

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:

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

1. Name (Mr/Ms/Mrs.) _____ CNIC/NICOP/B Form* No. _____
 Residential Address & Phone _____ Relation _____ % Allocation _____
2. Name (Mr/Ms/Mrs.) _____ CNIC/NICOP/B Form* No. _____
 Residential Address & Phone _____ Relation _____ % Allocation _____

Note: In case of more than two nominees, please attach a separate sheet with details mentioned above

* In case of minor

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 _____ %
- By Nominee, in case of death of Participant:** Encash full share Transfer to my new Individual Pension Account (Attach Registration Form)
- 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.

Payment Instructions (For Participant/Nominee in case of withdrawal)

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

Bank Account Number _____ Bank Account Title _____

Bank Name & Branch _____ Bank Address _____

Note: Online account transfer facility is available with selected banks

Know Your Customer (KYC) (Not Applicable for investors already invested with UBL Funds)

The Know Your Customer (KYC) section is meant to enable a person to comply with the client identification program laid down by the Anti Money Laundering Laws and Circular 12 of 2009 issued by Securities & Exchange Commission of Pakistan (SECP).

Education Under graduate Graduate Post graduate Professional Other (Please specify) _____

Marital Status Single Married No. of Dependants _____ Approximate Annual Income (Rs.) _____

Public Figure Yes No (Includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials & family members, Politicians)

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

Home Remittance Inheritance Stocks/Investments Other (Please specify) _____

Name of ultimate beneficiary of investment _____ CNIC/NICOP No. | | | | - | | | | | | | | | | - | | |

(If ultimate beneficiary is other than Participant, please mention beneficiary's name and CNIC number and attach separate sheet with other details mentioned above)

Declaration & Signature(s)

I undersigned am the registered participant or nominee (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.

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/nominee
- Zakat will be deducted (in case zakat affidavit has not been provided)
- Documents required in case of Withdrawal by Nominee: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA.
- 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) | | |