

Initial Investment Form for UBL Retirement Savings Fund (URSF)

For new portfolio account/extension ID (to be used only for existing investors)

Customer ID

(For existing customer only)

New Pension Portfolio Account

New Extension ID



For assistance in filling out this form, Please call at 0800-00026 or sms HELP to 8258. Please save 021 111 825 262 in your smart phone to avail smart WhatsApp self service. Type HI and send.

General Instructions & Guidelines

1) This form is for use by individual applicants who want to open a 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) Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable). 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, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document of UBL Retirement Savings Fund (URSF). 6) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. 7) 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 8) Please fill out this form in Blue ink. 9) For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026.

1 Principal Unit Holder Details (Mandatory)

Name (Mr/Ms/Mrs)

(Please write in block letters)

CNIC Number

Employer Name

Employer/Business address

2 Retirement Age

Please specify expected retirement age _____ or expected date of retirement

(dd - mm - yyyy)

Note:

1. Retirement age can be 25 years from the date of first investment or any age between 60 to 70 years whichever is earlier.
2. If retirement age/date is not specified, by default the age/date 25 years from the first investment or 60 years whichever is earlier will be selected as the expected retirement age.
3. Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
4. If you would like to change your expected date of retirement you may do so by filling Section 5) of VPS Account Update Form. 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.

3 Initial Contribution Details

Account Type PF Normal

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

Investment details for 'Self' contribution

Front end load%: _____ (excluding Taxes)

Initial Contribution Amount (Rs.) _____ In words _____

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
<input type="checkbox"/>	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Online Transfer			
<input type="checkbox"/>	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Online Transfer			

Participant Signature

نوٹ: ہندوستان میں مقیم افراد کو اس سے پہلے ڈی آر اے کی ضرورت ہے۔

Please select (any one) of the Allocation plans given below. Allocation schemes from lower to high are categorized in terms of volatility. In case of customized allocation, please specify the percentage (%) in the respective sub-funds.

High volatility <input type="checkbox"/>	Medium volatility <input type="checkbox"/>	Low volatility <input type="checkbox"/>	Lower volatility <input type="checkbox"/>	CUSTOMIZED <input type="checkbox"/>
Equity Sub-Fund: 70%	Equity Sub-Fund: 40%	Equity Sub-Fund: 15%	Equity Sub-Fund: 0%	Equity Sub-Fund _____%
Debt Sub-Fund: 20%	Debt Sub-Fund :40%	Debt Sub-Fund: 65%	Debt Sub-Fund: 50%	Debt Sub-Fund _____%
MM Sub-Fund: 0%	MM Sub-Fund: 15%	MM Sub-Fund: 20%	MM Sub-Fund: 50%	MM Sub-Fund _____%
Commodity Sub-Fund: 10%	Commodity Sub-Fund: 5%	Commodity Sub-Fund: 0%	Commodity Sub-Fund: 0%	Commodity Sub-Fund _____%
LIFE CYCLE <input type="checkbox"/>				
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%	Debt Sub-Fund: 25%	Debt Sub-Fund: 30%	Debt Sub-Fund: 30%	Debt Sub-Fund: 50%
MM Sub-Fund: 5%	MM Sub-Fund: 5%	MM Sub-Fund: 10%	MM Sub-Fund: 20%	MM Sub-Fund: 50%

Note:

- Allocation scheme can be changed subject to the terms & conditions specified in the Offering document of the fund.
- If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. life cycle allocation scheme, unit such time the participant selects an allocation scheme depending on the age of the participant.

Transfer from another Pension Fund Manager (If applicable)

Name of Pension Fund _____	Name of Pension Fund Manager _____
Date of Joining <input type="text"/> - <input type="text"/> - <input type="text"/> (dd - mm - yyyy)	Amount being transferred (Rs.) _____
Previous Pension Fund Manager's Address _____	

Declaration for Free Takaful Coverage (where applicable)

I declare for:

- not 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
- not having been off work for sickness for more than 14 consecutive days during the last 2 years Yes No
- not 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.

Participant Signature

