAS	Value Added Service
11	IC	Investment Center	24	VPS	Voluntary Pension Scheme
12	ID Card	Identification Card			
13	IPO	Initial Product Offering			

- 1.
- 2.
- 3.

Declarations and Signature*

I certify that I am the account holder (or an authorized to sign for the Account Holder) of all the account(s) to which this form relates. I declare that I have neither asked for, nor received from UBL Funds and its Fund under management in determining my classification as a reportable person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise UBL Fund Managers within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in

Capacity*

Signature*

Print Name*

Date*

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Note: If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attached a certified copy of the power of attorney