Account opening and Initial investment forms for VPS (URSF & AIRSF)

انفرادی اکائنٹ اوپننگ فارم

Date تاریخ

☐☐-☐☐-☐☐☐☐

Customer ID کسٹمر ID

☐☐☐☐☐☐☐☐☐-☐

(For Office Use) دفتری استعمال کے لیے

TS2 # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 for UBL Funds & 0800-26336 for AlAmeen Funds or sms HELP to 8258. Please save 021 111 825 262 in your smartphone to avail smart whatsapp self service. Type HI and send.

You can submit the form to 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.

اس فارم کو پُر کرنے میں معاونت کے لئے، 0800-00026 پر UBL فنڈ منیجرز اور 0800-26336 پر الامین فنڈ پر ہمارے کسٹمر کیئر ایگزیکٹو سے رابطہ کریں یا HELP لکھ کر 8258 پر میسج بھیجیں۔

برائے کرم اسمارٹ واٹس ایپ سلف سروس حاصل کرنے کے لئے اپنے اسمارٹ فون میں **021 111 825 262** کو محفوظ کریں۔ اور **HI** لکھ کر بھیجیں

آپ اس فارم کو اپنے قریبی UBL فنڈ منیجرز انویسٹمنٹ سینٹر، UBL کی نامزد شاخوں یا مجاز ڈسٹری بیوٹرز کو جمع کرا سکتے ہیں۔ آپ اس فارم کو اس پتہ پر کوریئر بھی کر سکتے ہیں: UBL فنڈ منیجرز۔ آپریشنز آفس، چوتھی منزل، STSM بلڈنگ، بیومونٹ روڈ، سول لائنز۔ کراچی، پاکستان۔

General Instructions & Guidelines / عمومی ہدایات

1) Fill the form in block letters and in legible handwriting to avoid errors in application processing.
2) Cash will not be accepted.
3) Payment can be made in the form of a cheque, pay order or online account transfer.
4) Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund' or 'CDC Trustee Al-Ameen Islamic Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'
5) It should be the responsible of the applicant to pay all charges and taxes in relation to the units purchased by him/ her.
6) Applications by nonresident Pakistani individual shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
7) Front-end load (charges) will be applicable on investment as per the constitutive documents of the Funds.
8) Application will be processed as per cut-off timings for the Funds.
9) This form is for use by individual applicants who want to open a Retirement Savings account with UBL Fund Managers.
10) If any alteration is made, a countersign is mandatory.
11) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
12) Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
13) 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) and Al-Ameen Islamic Retirement Savings Fund (AIRSF).
14) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.

1 Participant's details (Mandatory)

Mr. ○ محترم Ms. ○ محترمہ Mrs. ○ مسز ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please write name as per identity document in block letters)

Father ○ والد Husband ○ خاوند ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please write name as per identity document in block letters)

Mother's Maiden name والدہ کا نام ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(This information is required for verification purpose only) (یہ معلومات صرف تصدیق کے مقصد کے لئے ضروری ہے)

CNIC No ○ CNIC نمبر NICOP No ○ NICOP نمبر ARC No ○ ARC نمبر POC No ○ POC نمبر Passport No ○ پاسپورٹ نمبر ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CNIC/ID/ Passport issuance Date ☐☐-☐☐-☐☐☐☐ (dd-mm-yy) / (دن-ماہ-سال)

CNIC/ID/ Passport Expiry Date شناختی کارڈ/ پاسپورٹ کی میعاد ختم ہونے کی تاریخ ☐☐-☐☐-☐☐☐☐ (dd-mm-yy) / (دن-ماہ-سال)

Gender جنس ○ Male مرد ○ Female عورت

Date of Birth
تاریخ پیدائش

Country of Birth
پیدائش کا ملک

Religion
مذہب

Zakat Deduction
زکوٰۃ کی کٹوتی:

Yes ہاں

No (In case of No, please submit zakat Affidavit)
نہیں (اگر جواب نہیں میں ہے تو برائے کرم زکوٰۃ کا بیان حلفی جمع کرائیں)

Nationality
شہریت

Do you have Other Nationalities? (If Yes Please Disclose all Nationalities)
کیا آپ کے پاس ایک سے زیادہ شہریت ہے؟ اگر ہاں، تو برائے کرم تمام شہریتوں کا انکشاف کریں

