



Please specify expected retirement age \_\_\_\_\_ or expected date of retirement -----  
(dd - mm - yyyy)

Note: Expected retirement age can be between 60 to 70 years or 25 years from the date of first contribution to a pension fund, whichever is earlier. 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.

IBAN \_\_\_\_\_ OR Bank Account No. \_\_\_\_\_  
Bank Account Title \_\_\_\_\_ Bank Name \_\_\_\_\_  
Branch Name & Code \_\_\_\_\_ Bank Address & Phone \_\_\_\_\_

Please select (any one) of the Allocation plans given below. In case of customized allocation, please specify the percentage (%) in the respective sub-funds.

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 _____%
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 scheme can be changed subject to the terms & conditions specified in the fund's Offering Document and/or VPS (Voluntary Pension System) Rules, 2005.
- If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, that is life cycle allocation scheme depending on the age of the participant, until such time the participant selects any other allocation scheme.

Do you want to Freeze your current portfolio

Yes  No

Note:

Participant may opt to freeze his/her current portfolio and for future contributions select a different allocation scheme. The freezing of Portfolio can be done twice till the retirement from VPS. For further contributions, participant can choose a different allocation scheme.

I would like to make regular contributions as per the instructions given below.

Frequency of Regular Contribution  Monthly  Quarterly  Semi Annual  Annual

Contribution Amount (Rs.) \_\_\_\_\_ Expected Annual Contribution Amount (Rs.) \_\_\_\_\_

Start Date ----- (dd - mm - yyyy) End Date ----- (dd - mm - yyyy)

- Debit Authority (tick one)  Post-dated cheque(s) (12 for monthly, 4 for quarterly, 2 for semi-annual and 1 for annual frequency)
- Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of the Fund
- Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of the Fund

I confirm that the details provided by me/us are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine I have read and understood the Trust Deed and offering Document of the Fund & supplementary offering document of the income Payment Plan along with details of Sales Load to be deducted (if any) including taxes 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 if the account related information is shared with third parties in order to fulfill regulatory/ legal/ bilateral/ arrangements/ agreements/ requirements, thereby accept that the company may at any time require verification before processing the requested information. The verification procedures may include telephonic verifications, requiring certain identifying information before acting upon instructions and sending written confirmation.

Date   -   -    
(dd - mm - yy)

Participant's Signature \_\_\_\_\_

#### For Office Use Only

Distributor \_\_\_\_\_ Name of Agent \_\_\_\_\_ Sub-Agent \_\_\_\_\_  
Reference/Agent Code \_\_\_\_\_ IC/Location \_\_\_\_\_ Remarks \_\_\_\_\_