

Tick the appropriate Box (select one per question)

I. It is likely that I will withdraw my investment

a	Within one year	8
b	Between 1 to 2 years	12
c	Between 2 to 5 years	16
d	Not before 5 years	20

II. Experience of Investing

a	I have no experience of investing in capital markets, stocks and bonds	4
b	I have experience of investing in capital markets, stocks and bonds	8

III. To seek high retruns I can take:

a	Very Low risk	20
b	Low risk	40
c	Moderate risk	60
d	Medium risk	80
e	High risk	100

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

a	An insignificant part of my investable income	میری قابل سرمایہ آمدنی کا معمولی حصہ	8
b	A significant part of my investable income	میری قابل سرمایہ آمدنی کا اہم حصہ	12
c	A substantial part of my investable income	میری قابل سرمایہ آمدنی کا کافی حصہ	16

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

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Score	Category of Pension Sub Funds/Plans	Risk Profile	Risk of Principle Erosion
=< 61 the risk is	Customized Allocation Plan- 100% in Money Market Sub Fund	Very Low	Principal at Very Low Risk
> 61 but =< 83 the risk is	Customized Allocation Plan - Debt & Money Market Sub Funds with zero Equity Exposure	Low	Principal at Low Risk
>83 but =< 105 the risk is	Regular allocation plan & Customized Allocation Plan - with 0% - 25% Equity Exposure	Moderate	Principal at Moderate Risk
> 105 but=< 127 the risk is	Customized Allocation Plan - with 26%-50% Equity Exposure	Medium	Principal at Medium Risk
>127 the risk is	Customized Allocation Plan - more than 50% Equity exposure	High	Principal at High Risk

Disclaimer: I/we hereby declare that I have read understand and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only help me in assessing my / our risk appetite based on the information provided by me and I have the sole right & discretion to choose the investment scheme/plan as I / we deem fit which may be different as compared to my / our risk profile. I am aware that my financial needs may change over the time depending on my / our personal situation and objectives.

Signature: Principal Unitholder

Plan Type UBL Income Payment Plan (UIPP) Al Ameen Islamic Income Payment Plan (AIIPP)
 Plan Term Period _____ (up to 15 years following the date of retirement) Transfer Amount for Income Payment Plan (in PKR or %) _____
 * or as allowed under VPS rules from time to time.

Allocation & Pension Payment Details:

Choose one of the following Allocation options:

Regular Allocation Option:

80% of transfer amount will be invested in URSF/AIRSF money market sub-fund. This amount will be used for your monthly Pension payments.
 20% of transfer amount will be set aside for growth based on the allocation as specified below.

Equity Sub Fund	Debt Sub Fund	Money Market Sub Fund
20%	45%	35%

Customized Allocation Option:

1 Segments	
Growth Segment (Total desired allocation)	(0% - 100%)
Pension Segment (Total desired allocation)	(0% - 100%)

Subtotal of allocation in segments should be 100%.

2 Segments	Growth Segment			Pension Segment	
	Money Market Sub Fund	Debt Sub Fund	Equity Sub Fund	Money Market Sub Fund	Debt Sub Fund
Allocation in Sub-Funds	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)

Subtotal of allocations in sub-funds should be 100%.

Choose one of the following pension disbursement options (payment will be made from pension segment, in both options)

- Fixed Monthly Payment (in PKR) _____ (amount in words) _____
 Draw-Down Monthly Payment (Draw down payment is derived on the basis of term plan chosen by investor)

Note:

- Monthly pension payments will be made in the form of cheque/pay order/online to investor's
- Tax is exempt on monthly Pension Payments if Plan's term period is 10 years or more. (as per current tax law)
- Any subsequent change in plan term period by the investor will be effective at the end of calendar year.