Nationality 2
شہریت نمبر 2

Country of Residence
رہائش کا ملک

Do you hold U.S. Permanent Resident Card (Green Card)? Yes No
کیا آپ کے پاس امریکہ کا مستقل رہائشی کارڈ (گرین کارڈ) ہے؟ جی ہاں، نہیں

Standing instructions transfer funds to an account maintained in USA. Yes No
رہنمائے مقصد امریکہ میں برقرار رکھنے والے اکاؤنٹ میں رقوم کی منتقلی کرتی ہیں جی ہاں، نہیں

Are you a U.S. Resident Yes No
کیا آپ امریکہ کے رہائشی ہیں؟ جی ہاں، نہیں

Are you registered in the US as a tax payer? Yes No
کیا آپ امریکہ میں بطور ٹیکس دہندہ رجسٹرڈ ہیں؟ جی ہاں، نہیں

If you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W9 Form in original
اگر آپ امریکی ٹیکس سال میں 183 دن سے زیادہ عرصہ تک امریکہ میں رہ چکے ہیں تو، برائے کرم اصلی W9 فارم جمع کروائیں۔

Mailing Address
پوسٹل ایڈریس:

House / Flat #
گھر فلیٹ نمبر

Name of Building / Flat / Floor
بلڈنگ کا نام فلیٹ فلور

Block
بلاک

Street
گلی

Mohallah
محلہ

Area
علاقہ

Post Office / Village
پوسٹ آفس گاؤں

Nearest Landmark
قریبی مشہور جگہ

Postal code
پوسٹل کوڈ

District / Tehsil
ضلع/تحصیل

City شہر

Country ملک

E-mail* ای میل

Alternate E-mail
متبادل ای میل

Residence Phone
رہائشی فون نمبر

Office Phone آفس فون نمبر

Mobile موبائل نمبر

Note: Country and city code information are mandatory
نوٹ: ملک اور شہر کے کوڈ کی معلومات دینا ضروری ہیں۔

Employer / Business Name

Employer / Business Address

Note: Your mobile number has been registered for Tele-Transact & Mobile Transact facilities by default, please call our help line 0800 - 00026 for T-pin generation.
Disclaimer: Make sure that provided email address is correct, active and pertinent (i.e email account being operated by you) as the same email address may be used by UBL Funds to contact you for update investment information and VAS (value added services). This email address may also be used to access your investment information and execute transaction including redemption, conversion & update profile Information etc.UBL Funds will not be held responsible for any potential misuse of the email.

دستبرداری: اس بات کو یقینی بنائیں کہ فراہم کردہ ای میل ایڈریس درست، فعال اور مناسب ہے (یعنی آپ اس ای میل اکاؤنٹ کو چلا رہے ہیں) کیونکہ VAS (ویلیو ایڈڈ خدمات) اور انوسٹمنٹ کی تازہ معلومات کے لئے آپ سے رابطہ کرنے کے لئے UBL فنڈز اسی ای میل ایڈریس کو استعمال کر سکتے ہیں۔ اسی ای میل ایڈریس کو، آپ کی سرمایہ کاری سے متعلق معلومات تک رسائی حاصل کرنے اور لین دین پر عمل درآمد کے لیے، استعمال کیا جا سکتا ہے جس میں ریڈیمپشن، کنورژن اور پروفائل کی معلومات کو تبدیل کرنا وغیرہ شامل ہیں۔ ای میل کے کسی بھی ممکنہ غلط استعمال کے لئے UBL فنڈز کو ذمہ دار نہیں ٹھہرایا جائے گا۔

2 Bank Account Details of participant (Mandatory)

Bank Account Details (atleast one) of participant (Mandatory)

Bank Account Title
بینک اکاؤنٹ ٹائٹل

IBAN

OR

Bank Account Number

Bank Name
بینک کا نام

Branch Code
برانچ کوڈ

Bank Address
بینک کا ایڈریس

3 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 in a pension fund 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 6)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.

4 Know your customer KYC (Mandatory) کسٹمر کی پہچان (لازمی)

Please provide the following details pursuant to Anti-Money Laundering & CFT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan

برائے کرم سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان کے جاری کردہ اینٹی منی لانڈرنگ ریگولیشنز 2020 کے تحت درج ذیل تفصیلات فراہم کریں۔

Profession:

◯ Service/Salaried ◯ Self-employed ◯ Retired ◯ House wife ◯ Student

◯ Other:_____ ◯ Relationship with person on whom dependent upon_____

Note: In case of Housewife, Student and Others, if dependent on any other person, then kindly fill relevant information for that person.

