

Update Form

For Smart Investment Plans



Customer ID

For assistance in filling this form, speak with our customer care executives at 0800-00026 or sms HELP to 8258.

You can submit the form at 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.

General Instructions & Guidelines

- 1) Fill the form in block letters and in legible handwriting to avoid errors in application processing.
- 2) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- 3) If any alteration is made, a countersign is mandatory.
- 4) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- 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 in the Offering Document(s) of the relevant schemes prior to submitting the form.
- 6) Payment can be made in the form of a cheque, demand draft, pay order or online account transfer.
- 7) Cash will not be accepted.
- 8) If payment instrument is returned, the unpaid application will be rejected.
- 9) It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- 10) Applications by foreign nationals and nonresident individuals 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).
- 11) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) / Investment Plan(s).
- 12) Application will be processed as per cut-off timings for the Fund(s) / Plan(s). For cut-off timings SMS CT to 8258.

1 Principal Unit Holder Details (Mandatory)

Name (Mr/Ms/Mrs.) _____

CNIC Number

2 Mailing Address / Contact Details

Residential Address _____

Mailing Address (If different from above): _____

Tel / (Res): _____ Tel / (Office): _____ Fax: _____

Email: _____ Mobile No: _____

3 Contact Instructions

All dividend / redemption payments should be mailed to my:

Residential Address Mailing Address Hold Mail (will collect payment by hand) Transfer (For UBL Account Holders Only)

I would like to receive my account statement through the following method.

Account Statement Fund Manager Report (Monthly) Financial Statements

Email

I do not wish to receive any correspondence through mail

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Change in Joint Applicant(s) Details

Name(s) of Joint Applicant(s)		Specimen Signature
1. Mr/Mrs/Ms: _____	CNIC: <input type="text"/>	_____
2. Mr/Mrs/Ms: _____	CNIC: <input type="text"/>	_____
3. Mr/Mrs/Ms: _____	CNIC: <input type="text"/>	_____

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Change in Zakat Status

Zakat exempt Yes No (If yes please provide Affidavit)

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Change in Account Opening Instructions:

First name joint holder only All joint holders Either or survivor Other (Please Specify): _____

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Change in UBL Wealth Builder Plan

Please select your desired allocation (Kindly select one from the choices provided)

	UBL Government Securities Fund (Income)	UBL Stock Advantage Fund (Equities)	UBL Gold Fund (Commodity)
<input type="checkbox"/> UBL Wealth Builder- Aggressive Allocation	25%	65%	10%
<input type="checkbox"/> UBL Wealth Builder- Moderate Allocation	50%	40%	10%
<input type="checkbox"/> UBL Wealth Builder- Conservative Allocation	75%	20%	5%
<input type="checkbox"/> UBL Wealth Builder-Customized Allocation	___ %	___ %	___ %

Note: if no allocation is chosen by the investor, conservative allocation will be chosen as default allocation scheme

Total Investment Amount (Rs.) _____ In words _____

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

Systematic Investment Plan (SIP) - Optional

I/ We would like to start a 'Systematic Investment Plan (SIP)' as per the instructions given below.

	Frequency of Payment	Start Date (dd-mm-yy)	End Date (dd-mm-yy)	Contribution Amount (Rs.)
1	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="text"/>	<input type="text"/>	

Debit Authority (tick one) Post-dated cheque(s) (12 cheques incase of monthly and 4 cheques incase of quarterly, 2 cheques incase of semi-annual and 1 cheque incase of annual frequency)

Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of 'CDC Trustee UBL Funds'

Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of 'CDC Trustee UBL Funds'

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Change in Equity Builder Plan

Please select your desired conversion mode (Kindly select one from the choiced provided)

Fixed Conversion Option-periodic transfer amount

Please state the 'amount' & 'frequency' for conversion from the Income Fund to the Equity Fund

Amount: _____

Frequency: Daily
 Weekly
 Monthly

Fixed Conversion Option - Duration

Please state the 'No. of periods' and frequency for conversion from Income Fund to Equity Fund

No. of Periods _____

Frequency: Daily
 Weekly
 Monthly

Note: If the calculated transfer amount for a transfer date is less than the minimum investment for USF, it will automatically be set at the minimum amount of USF

Regular Profit Conversion

This option allows the investor to convert the profit amount of the Income Fund to the Equity Fund on a monthly basis

Note: If the transfer amount is less than the minimum requirement of USF then the profit amount will not be transferred to USF.

Note: If an investor does not choose a specific duration or transfer amount and frequency, the investment will be transferred from UGSF to USF with duration set as 36 months through monthly transfer frequency.

Total Investment Amount (Rs.) _____ In words _____

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

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Change in Payment Instructions

Investment / Redemption & payment details:

*For a list of bank SMS 'OT' to 8258

Change in mode of redemption / Payment: Cheque Pay order Demand Draft Transfer

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Change in Bank Account Details (For UBL account holders only)

Bank Account No: _____ Bank Name & Branch Code: _____

Bank Address: _____ Bank Tel No: _____

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Declaration & Signature(s)

I/We hereby acknowledge having read and understood the Supplementary Offering Document(s) of the Plan(s), the Trust Deed(s) and Offering Document(s) of the Fund(s) and hereby apply for transaction(s) as indicated in this form. I/We agree to abide by the terms, conditions, rules and regulations applicable on the Fund(s) and Plan(s). I/We have carefully read and completed all applicable sections of this form that govern the transaction(s) mentioned herein and acknowledge understanding the risks involved prior to submission of this form.

Note: In case of Joint Operating Instructions, signatures of both the Primary Unit Holder and Joint Holder(s) are mandatory.

Official stamp required in case of Corporate Unit Holder.

Date - -
 (dd - mm - yy)

Principal Unit Holder'(s) Signature

1.

2.

3.

Joint Unit Holder'(s) Signature(s)

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent No. _____ IC/Location _____ Remarks _____