In case of transfer to another Income Payment Plan:

Income Payment Plan Name _____ Pension Fund Manager _____

In case of transfer to another Annuity Plan:

Annuity Plan _____ Annuity Type _____ Insurance Company _____

By Participant: Encashment Amount (PKR) _____ or _____ %

Transfer to existing Individual Pension Account (Attach Account Statement)

Purchase approved Annuity Plan Insurance Company _____ Type of Annuity _____

Encash _____ % (specify percentage) or Rs. _____ and purchase approved Annuity Plans with balance

Insurance Company _____ Type of Annuity _____

Note: Tax shall be levied in case of encashment subject to conditions as laid down in ITO 2001. In case of tax levied income tax returns of preceding three years as filed with FBR would need to be provided.

I declare for:

- 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
- having been off work for sickness for more than 14 consecutive days during the last 2 years Yes No
- 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.

I would like to receive the encashment amount in the form of Cheque Pay Order Demand Draft Online Account Transfer*

IBAN _____ OR Bank Account Number _____

Bank Account Title _____ Branch Code _____

Bank Name & Branch _____ Bank Address _____

Note: Online account transfer facility is available with selected banks

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

برائے کرم سکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان کے جاری کردہ ایفٹی اینی لائبرنگ 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: Physical Online
 Your expected No. of monthly investment transactions: 0 - 5 6 - 10 11 - 15 More than 15
 Your expected No. of monthly redemption transactions: 0 - 5 6 - 10 11 - 15 More than 15
 Expected Investment Transactions (Rs.) in a year: Upto 100,000 100,000 - 800,000 800,001 - 10,000,000 More than 10,000,000
 Expected Investment Per Transaction (Rs.): Upto 25,000 25,000 - 400,000 400,001 - 1,000,000 More than 1,000,000
 Your purpose of investment: Growth Savings Regular income Cash Management

Do you Belong to these professions Lawyer وکیل Notary public نوٹری Real Estate ریئل اسٹیٹ ڈیلر Foreign exchange dealer فارن ایکسچینج ڈیلر
 Tax advisor/Accountant Gem/ jewelry / 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 کارپوریٹیشنز کے سینئر ایگزیکٹو، اہم سیاسی پارٹی عہدیدار، سینئر مینجمنٹ/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.

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

Local ملکی Foreign غیر ملکی

Has any financial institution refused to open your account?

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

Yes جی ہاں No نہیں

Do you have any links to offshore tax haven countries?

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

Yes جی ہاں No نہیں

I undersigned am the registered participant or successor (in case of death of participant) and would like to withdraw/transfer (as the case may be) the Investment amount as per as details given in this forms I have read and understood the Trust Deed and Offering Document(s) of the Fund along with details of Sales Load to be deducted (if any) including taxes and Sales Load 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. I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party(ies) for performance of due diligence or for improvement in customer services & experience

Date - -
(dd - mm - yy)

Participant's / Nominee's Signature _____

Undertaking

I/We, hereby give our consent to UBL Funds to share my/our 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/We hereby acknowledge having read and understood the Consolidated Offering Document(s) as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant CIS(s)/VPS(s)/Plan(s). I/We understand to access the Company website to keep myself updated before every operation of this account. I/We declare that I/We am/are the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I/We am/are fully informed and understand that investment in units of CIS(s)/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 CIS(s)/VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned.

I/We 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/We hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I/We understand that investment in CIS(s)/Plan(s)/VPS(s) 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 is no guaranteed return or capital. I/We hereby also acknowledge that I/We 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 CIS(s)/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.

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. In case 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/successor
- Zakat will be deducted (incase zakat affidavit has not been provided)
- Documents required incase of Withdrawal by successor: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA, (3) Succession certificate
- In case 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-funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new Pension 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 relevant Pension Fund Manager, under advice to the participant.

For Office Use Only

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

Processing Checklist

Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Customer ID | <input type="checkbox"/> Title | <input type="checkbox"/> Product Name | <input type="checkbox"/> Amount / %age |
| <input type="checkbox"/> Payment Mode (Default Cheque) | <input type="checkbox"/> Bank Account Details (Online) | <input type="checkbox"/> Holding (in case of withdrawal) | |
| <input type="checkbox"/> Signature (as per Operating Instructions) | <input type="checkbox"/> Stamp (Time stamp etc) | | |