Source(s) of Investments (the principal unit holder or on whom dependent upon)

(Select atleast one / more than one source, along with approximate or estimated annual income)

◯ Salary Rs. _____ ◯ Business Income Rs. _____ ◯ Foreign Remittance(s) Rs. _____

◯ Gift Rs. _____ ◯ Inheritance Rs. _____ ◯ Sale of property Rs. _____

◯ Stocks / Investments / liquid asset as per tax return Rs. _____ ◯ Others _____ Rs. _____

◯ Agriculture Rs. _____ Aggregate Approximate / Estimated Income Rs. _____

For Sole Proprietor(s) / Business Income Investors (Principal unit holder or On whom dependent upon)

Geographies Involved ◯ Domestic ◯ Ex - FATA ◯ International

Type of counterparties dealing with ◯ Individual ◯ NPO/Trust ◯ Business ◯ Other_____

Your majority of transactions will be carried out through:	◯ Physical	◯ Online		
Your expected No. of monthly investment transactions:	◯ 0 - 5	◯ 6 – 10	◯ 11 – 15	◯ More than 15
Your expected No. of monthly redemption transactions:	◯ 0 - 5	◯ 6 – 10	◯ 11 – 15	◯ More than 15
Expected Investment Transactions (Rs.) in a year:	◯ Upto 100,000	◯ 100,000 – 800,000	◯ 800,001 – 10,000,000	◯ More than 10,000,000
Expected Investment Per Transaction (Rs.):	◯ Upto 25,000	◯ 25,000 – 400,000	◯ 400,001 – 1,000,000	◯ More than 1,000,000
Your purpose of investment:	◯ Growth	◯ Savings	◯ Regular income	◯ Cash Management

Do you Belong to these professions ◯ Lawyer وکیل ◯ Notary public نوٹری ◯ Real Estate ریئل اسٹیٹ ڈیلر ◯ Foreign exchange dealer فارن ایکسچینج ڈیلر

کیا آپ کا تعلق پیشے سے ہے؟

◯ Tax advisor/Accountant ◯ Gem/ jewelery / Precious stone / Antique

Are you a politically exposed person (PEP) ◯ Yes جی ہاں ◯ No نہیں

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization).

(اس میں ریاستوں یا حکومت کے سربراہان، سینئر سیاستدان، گریڈ 21 یا اس سے اوپر کے سینئر سرکاری/عدالتی/فوجی عہدیدار، ریاستی ملکیت والے کارپوریشنز کے سینئر ایگزیکٹو، اہم سیاسی پارٹی عہدیدار، سینئر مینجمنٹ/کسی بین الاقوامی تنظیم کے بورڈ کے ممبر شامل ہیں)۔

Are you a family member or close associate of any Politically exposed person? ◯ Yes جی ہاں ◯ No نہیں

کیا آپ کسی سیاسی شخصیت کے خاندان کے رکن یا قریبی ساتھی ہیں؟

Please mark if yes to any of above two questions. ◯ Local مقامی ◯ Foreign غیر مقامی

برائے کرم اگر مذکورہ دو سوالات میں سے کسی کے لئے ہاں ہے تو اسے نشان زد کریں۔

Has any financial institution refused to open your account? ◯ Yes جی ہاں ◯ No نہیں

کیا کسی مالی ادارے نے آپ کا اکاؤنٹ کھولنے سے انکار کیا ہے؟

Do you have any links to offshore tax haven countries? ◯ Yes جی ہاں ◯ No نہیں

کیا آپکا غیر ملکی ٹیکس ہیونگ ممالک سے کوئی تعلق ہے؟

5 Risk Profiling Assessment رسک پروفائلنگ کی تشخیص

Tick the appropriate Box (select one per question)
مناسب باکس پر نشان لگائیں (ہر سوال میں سے ایک کو منتخب کریں)

