Al Ameen Islamic Children Savings Plan* - Service Update Form

*formerly UBL Islamic Children Savings Plan Customer ID Please complete the application form in block letters. **UNIT HOLDER (PRIMARY GUARDIAN) DETAILS** Name (Mr/Mrs/Ms) _ CNIC/Passport No. Request Change/Update In (Tick as appropriate): Mailing Address/Contact Details Contact Instructions Zakat Status Details of main Child Transfer of Benefits to Alternate Child Details of Alternate Child Income Benefit Option **Details of Secondary Guardian** Bank Account Details Systematic Investment Plan Insurance/Takaful Investment Allocation **MAILING ADDRESS/CONTACT DETAILS** _____ Country __ Address -Office Number City Code () Residential Phone Number City Code () Mobile __ E-mail __ **CONTACT INSTRUCTIONS** Would you like to receive SMS alerts? Yes No All dividend/redemption payments should be mailed to my: Hold Mail (will collect payment by hand) Transfer (For UBL Account Holders Only) Mailing Address I would like to receive the following documents through specified method Account Statement Fund Managers Report (Monthly) **Financial Statements** Physicial Documents* I do not wish to receive any correspondence through mail * Service not available for Non-Resident Pakistanis **DETAILS OF MAIN CHILD** Name of Child Father's Name (Mr) - -Place of Birth -Gender Male Female Date of Birth (dd - mm - yy) Nationality_ OR CNIC No. Form 'B' Registration No. with NADRA (In case child's age is greater than 18 years) (In case child's age is less than 18 years) Residential address of the Child (In case different from the Primary Guardian's address) In case of change of Main Child, please submit Form "B" issued by NADRA in respect of the Main Child

Unit Holder/Primary Guardian's signature

Signature(s)

Date - -

(dd - mm - yy)

4 TRANSFER OF BENEFITS TO ALTERNATE CHILD				
I would like to transfer the plan and all the Underlying Units and all accrued benefits in favor of an Alternate child Details of the Alternate Child are given below:				
5 DETAILS OF ALTERNATE CHILD				
Name of Child Father's Name (Mr) Gender Male Female Date of Birth Place of Birth Place of Birth OR CNIC No OR CNIC No In case child's age is less than 18 years)				
6 DETAILS OF SECONDARY GUARDIAN				
Name (Mr/Mrs/Ms) CNIC/Passport No Gender Male Female Address Nationality Non-Resident Pakistani (Tick if Yes) Relation with the Unit Holder/Primary Guardian Relation with main child Residential Phone No Mobile E-mail				
7 CHANGE IN ZAKAT STATUS				
Zakat Deduction Yes No (If No please provide Affidavit)				
8 INCOME BENEFIT (Optional)				
I would like to avail the Income Benefit Yes No As per the following frequency: Monthly Quarterly				
9 CONTINUATION BENEFIT FROM INSURANCE/TAKAFUL COVERAGE (Optional)				
With this plan you have the option to avail a continuation benefit, offered by an Takaful Company, which will ensure that in case of untimely Death/Permanent Total Disability of the Primary Guardian, the Takaful Company shall pay the remaining total monthly investments in lump sum into the Child's Children Savings Plan account. I would like to avail Continuation Benefit from Takaful Coverage Yes No Note: Free Takaful coverage is offered to investors of Al Ameen Islamic Children Savings Plan for Accidental Death and Permanent Total Disability. If this option is chosen along with UBL Children Savings Plan (conventional), the investor must also read, fill in and sign the Health Declaration Form. For complete understanding of the Takaful features, terms used and explanation with examples, please read section 12 of the Plan's Offering Document.				
Signature(s) Date				

10	CHANGE IN BANK ACCOUNT DETAILS			
Unit Holder/Primary Guardian Details:				
Bank Account No Account Title Bank Name & Branch				
Bank Address Bank Telephone —				
11 SYSTEMATIC INVESTMENT PLAN				
Frequency Monthly Quarterly Semi-Annually Annually Start Date:				
1	Debit Authority (select one) Through Post Dated Cheques	Instructions In option 1, you will have to submit 4or you tick the frequency as quarterly or m	12 Post dated Cheques at the time of investment for a year if ionthly respectively	
	Cheque submission date In option 2, you have to give standing instructions to your bank to debit the above mentioned from your account in favor of Plan.		nstructions to your bank to debit the above mentioned amount	
	2. In favour of Plan (Standing Instruction to Bank) 3. In favour of Plan (Standing Instructions to HR)		nstructions to the Human Resource (HR) Manger of your I amount directly from your salary and credit in favor of Plan. BL Funds)	
12 CHANGE IN ALLOCATION				
Please select your desired allocation (Kindly select one from the choices provided)				
Al Ameen Islamic Sovereign Fund* (AISF) (Income) Al Ameen Shariah Stock Fund** (ASSF) (Equities)				
	Aggressive Allocation	30%	70%	
	Moderate Allocation	50%	50%	
	Conservative Allocation ly UBL Islamic Sovereign Fund (UISF)	100%	0%	
**formerly UBL Shariah Stock Fund (USSF)				
DECLARATION				
I have read, understood and agree to abide by all the rules, regulations, terms and conditions of these investments (thereof which shall be binding upon me as well as upon the Child, the Alternate Child (if any), Alternate Guardian (if any) and my legal heirs, legal representatives, executors, administrators and assigns as well as those of the Child and/or the Alternate Child), their allocations and any risks associated with them together with the guidelines given in this form. I have carefully read and completed all applicable sections of this Application Form prior to submission I confirm that I am the bonafide unit holder of the Plan being managed by UBL Fund Managers Limited as mentioned above in 'Unit Holder/Primary Guardian's Details' of the form. I further confirm that I authorize UBL Fund Managers Limited to make the above changes to my account details as stated and to complete all the necessary alterations pertaining to the account. Also, I have no objection if my account related information is shared with third parties in order to fulfill regulatory/legal/bilateral arrangements/agreements/requirements.				
	Date			