

Contribution Form For UBL Retirement Savings Fund (URSF)



Date - -
(dd - mm - yy)

General Instructions

1. This form is for use by participants who want to make additional contribution in their Retirement Savings account with UBL Fund Managers
2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory
3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms
4. 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)
5. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
6. 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. Please obtain acknowledgement receipt against your payment
8. For assistance in filling this form call our nationwide help line at 0800-00026

1 Participant Information

Customer ID

CNIC Number

Participant's Name (Mr/Ms/Mrs)
(Please write in block letters)

2 Contribution Details

Mode of contribution (tick one) ☐ Self ☐ Employer/Third Party

Investment details for 'Self' contribution

Front end load%: _____ (excluding Taxes)

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"/> Demand Draft <input type="checkbox"/> Online Transfer			

Note:

1. Cash will not be accepted. Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'
2. In case of Employer/Third Party contribution, 'Employer & Third Party Contributor Form' should be attached with details

3 Source of Funds (Mandatory)

Source of Funds (Multiple options may be selected) ☐ Salary ☐ Self-owned/ Family Business (Please specify) _____

☐ Home Remittance ☐ Inheritance ☐ Stocks/ Investments ☐ Other _____
(please specify)

4 Tax Applicability on Early/ Excess Withdrawal

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.

5 Were you guided/solicited by our sales advisor/distributor?

☐ Yes ☐ No

Declaration

I have carefully read, understood and accept the terms and conditions given in the Trust Deed and Offering Document of UBL Retirement Savings Fund including terms and conditions given in this form including section 3 of this application form and agree to its implication as explained in the relevant section. I understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I have understood that investments in Pension Funds are subject to market risks and fund prices may go up or down based on market conditions. I have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I understand that my withdrawals made from the UBL Retirement Savings Fund, prior to retirement will result in a tax penalty/withholding tax I have no objection to the Prescribed Investment Policy and Prescribed Application Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed Allocation Schemes.

I confirm that I have understood the details of Sales Load to be deducted including taxes.

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.

I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

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 Signature

نوٹ: نقد رقم قابل قبول نہیں۔ ادائیگی صرف کراس چیک یا پے آرڈر یا آن لائن ٹرانسفر کے ذریعے کریں۔

Instructions & Guidelines

1. Cash will not be accepted
2. Payment can be made in the form of a cheque, demand draft, pay order or online account transfer
3. Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund' or in favor of 'CDC Trustee UBL Funds'. Instrument should be crossed 'Account Payee Only'
4. If payment instrument is returned, the unpaid application will be rejected
5. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
6. Front-end load (charges) will be applicable on investment as per the constitutive documents of the Fund. However no Front-end Load shall be charged to such Participants who transfer their individual pension accounts, partially or wholly, maintained with another pension fund managers, to or transfer from pension policies approved by the Commission under Section 63 of the Income Tax Ordinance, 2001 and issued by Life Insurance Companies before June 30, 2005
7. Application will be processed as per cut-off timings for the Fund

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent Code _____ IC/Location _____ Remarks _____

CRM Lead

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"/> Fund Plan / Product Name | <input type="checkbox"/> Amount (in figure and in word) |
| <input type="checkbox"/> TS2 Number | <input type="checkbox"/> Time stamp (affixed) | <input type="checkbox"/> CMT slip / CMT Number | <input type="checkbox"/> Signature of investor |
| <input type="checkbox"/> Payment Instrumnet (copy / Third party letter attach) | <input type="checkbox"/> Document (as per compliance guidelines) | <input type="checkbox"/> Original Intrument Seen | |