I.	**It is likely that I will withdraw my investment** امکان ہے کہ میں اپنی سرمایہ کاری واپس لے لوں		
a	Within one year ایک سال میں		8
b	Between 1 to 2 years ایک سے دو سال میں		12
c	Between 2 to 5 years دو سے پانچ سال میں		16
d	Not before 5 years پانچ سال سے پہلے نہیں		20
II.	**Experience of Investing** سرمایہ کاری کا تجربہ		
a	I heve no experience of investing in capital markets, stocks and bonds مجھے کیپیٹل مارکیٹس، اسٹاک اور بانڈز میں سرمایہ کاری کا کوئی تجربہ نہیں ہے۔		4
b	I heve experience of investing in capital markets, stocks and bonds مجھے کیپیٹل مارکیٹس، اسٹاک اور بانڈز میں سرمایہ کاری کا تجربہ ہے۔		8
III.	**To seek high retruns I can take:** زیادہ منافع کے لیے میں لے سکتا ہوں		
a	Very Low risk		20
b	Low risk		40
c	Moderate risk		60
d	Medium risk		80
e	High risk		100
IV.	**The investment amount is:** سرمایہ کاری کی رقم ہے:		
a	A substantial part of my investable income میری قابل سرمایہ آمدنی کا کافی حصہ		8
b	A signifcant part of my investable income میری قابل سرمایہ آمدنی کا اہم حصہ		12
c	An insignificant part of my investable income میری قابل سرمایہ آمدنی کا معمولی حصہ		16
Total Score مجموعی سکور **(I + II + III + IV)**			

Score	Category of Pension Sub Funds/Plans	Risk Profile	Risk of Principle Erosion
=< 61 the risk is	Customized Plan with 100% in Money Market Sub Fund	Very Low	Principal at Very Low Risk
> 61 but =< 83 the risk is	Lower Volatility Plan & Lifecycle Plan (for age 60 years & above) with Zero Equity exposure	Low	Principal at Low Risk
>83 but =< 105 the risk is	Low Volatility Plan. Lifecycle Plan (for age between 51-60 years). Customized Plan with 0% - 25% Equity & Commodity Sub Fund aggregate exposure	Moderate	Principal at Moderate Risk
> 105 but= <127 the risk is	Medium Volatility Plan. Lifecycle Plan (for age between 51-60 years). Customized Plan with 26% - 50% Equity & Commodity Sub Fund aggregate exposure	Medium	Principal at Medium Risk
> 127 the risk is	High Volatility & Life Cycle Plans (up to age of 50 years). Customized Plan with more than 50% Equity & Commodity Sub Fund aggregate exposure	high	Principal at High Risk

Disclaimer: I/We understand that this questionnaire only help me/our in assessing my risk appetite based on the information provided by me/us in present circumstance and I/We have the sole right & discretion to choose the CIS(s)/Plan(s)/VPS(s) as I/we deem fit which may be different compared to my/our risk profile. I/We am/are aware that my financial needs may change over time depending on my circumstances.

Participant's Signature

6 Allocation Plan Details

Please select (any one) of the Allocation plans given below. In case of customized allocation, please specify the percentage (%) in the respective sub-funds.

Select Fund from below:

UBL Retirement Saving Fund ☐

High volatility ☐	Medium volatility ☐	Low volatility ☐	Lower volatility ☐	CUSTOMIZED ☐
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 _____%

Al-Ameen Islamic Retirement Saving Fund ☐

High volatility ☐	Medium volatility ☐	Low volatility ☐	Lower volatility ☐	CUSTOMIZED ☐
Equity Sub-Fund: 75%	Equity Sub-Fund: 40%	Equity Sub-Fund: 15%	Equity Sub-Fund: 0%	Equity Sub-Fund _____%
Debt Sub-Fund: 25%	Debt Sub-Fund: 45%	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 _____%

UBL Retirement Saving Fund ☐ Al-Ameen Islamic Retirement Saving Fund ☐

LIFE CYCLE ☐				
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:

1. Allocation plan can be changed subject to the terms and conditions specified in the offering document of the fund.
2. If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. lifecycle allocation scheme, untill such time the participant selects an allocation scheme.
3. Customized allocation scheme subject to the condition that 5 year remaining from the participant's chosen retirement age, the participant shall aim to reduce allocation in equity sub-fund to a maximum of 25%, and a maximum of 25% in debt-sub fund, respectively.

