Account Update Form For Al Ameen Islamic Retirement Savings Fund*

*formerly UBL Islamic Retirement Savings Fund

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

الامین فنڈز
al-ameen funds
Managed by UBL Fund Managers Limited

General Instructions

1. This form is for use by participants to update the information related to their Islamic Retirement Savings account with UBL Fund Managers. Any changes highlighted in this form will permanently override any previous information held in the company records.
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. Please tick the appropriate box where applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable). Strike out sections that you intend to leave blank
4. Incase this form is incomplete or not duly filled and there is any discrepancy, the entire form or the particular section(s) may not be processed.
5. It is the responsibility of the Participants to carefully read and understand the guidelines and instructions provided in this form before submission
6. 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 2600
7. For assistance in filling this form call our nationwide help line at 0800-26336

1 Participant Information

Name (Mr/Ms/Mrs.) _____ Customer ID | | | | | | | | | | |

2 Change of Participant Details

CNIC/NICOP No. | | | | | | - | | | | | | | | - | | CNIC Expiry Date | | | - | | | - | | | | | NTN No. | | | | | | | | | |
(dd - mm - yyyy)

Residential Status ☐ Resident ☐ Non-Resident Passport No. _____ Nationality _____
(Incase of Non-Resident Pakistani)

Occupation ☐ Service ☐ Self-employed Other _____ Employer/Business Name _____
(Please specify)

Employer/Business Address _____

3 Change of Mailing Address / Contact Details

New Mailing Address _____

City _____ Country _____ E-mail* _____

Residential Phone _____ Office Phone _____ Mobile _____

Correspondence to be sent to ☐ Residential Address ☐ Employer/Business Address

4 Apply / Withdraw Hold Mail Instructions

I would like to (tick one)
☐ Apply for the 'Hold Mail' facility
☐ Withdraw my current 'Hold Mail' facility

5 Change of Zakat Status

I would like to change my Zakat Status as follows (tick one)
☐ Applicable
☐ Not Applicable (Attach zakat declaration form)

Disclamier: 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 informaion etc.UBL Funds will not be held responsible for any potential misuse of the email.

6 Change of Retirement Age

Please specify expected retirement age _____ or expected date of retirement ☐☐-☐☐-☐☐☐☐
(dd - mm - yyyy)

Note: Expected retirement age can be between 60 to 70 years or 25 years since the age of first contribution to a pension fund, whichever is earlier. 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.

7 Change of Bank Account Details

Bank Account No. _____ Bank Account Title _____ Bank Name _____

Branch Name & Code _____ Bank Address & Phone _____

8 Addition / Deletion of Nominee Details

Add ☐ Delete ☐ Name (Mr/Ms/Mrs.) _____ Relation _____ % Allocation _____

Residential Address & Phone _____ CNIC Number ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

Add ☐ Delete ☐ Name (Mr/Ms/Mrs.) _____ Relation _____ % Allocation _____

Residential Address & Phone _____ CNIC Number ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

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

9 Change of Allocation Scheme Details

Please select (any one) of the Allocation Schemes given below and specify the percentage (%) in the respective sub-funds. Please ensure that the percentage total adds up to 100%.

	Allocation Scheme (tick one)	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund	Total
1	High Volatility ☐	Allocation _____ % (Minimum Allocation: 65%)	Allocation _____ % (Minimum Allocation: 20%)	Nil or Allocation 0%	100%
2	Medium Volatility ☐	Allocation _____ % (Minimum Allocation: 35%)	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 10%)	100%
3	Low Volatility ☐	Allocation _____ % (Minimum Allocation: 10%)	Allocation _____ % (Minimum Allocation: 60%)	Allocation _____ % (Minimum Allocation: 15%)	100%
4	Lower Volatility ☐	Nil or Allocation 0%	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 40%)	100%
5	Customized Allocation Scheme ☐	Allocation _____ % (Minimum Allocation: 0-100%)	Allocation _____ % (Minimum Allocation: 0-100%)	Allocation _____ % (Minimum Allocation: 0-100%)	100%
6	Lifecycle Allocation ☐	Fixed % Allocation as per Offering Document of the Fund			
	Age: 18 - 30 years	Allocation 75%	Allocation 20%	Allocation 5%	100%
	Age: 31 - 40 years	Allocation 70%	Allocation 25%	Allocation 5%	100%
	Age: 41 - 50 years	Allocation 60%	Allocation 30%	Allocation 10%	100%
	Age: 51 - 60 years	Allocation 50%	Allocation 30%	Allocation 20%	100%
	Age: 60 years and above	No or Allocation 0%	Allocation 50%	Allocation 50%	100%

Note:

1. Allocation Scheme can be changed twice in a financial year 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, until such time the participant selects an Allocation Scheme
3. If sub-fund percentages are not specified within the selected Allocation Scheme, the Pension Fund Manager shall take minimum allocation in the participant's selected Allocation Scheme, while the remaining 15-20% (as the case may be) shall be allocated by the Pension Fund Manager at its discretion

10 Change of Regular Contribution Details

I would like to make regular contributions as per the instructions given below.

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

Contribution Amount (Rs.) _____ Expected Annual Contribution Amount (Rs.)

Start Date ☐☐-☐☐-☐☐☐☐ (dd - mm - yyyy) End Date ☐☐-☐☐-☐☐☐☐ (dd - mm - yyyy)

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

☐ Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of the Fund

☐ Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of the Fund

11 Declaration & Signature

I confirm that the details provided by me/us are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine I have read and understood the Trust Dead and offering Document of the Fund & supplementary offering document of the income Payment Plan along with details of Sales Load to be deducted (if any) including taxes 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 if the account related information is shared with third parties in order to fulfill regulatory/ legal/ bilateral/ arrangements/ agreements/ requirements, thereby accept that the company may at any time require verification before processing the requested information. The verification procedures may include telephonic verifications, requiring certain identifying information before acting upon instructions and sending written confirmation.

Date ☐☐-☐☐-☐☐ (dd - mm - yy)

_____ Participant's Signature

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent Code _____ IC/Location _____ Remarks _____