Account Update Form For UBL Retirement Savings Fund





General Instructions

- This form is for use by participants to update the information related to their Retirement Savings account with UBI. Fund Managers. Any changes highlighted in this form will permanently override any previous information held in the company records.
- 2. Fill the form in block letters by using blue pen and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
- 3. Please tick the appropriate box where applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable). Strike out sections that you intend to leave blank
- 4. Incase this form is incomplete or not duly filled and there is any discrepancy, the entire form or the particular section(s) may not be processed.
- 5. It is the responsibility of the Participants to carefully read and understand the guidelines and instructions provided in this form before submission
- 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 call our nationwide help line at 0800-00026				
1 Participant Information				
Name (Mr/Ms/Mrs.) Customer ID				
2 Change of Participant Details				
CNIC/NICOP No CNIC Expiry Date NTN No NTN No				
Residential Status Resident Non-Resident Passport No. Nationality Nationality Nationality				
Occupation Service Self-employed Other Employer/Business Name				
Employer/Business Address				
3 Change of Mailing Address / Contact Details				
Street address				
Mailing address (If different from others)				
Mobile No Tel (res) Tel (office)				
Email *In case of address or contact detail outside Pakistan, kindly provide updated / revised CRS / FATCA declaration *Provide complete updated contact /contact detail				
4 Change in Correspondence / Hold Mail Instructions				
I would like to (tick one) Apply for the 'Hold Mail' facility Withdraw my current 'Hold Mail' facility				
If hold mail withdrawal is selected, please tick in relevant box: Account Statement Fund Managers Report (Monthly) Financial Statements				
I want to receive following documents on E-mail I want to receive correspondence through mail				
5 Change of Zakat Status				
I would like to change my Zakat Status as follows (tick one) Applicable Not Applicable (Attach zakat declaration form)				

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.

Version 2 | 16/06/22

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6 Change of Retirem	6 Change of Retirement Age					
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.						
7 Change of Bank A	ccount Details					
IBAN	IBAN OR Bank Account No					
Branch Name & Code		dress & Phone				
8 Change of Allocati	on Scheme Details					
Please select (any one) of the A	llocation plans given below. In	case of customized allocation, p	please specify the percentage (%) in the respective sub-funds.		
High volatility	Medium volatility	Low volatility	Lower volatility	CUSTOMIZED		
Equity Sub-Fund: 70%	Equity Sub-Fund: 40%	Equity Sub-Fund: 15%	Equity Sub-Fund: 0%	Equity Sub-Fund%		
Debt Sub-Fund: 20% MM Sub-Fund: 0%	Debt Sub-Fund :40% MM Sub-Fund: 15%	Debt Sub-Fund: 65% MM Sub-Fund: 20%	Debt Sub-Fund: 50% MM Sub-Fund: 50%	Debt Sub-Fund% MM Sub-Fund%		
Commodity Sub-Fund: 10%	Commodity Sub-Fund: 5%	Commodity Sub-Fund: 0%	Commodity Sub-Fund: 0%	Commodity Sub-Fund%		
LIFE CYCLE						
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% MM Sub-Fund: 5%	Debt Sub-Fund: 25% MM Sub-Fund: 5%	Debt Sub-Fund: 30% MM Sub-Fund: 10%	Debt Sub-Fund: 30% MM Sub-Fund: 20%	Debt Sub-Fund: 50% MM Sub-Fund: 50%		
WM Sub-Fund. 5%	MINI Sub-Fullid, 5%	MM Sub-Pund. 10%	MINI Sub-Fullu. 20%	MM Sub-Fund. 50%		
Note:						
	I subject to the terms & conditions spe- ted, the participant's contribution wou					
participant, until such time the partici	pant selects any other allocation scher	ne.				
9 Freezing of Portfo	lio					
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.						
10 Change of Regular Contribution Details						
I would like to make regular cor	ntributions as per the instruction	ns given below.				
Frequency of Regular Contribution Monthly Quarterly Semi Annual Annual						
Contribution Amount (Rs.) Expected Annual Contribution Amount (Rs.)						
Start Date						
Debit Authority (tick one) Post-dated cheque(s) (12 for monthly, 4 for quarterly, 2 for semi-annual and 1 for annual frequency)						
			unt from bank account and cred			
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 Dead 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.						
Note: CTTTTT						
Date dd - mm - yy)	Participant's Signature					
For Office Use Only						
Distributor	Name of Agent	Sub-Agent				
Reference/Agent Code	IC/Location	Remarks				