Risk Disclaimers:

I/We have understood in detail with the help of the company representative of UBL Fund Managers Limited / Distributor, the risks involved in my investment. I have understood the details of sales load and have reviewed the Total Expense ratio including Management fee and Selling & Marketing expenses as disclosed in the Fund Managers' Report/Term Sheet and as disclosed on the UBL Fund Managers' website under latest fund prices' section. I/We have carefully read, understood, and accepted the terms and conditions given in the relevant Trust Deed(s) and Consolidated Offering Document(s) of the Fund(s)/Plan(s). I/We understand that investments in Mutual funds and Pension 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 are no fixed or guaranteed returns.

رسک سے دستبرداری: میں/ہم نے UBL فنڈ منیجر لمیٹڈ کے کمپنی نمائندے/ڈسٹری بیوٹر کی مدد سے تفصیل سے ان خطرات کو سمجھ لیا ہے جو کہ میری/ہماری سرمایہ کاری میں شامل ہیں۔ میں/ہم نے سیلز لوڈ کی تفصیلات کو سمجھ لیا ہے اور مینجمنٹ فیس اور فروخت اور مارکیٹنگ کے اخراجات سمیت کل اخراجات کے تناسب کا جائزہ لے لیا ہے جیسا کہ یہ چیزیں فنڈ منیجر رپورٹ/ٹرم شیٹ میں موجود ہیں اور اسی طرح یہ UBL فنڈ منیجر کی ویب سائٹ پر فنڈ کی تازہ ترین قیمتوں والے سیکشن میں بھی موجود ہیں۔ میں/ہم نے متعلقہ ٹرسٹ ڈیڈ اور فنڈ/پلان کی پیش کش والے دستاویز میں دیے گئے شرائط وضوابط کو احتیاط سے پڑھا، سمجھا اور قبول کیا ہے۔ میں/ہم سمجھتے ہیں کہ میوچل فنڈز اور پنشن فنڈز میں کی جانے والی سرمایہ کاری مارکیٹ کے خطرات سے مشروط ہے نیز فنڈ کی قیمتیں مارکیٹ کے حالات کے مطابق اوپر یا نیچے جا سکتی ہیں۔ میں/ہم سمجھتے ہیں کہ ماضی کی کارکردگی لازمی طور پر مستقبل کے نتائج کا اشارہ نہیں ہے اور اس کی کوئی مقررہ اور یقینی ضمانت بھی نہیں ہے۔

Participant's signature

7 Initial Contribution Details

Account Type[4] ☐ 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
1	☐ Cheque ☐ Pay Order ☐ Online Transfer/remittance			
2	☐ Cheque ☐ Pay Order ☐ Online Transfer/remittance			

Note:

1. In case of Employer/Third Party initial contribution, 'Employer & Third Party Contributor Form' should be attached with details
2. Online account transfer facility is available with selected banks
3. Payment can be made in the form of a cheque, Cashier Cheque, pay order or online account transfer. Payment can be made in favor of "CDC Trustee UBL Retirement Savings Fund (URSF) or CDC Trustee Al-Ameen Retirement Savings Fund (AIRSF)"
4. Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Laws

Participant's **Signature**

8 Transfer from another Pension Fund Manager (If applicable)

Name of Pension Fund _____ Name of Pension Fund Manager _____

Date of Joining | | - | | - | | | | (dd - mm - yyyy) Amount being transferred (Rs.) _____

Previous Pension Fund Manager's Address _____

9 Tax Applicability on Withdrawal (Mandatory Section)

Tax Status Please tick the appropriate option

☐ Filer ☐ Non-filer

Please note that at the time of early or excess withdrawal (as defined in VPS Rules), you would be required to submit preceding three years' filed income tax return. In absence of the required documents UBL Funds reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

10 Declaration for Free Takaful Coverage (where applicable)

I declare for:

- 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 ☐
- having been off work for sickness for more than 14 consecutive days during the last 2 years Yes ☐ No ☐
- 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.

