## **Service Update Form**

## **UBL Children Savings Plan (UCP)**



Please complete the application form in block letters.

UNIT HOLDER (PRIMARY GUARDIAN) DETAILS				
Name (Mr/Mrs/Ms) Customer ID Customer ID Customer ID CNIC/Passport No Investment In: UBL Children Savings Plan UBL Islamic Children Savings Plan Request Change/Update In (Tick as appropriate): Mailing Address/Contact Details Contact Instructions Zakat Status Details of main Child Transfer of Benefits to Alternate Child Details of Alternate Child Details of Secondary Guardian Income Benefit Option Bank Account Details Systematic Investment Plan Change in Maturity Age of a Child Investment Allocation				
1 MAILING ADDRESS/CONTACT DETAILS				
Address City Country  Residential Phone NumberCity Code ( ) Office NumberCity Code ( )  Mobile E-mail				
2 CONTACT INSTRUCTIONS				
Would you like to receive SMS alerts? Yes No All dividend/redemption payments should be mailed to my:    Mailing Address				
3 DETAILS OF MAIN CHILD				
Name of Child Father's Name (Mr) Form 'B' Registration No. with NADRA OR CNIC No				
Signature(s)  Date				

TRANSFER OF BENEFITS TO ALTERNATE CHILD			
I would like to transfer the plan and all the Underlying Units and all accrued benefits in favor of an Alternate child			
5 DETAILS OF ALTERNATE CHILD			
Name of Child Father's Name (Mr)			
Gender Male Female Date of Birth Place of Birth ————————————————————————————————————			
Form 'B' Registration No. with NADRA  OR CNIC No.   -   -    (In case child's age is less than 18 years)  (In case child's age is greater than 18 years)			
Residential address of the Child(In case different from the Primary Guardian's address)			
Please submit Form "B" issued by NADRA in respect of the Alternate Child.			
6 DETAILS OF SECONDARY GUARDIAN			
Name (Mr/Mrs/Ms) CNIC/Passport No Gender Male Female			
Address Nationality Non-Resident Pakistani			
Relation with the Unit Holder/Primary Guardian Relation with main child			
Residential Phone No. — E-mail E-mail			
7 CHANGE IN ZAKAT STATUS			
Zakat Deduction Yes No (If No please provide Affidavit)			
8 INCOME BENEFIT (Optional)			
I would like to avail the Income Benefit Yes No As per the following frequency: Monthly Quarterly			
9 CHANGE IN MATURITY AGE OF A CHILD			
Maturity Age of the child selected by the Unit Holder: (No. of years) In words  Note: The Maturity Age of the child should be between 18 to 30 years.			
10 CHANGE IN BANK ACCOUNT DETAILS			
Unit Holder/Primary Guardian Details:  Bank Account No Account Title Bank Name & Branch  Bank Address Bank Telephone			
Signature(s)  Date			

11 SYSTEMATIC INVESTMENT PLAN				
Frequency Monthly Quarterly Semi-Annually Annually Start Date: dd - mm - yy)				
Debit Authority (select one)  1. Through Post Dated Cheques  Cheque submission date  2. In favour of Plan (Standing Instruction to Bank)  3. In favour of Plan (Standing Instructions to HR)	you tick the frequency as quarterly or mor In option 2, you have to give standing inst from your account in favor of Plan. In option 3, you have to give standing inst	tructions to your bank to debit the above mentioned amount tructions to the Human Resource (HR) Manger of your mount directly from your salary and credit in favor of Plan.		
12 CHANGE IN ALLOCATION				
Tick as appropriate: UBL Children Savings Plan	UBL Islamic Children Savings Plan			
Please select your desired allocation (Kindly select one from the choices provided)				
UBL Children Savings Plan  UBL Government Securities Fund (Income) United Stock Advantage Fund (Equities)				
Aggressive Allocation	30%	70%		
Moderate Allocation	50%	50%		
Conservative Allocation	100%	0%		
UBL Islamic Children Savings Plan	UBL Islamic Sovereign Fund (Income)	United Shariah Stock Fund (Equities)		
Aggressive Allocation	30%	70%		
Moderate Allocation	50%	50%		
Conservative Allocation	100%	0%		
DECLARATION				
I have read, understood and agree to abide by all the rules, regulations, terms and conditions of these investments (thereof which shall be binding upon me as well as upon the Child, the Alternate Child (if any), Alternate Guardian (if any) and my legal heirs, legal representatives, executors, administrators and assigns as well as those of the Child and/or the Alternate Child), their allocations and any risks associated with them together with the guidelines given in this form. I have carefully read and completed all applicable sections of this Application Form prior to submission  I confirm that I am the bonafide unit holder of the Plan being managed by UBL Fund Managers Limited as mentioned above in 'Unit Holder/Primary Guardian's Details' of the form. I further confirm that I authorize UBL Fund Managers Limited to make the above changes to my account details as stated and to complete all the necessary alterations pertaining to the account.				
Date		Unit Holder/Primary Guardian's signature		