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You can submit the form at your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

1) Fill the form in block letters and in legible handwriting to avoid errors in application processing. 2) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms. 3) If any alteration is made, a countersign is mandatory. 4) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. 5) 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 in the Offering Document(s) of the relevant schemes prior to submitting the form. 6) Please obtain acknowledgement receipt against your payment. Application will be processed as per cut-off timings for the Fund(s) / Plan(s). For cut-off timings sms CT to 8258.

CNIC Number

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Principal Unit Holder's Name (Mr/Ms/Mrs/Messrs)

1. Name _____ 2. Name _____

From				To			
	Name of Scheme (s) Short Name of Fund/Plan (s)	Type of Units	Perform on (tick one) ☐ Amount (Rs.) ☐ No. of Units ☐ %		Name of Scheme (s) Short Name of Fund/Plan (s)	Type of Units	
1							

1. Conversion amount (Rs. / Units) in words

From				To			
	Name of Scheme (s) Short Name of Fund/Plan (s)	Type of Units	Perform on (tick one) ☐ Amount (Rs.) ☐ No. of Units ☐ %		Name of Scheme (s) Short Name of Fund/Plan (s)	Type of Units	
2.							

2. Conversion amount (Rs. / Units) in words

Guidelines & Instructions 1) Conversion can only be made from one fund to another fund and from one plan to another plan. Conversion from a fund to plan (and vice versa) is not allowed. 2) Front-end/Back-end load (charges) will be applicable as per Constitutive Documents of the Fund(s)/Investment Plan(s). 3) Conversion charges may be applied as per the Constitutive Documents of the Fund(s)/Investment Plan(s). 4) In case the amount available in a fund/plan is less than the requested amount, the entire amount will be converted. 5) In case of conversion between conventional and Islamic investment plans, Insurance/Takaful Coverage (if offered) will be altered accordingly. 6) In case of conversion from an investment plan, Insurance/Takaful Coverage (if offered) may be withdrawn if minimum amount required for coverage in that plan is not met. 7) If physical certificates are held, conversion will only be allowed if original (physical) certificates are surrendered/cancelled.

The unit holders have the right to obtain a refund of their first time investment (cooling-off right) in a particular Collective Investment Scheme. The cooling-off right shall be available to the individual unit holders only. The cooling-off period shall comprise of three business days commencing from the date of issuance of investment report (transaction statement) to the unit holder. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount is being refunded at the applicable NAV on the date the cooling-off right is exercised which shall be paid to the unit holder within six business days of receipt of written request from the unit holder. The AMC shall also refund any sales load paid by the unit holder. However, contingent load (Back end load) shall be payable by the unit holder where applicable.

I/We hereby acknowledge having read and understood the Supplementary Offering Document(s) of the Plan(s), the Trust Deed(s) and Offering Document(s) of the Fund(s)/Plan(s) and hereby apply for transaction(s) as indicated in this form. I/we hereby confirm that I/we have received the latest Fund Manager Report and/or Fact Sheet as the case may be. I agree to abide by the terms, conditions, rules, and regulations applicable on the Fund(s) and Plan(s). I/We understand that investments in mutual funds 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 fixed or guaranteed return. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

I confirm that I have understood the details of Sales Load to be deducted including taxes. I/We hereby also acknowledge that I/We have reviewed and understood the Total Expense Ratio, Management Fee, Selling & Marketing expenses, Front-end, Back-end and Contingent Load of the Scheme as disclosed on the UBL Fund Managers website link <https://www.ublfunds.com.pk/individual/resources-tools/>

For UBL Special Savings Plan-II Only:

I/We confirm that I/We have understood the details mentioned below at the time of investment:

- Back End Load (Deferred Sales Load) & Contingent Load (both referred as Exit Charges) to be deducted including taxes upon redemption of units before completion of thirty six (36) months from commencement of Life of the Plan (excluding units redeemed during Subscription Period & Cash Dividend)
- For conversion-in from other funds, minimum Rs.100,000 is required for initial investment & minimum Rs.1,000 for additional investment in the Plan.
- The amount of conversion(s) is net of CGT.

For information regarding the investment policy of the respective allocation plan, please refer to the Annexure 'B' of the offering document & thereto supplementals of 'UBL Special Savings Fund'

Profit Re-Investment Disclaimer:

I/we hereby authorize UBL Fund Managers through this one time standing instruction to re-invest the profit/cash dividend (net of any applicable taxes) as and when disbursed for UBL Special Savings Plan-II (USSP-II) in _____ (Name of Fund) managed by UBL Fund Managers.

I/we hereby also confirm to inform UBL Fund Managers (in writing) in specified format in case of any change in this standing instruction.

Date

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(DD - MM - YYYY)

Principle Unit Holder's Signature

Joint Unit Holder'(s) Signature(s)

1.

2.

3.

For Office Use Only

Distributor

Name of Agent

Sub-Agent

Reference/Agent No.

IC / Location

Remarks