11 Payment Details ادائیگی کی تفصیلات

1. Mode of Payment ادائیگی کا طریقہ ◯ Cheque چیک ◯ Online Transfer آن لائن ٹرانسفر ◯ Cashier Cheque/Pay Order کیشئر چیک / پے آرڈر

Instrument Number چیک نمبر | Bank Name (Drawn On) بینک کا نام (جس کا چیک تیار کیا گیا) | Branch Code برانچ کوڈ

Branch Name برانچ کا نام

2. Mode of Payment ادائیگی کا طریقہ ◯ Cheque چیک ◯ Online Transfer آن لائن ٹرانسفر ◯ Cashier Cheque/Pay Order کیشئر چیک / پے آرڈر

Instrument Number چیک نمبر | Bank Name (Drawn On) جس کا چیک تیار کیا گیا | Branch Code برانچ کوڈ

Branch Name برانچ کا نام

*Amount should matched with selected fund(s) amount رقم منتخب شدہ فنڈز کی رقوم کے برابر ہونی چاہیے۔

Note: Payment can be made in the form of **a cheque,** Cashier Cheque / Pay Order (counterfoil also required) online account transfer. Payment shall be made in favor of CDC Trustee <Fund Name>,

نوٹ: ادائیگی چیک، کیشئر چیک/ پے آرڈر یا آن لائن اکاؤنٹ کی منتقلی کی شکل میں کی جاسکتی ہے۔ ادائیگی CDC ٹرسٹی <فنڈ کا نام> کے حق میں ہوسکتی ہے۔

12 Undertaking & Disclaimer اعلان اور دستخط

Undertaking

I hereby declare that the information provided in this form is true and correct and that I am/are authorized to conduct transaction in this account. I, hereby give our consent to UBL Funds to share my information with any third party(ies) in order to perform KYC related verification including NADRA Verisys, IBAN, due diligence, Mobile CNIC pairing verification and for improvement in customer services. I hereby acknowledge having read and understood the Consolidated Offering Document(s) & Supplementary Offering Document of the income Payment Plan, as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant VPS(s)/Plan(s). I authorize UBL Fund Managers to make the additions and/or changes requested in this form in my investment account as stated and complete the necessary alterations pertaining to the account. I certify that the authorizations herein shall continue until any written notice of a modification or termination. I have no objection on the Prescribed Investment Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed investment policy and allocation selected by me. I understand to access the Company website to keep myself updated before every operation of this account. I declare that I am the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I am fully informed and understand that investment in units of VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned.

I hereby indemnify UBL Funds against any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information by me and / or due to technical issue in the site / portal / service for the execution of online transaction (online, IBFT & RTGS). I further indemnify UBL Funds from any loss or liability occurring by blocking of accounts due to any administrative action including missing or outdated Source of Income and/or Know Your Customer related information. I hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I understand that investment in Plan(s)/VPS(s) are subject to market risks and fund prices may go up or down based on market conditions. I understand that past performance is not necessarily an indicator of future results and there is no guaranteed return or capital. I hereby also acknowledge that I have reviewed and understood detail of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Under the Cooling-off Right Investor can claim, first time investment in a Plan(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

Note: Charges applicable (if any) for online transfer will be borne by the Unit Holder.

Participant's Signature

13 Foreign Account Tax Compliance Act (FATCA) فارن اکاؤنٹ ٹیکس تعمیل ایکٹ (FATCA)

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of UBL Fund Managers Limited maintaining continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize UBL Fund Managers Limited to disclose relevant account and/or personal information to third parties including the US tax authorities, as well as take necessary action including stopping redemption from any/all of my/our account(s) and/or withholding of tax for the purpose of UBL Fund Managers Limited's compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with UBL Fund Managers Limited to ensure it meets its obligations under FATCA in connection with my/our account(s). I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless UBL Fund Managers Limited, its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Limited in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

میں/ہم اس فارم کے ذریعہ تسلیم اور اعلان کرتا/کرتے ہیں کہ اس فارم میں فراہم کردہ FATCA کی معلومات درست ہیں اور میرے/ہمارے علم اور اعتقاد کے مطابق صحیح ہیں۔ میں/ہم مذکورہ بالا معلومات میں کوئی تبدیلی آنے کی صورت میں 30 دن کے اندر معاون ثبوت فراہم کرنے اور تازہ معلومات فراہم کرنے پر اتفاق کرتا/کرتی/کرتے ہیں۔

