Employer & Third Party Contributor Form for UBL Retirement Savings Fund

Date | | - | | - | | |
(dd - mm - yy)

General Instructions

1. This form is for use by employers and third party contributors who want to make contributions towards employees/participants' retirement 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, incase 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. For assistance in filling this form call our nationwide help line at 0800-00026

1 Employer / Corporate Contributor Details

Company Name _____ Company Registration No. _____

Registered Address _____ NTN No. _____

Office Phone _____ Fax Number _____ Company Website _____

Industry Category ☐ Commercial Bank ☐ Government ☐ Education ☐ Insurance ☐ FMCG Other _____
(Please specify)

Total Number of Employees _____ Total Number of Employees joining UBL Retirement Savings Fund _____

Primary Contact Person Name _____ Designation _____

Contact Number _____ Email _____

Alternate Contact Person Name _____ Designation _____

Contact Number _____ Email _____

Declaration & Signature(s)

I/We hereby acknowledge that I/we have fully understood all the notes; and the provisions of the Trust Deed and Offering Document of the Fund. Further, I/we hereby ratify that the information provided in this form is correct. I/we understand that I/we shall have no claim/entitlement to the contributions made on behalf of the Individual Pension Fund Account Holders. I/we agree to update UBL Fund Managers on any changes in contribution amount or any additions and deletions in employees participating in UBL Retirement Savings Fund within seven (7) days of such change or with the subsequent contribution payment. I/We will not hold UBL Fund Managers responsible due to any delay in notifying any changes. I/We agree to update UBL Fund Managers on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payments or any authorized signatories details on a timely basis.

_____ _____
Authorized Signature Authorized Signature

_____ Date | | - | | - | | | _____
Authorized Signature (dd - mm - yy) Authorized Signature

Note: Official company stamp is required

2 Contribution Details (Employer/Corporate)

Frequency of Regular Contribution ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Employer's Total contribution (Rs.) _____ Employee's total contribution (Rs.) _____

If any other arrangement please specify _____

Preferred Mode of Payment ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Account Transfer

(Drawn on) Bank Name _____ Branch Name & Code _____

Note:

1. For each participant attach a sheet with the following details in the format given below
2. This format should be used for both initial and regular contributions.
3. Please update UBL Fund Managers on any changes in contribution amount or any additions and deletions in employees participating in UBL Retirement Savings Fund within seven (7) days of such change or with the subsequent contribution payment.
4. Please update UBL Fund Managers on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payments or any authorized signatories details on a timely basis.
5. For new inductions, please also attach duly filled Registration Form for each participant

Serial No.	Participant Name	CNIC No.	Name of Pension Fund	Contribution Amount (Rs.)	Contribution Amount Breakup	
					Employer	Employee

3 Third Party Contributor & Contribution Details (On behalf of Participant)

Name (Mr/Ms/Mrs.) _____ CNIC/NICOP No. ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

Mailing Address _____

City _____ Country _____ Email Address _____

Residential Phone _____ Office Phone _____ Mobile _____

Contribution made on behalf of _____ Customer I.D. of Participant ☐☐☐☐☐☐☐☐-☐

Contribution Amount (Rs.) _____ In words _____

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
1	☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Transfer			
2	☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Transfer			

Note: Online account transfer facility is available with selected banks

I, (the participant), hereby authorize third party contributor (mentioned above) to make contributions in my Individual Pension Fund Account on my behalf.

Participant's Signature _____

Declaration & Signature

I hereby acknowledge that I have fully understood all the notes; and the provisions of the Trust Deed and Offering Document of the Fund. Further, I hereby ratify that the information provided in this form is correct. I understand that I shall have no claim/entitlement to the contributions made on behalf of the Individual Pension Fund Account Holder.

Date ☐☐-☐☐-☐☐
(dd - mm - yy)

_____
Third Party Contributor's Signature

Instructions & Guidelines

1. Cash will not be accepted
2. Payment can be made in the form of cheque, demand draft, pay order or online account transfer
3. Payment shall be made in favor of 'CDC-Trustee UBL Retirement Savings Fund' and crossed "Account Payee" only
4. Front-end fee (sales load) shall be applied to all contributions to individual pension accounts as per the Offering Document 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 by the Commission under Section 63 of the Income Tax Ordinance, 2001 and issued by Life Insurance Companies before June 30, 2005
5. Minimum contribution amount as per details provided in the Offering Document of the Fund
6. It should be responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
7. Application will be processed as per cut-off timings for the Fund.
8. Incase of partnership firm, application shall be made in the name of partner(s)

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

- ☐ Memorandum and Articles of Association/Bye Laws/Trust Deed
- ☐ Power of Attorney & Board Resolution (Certified True copy) authorizing contribution in UBL Retirement Savings Fund
- ☐ Copy of CNIC of the signatories & of primary contact dealing with contribution payments
- ☐ List of authorized signatories with specimen signatures
- ☐ Duly filled Registration Forms for each employee participating in UBL Retirement Savings Fund (incase of 'Employer Contributor')

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent Code _____ IC/Location _____ Remarks _____

CRM Lead |_|_|_|_|_|_|_|_|