UBL فنڈ مینیجرز لمیٹڈ میرے/ہمارے اکاؤنٹ کو برقرار رکھیں تو، میں/ہم واضح طور پر اور غیر مشروط طور پر UBL فنڈ مینیجرز لمیٹڈ کو امریکی ٹیکس حکام سمیت تیسرے فریق کے ساتھ متعلقہ اکاؤنٹ اور/یا ذاتی معلومات کا انکشاف کرنے کی اجازت دیتا / دیتی / دیتے ہیں اس بات کی بھی اجازت دیتے ہیں کہ ، امریکی فارن اکاؤنٹ ٹیکس تعمیل ایکٹ ("FATCA") کے تحت UBL فنڈ مینیجرز لمیٹڈ کی اپنی ذمہ داریوں کی تعمیل کے مقصد سے کسی بھی/میرے/ہمارے اکاؤنٹ (اکاؤنٹس) سے رقم کی ریڈیمپشن روکنے اور/یا روہولڈنگ ٹیکس کے ضمن میں کارروائی کر سکتے ہیں ۔ میں/ہم UBL فنڈ مینیجرز لمیٹڈ کے ساتھ مکمل تعاون کرنے کا عہد کرتے ہیں تاکہ یہ یقینی بنایا جا سکے کہ وہ میرے/ہمارے اکاؤنٹ (اکاؤنٹس) کے سلسلے میں FATCA کے تحت اپنی ذمہ داریوں کو پورا کرتا رہے۔

میں/ہم یقینی طور پر اس بات کی تصدیق کرتا/کرتی/کرتے ہیں کہ میں/ہم UBL فنڈ مینیجرز لمیٹڈ، اس کے ڈائریکٹرز، افسران، اور ملازمین کو کسی نقصان، کارروائی، لاگت، اخراجات (بشمول، لیکن محدود نہیں، اس معاوضہ کے جو دعوی جات کی ادائیگی معقول وکیل اور کنسلٹنٹ کی فیس، اور ماہر حضرات کی فیس میں ادا ہوا)، دعوی، نقصانات، یا ذمہ داری جو FATCA کے تحت اپنی ذمہ داریوں کو نبھانے میں اور/یا امریکی ٹیکس حکام کو ظاہر کرنے کے نتیجے میں UBL فنڈ مینیجرز لمیٹڈ کو برداشت کرنا پڑ سکتے ہیں، اس ضمن میں UBLFM کا دفاع کرینگے، انکی ادائیگی کرینگے اور کوئی نقصان نہیں پہنچنے دینگے۔

میں/ہم تسلیم کرتا/کرتی/کرتے ہیں اور قبول کرتے ہیں کہ اگر ضروری وقت میں دستاویزات/معلومات جمع نہیں کروائی گئیں تو UBL فنڈ مینیجرز لمیٹڈ، پیشگی اطلاع کے بغیر میرے/ہمارے کسی ایک/میرے سارے/ہمارے سارے اکاؤنٹس کو بند کرنے یا معطل کرنے کا حق محفوظ رکھتا ہے۔

_____

Participant's Signature

Name نام

Principal Unit holder / Guardian (Incase of minor)

پرنسپل یونٹ ہولڈر/سرپرست (اگر درخواست دہندہ نابالغ ہو)

14 Undertaking (by the Sales agent / Supervisor)

I, _____, hereby confirm the following:

1. I have explained the risk of the Fund/Plan being subscribed by the investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money.
3. I have not made or implied any guarantee with respect to return/profit or the Principal investment amount.
4. I have not quoted any fixed return/profit percentage or amount to the investor.
5. I have explained the Risk Profiling Questionnaire to the Investor.
6. I have explained to the Investor about the Sales Load (if any) of the Scheme/Plan in which the investor is investing.

_____

Signature

Name of Sales Agent: _____
(ICM qualified only)

Date:

☐☐-☐☐-☐☐☐☐

_____

Signature

Name of Supervisor: _____
(To sign only in case of non-ICM qualified Sales agent)

Date:

☐☐-☐☐-☐☐☐☐

15 Mandatory Documents Checklist لازمی دستاویزات کی فہرست

- ◯ Zakat Affidavit (in case of exemption) زکوٰۃ کا حلف نامہ (استثنیٰ کی صورت میں)
- ◯ Copy of CNIC/ NICOP / POC / ARC / Passport / Passport with valid visa or any other proof of legal stay in Pakistan (for foreign nationals only)
- ◯ W-8 BEN Form (For Non U.S. Person(s)) W-8 BEN فارم (غیر امریکی افراد کے لئے)
- ◯ KYC and FATCA form (KYC) اور FATCA فارم
- ◯ Business / Employment Proof کاروبار/ملازمت کا ثبوت
- ◯ CRS-I Form CRS-I فارم
- ◯ Source of Fund Proof رقم کے ذریعہ کا ثبوت
- ◯ W-9 Form (For US. Person(s)) W-9 فارم (امریکی افراد کے لئے)
- ◯ Copy of B-Form / Juvenile card & Guardian CNIC/ NICOP/ POC / ARC / Passport (For minor)
- ☐ Copy of Pension Fund's Account Statement (In case of transfer from another Pension Fund Manager)
- ☐ Employer & Third Party Contributor Form (In case of contribution by Employer/Third Party)

16 For Office Use Only صرف دفتری استعمال کے لیے

Distributor ڈسٹری بیوٹر

Sub agent ذیلی ایجنٹ

IC Location ایجنٹ لوکیشن IC

Eligibility اہلیت

ID

Name of agent ایجنٹ کا نام

Reference agent Code ایجنٹ کوڈ کا حوالہ

Remarks ریمارکس

CRM Leads لیڈز CRM

17 Lead Referral Information لیڈ ریفرل انفارمیشن

Lead Referral Program (LRP) (LRP) لیڈ ریفرل پروگرام

Name of Leads referral provider لیڈ ریفرل مہیا کرنے والے کا نام

Location لوکیشن

Ref. No حوالہ نمبر

18 Glossary

1	ARC No	Alien Registration Card
2	CFT	Combating the Financing of Terrorism
3	CIS	Collective Investment Scheme
4	CNIC	Computerised National Identity Card
5	CPPI	Constant Proportion Portfolio Insurance
6	CRS	Common Reporting Standard
7	DFI	Development Financial Institution
8	FATA	Federally Administered Tribal Areas
9	FATCA	Foreign Account Tax Compliance Act
10	IBAN	International Bank Account Number
11	IC	Investment Center
12	ID Card	Identification Card
13	IPO	Initial Product Offering
14	KYC	Know Your Customer
15	MFS	Margin Financing System
16	MTS	Margin Trading System
17	NAV	Net Asset Value
18	NBFC & NE Regulations	Non Banking Finance & Companies Notified Entities Regulations
19	NICOP	National Identity Card for Overseas Pakistanis
20	NTN	National Tax Number
21	POC No	Pakistan Origin Card Number
22	TIN	Taxpayer Identification Number
23	VAS	Value Added Service
24	VPS	Voluntary Pension Scheme

Individual Tax Residency Self-Certification Form CRS-I

Please complete Parts 1– 3 in BLOCK CAPITALS. Fields marked with a * are mandatory.
Note: Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark "Not Applicable (N/A)".

Part 1

A. Name of Account Holder:*

Family Name or Surname(s)

First orGiven name(s) Middle Name (s)

B. Current Residence Address:*

Line 1 (Name,Number,Street)

Line 2(Town ○ /City ○ / Province ○ /County ○ /State ○)

Country PostalCode /ZipCode

C. Place of birth*

Town or City of Birth* Country of Birth*

Part 2

Please provide in the table below information about Account Holders country of tax residence. If the Account Holder is a tax resident in more than three countries/jurisdictions please use a separate sheet.
(Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".)

	(i)Country where tax is paid (Tax Residency)	(ii)NTN/TIN or any form of tax identification number	(iii)If NTN/TIN or any form of tax identification number is not available enter Reason A,B,or C
1.			○ A ○ B ○ C
2.			○ A ○ B ○ C
3.			○ A ○ B ○ C

If a TIN is unavailable please provide the appropriate reason A, B or C along with resident no./ Iqama no./ Social security no. / passport no.

Reason A The country where the Account Holder is liable to pay tax does not issue TINs /NTN to its residents

Reason B The Account Holder is unable to obtain a NTN/TIN or equivalent number.

Reason C No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.
2.
3.

Part 3
Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with UBL Fund Managers and its Funds under management setting out how UBL Fund Managers and its Funds under management may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.
I declare that I have neither asked for, nor received, any advice from UBL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise UBL Fund Managers within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in

Capacity*

Signature*

Print Name*

Date* - -

Note: If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attached a certified copy of the power of attorney