

Account Update Form For Al Ameen Islamic Retirement Savings Fund*

*formerly UBL Islamic Retirement Savings Fund



Date - -
(dd - mm - yy)

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 by using blue pen 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, in case any field is not relevant, please mark 'N/A' (Not Applicable). Strike out sections that you intend to leave blank.
4. In case 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 _____
(In case of Non-Resident Pakistani)

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

Employer/Business Address _____

3 Change of Mailing Address / Contact Details

Street address _____

Mailing address (If different from others) _____

Mobile No. _____ Tel (res) _____ Tel (office) _____

Email _____

*In case of address or contact detail outside Pakistan, kindly provide updated / revised CRS / FATCA declaration
*Provide complete updated contact / contact detail

4 Change in Correspondence / Hold Mail Instructions

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

If hold mail withdrawal is selected, please tick in relevant box:

	Account Statement	Fund Managers Report (Monthly)	Financial Statements
I want to receive following documents on E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to receive correspondence through mail	<input type="checkbox"/>		

5 Change of Zakat Status

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

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.

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 from the date 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.

IBAN _____ OR Bank Account No. _____
Bank Account Title _____ Bank Name _____
Branch Name & Code _____ Bank Address & Phone _____

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

High volatility <input type="checkbox"/>	Medium volatility <input type="checkbox"/>	Low volatility <input type="checkbox"/>	Lower volatility <input type="checkbox"/>	CUSTOMIZED <input type="checkbox"/>
Equity Sub-Fund: 75% Debt Sub-Fund: 25% MM Sub-Fund: 0%	Equity Sub-Fund: 40% Debt Sub-Fund: 45% MM Sub-Fund: 15%	Equity Sub-Fund: 15% Debt Sub-Fund: 65% MM Sub-Fund: 20%	Equity Sub-Fund: 0% Debt Sub-Fund: 50% MM Sub-Fund: 50%	Equity Sub-Fund: _____% Debt Sub-Fund: _____% MM Sub-Fund: _____%
LIFE CYCLE <input type="checkbox"/>				
Age: 18-30 Equity Sub-Fund: 75% Debt Sub-Fund: 20% MM Sub-Fund: 5%	Age: 31-40 Equity Sub-Fund: 70% Debt Sub-Fund: 25% MM Sub-Fund: 5%	Age: 41-50 Equity Sub-Fund: 60% Debt Sub-Fund: 30% MM Sub-Fund: 10%	Age: 51-60 Equity Sub-Fund: 50% Debt Sub-Fund: 30% MM Sub-Fund: 20%	Age: 60 and above Equity Sub-Fund: 0% Debt Sub-Fund: 50% MM Sub-Fund: 50%

Note:

- Allocation scheme can be changed subject to the terms & conditions specified in the fund's Offering Document and/or VPS (Voluntary Pension System) Rules, 2005.
- If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, that is life cycle allocation scheme depending on the age of the participant, until such time the participant selects any other allocation scheme.

Do you want to Freeze your current portfolio

Yes No

Note:

Participant may opt to freeze his/her current portfolio and for future contributions select a different allocation scheme. The freezing of Portfolio can be done twice till the retirement from VPS. For further contributions, participant can choose a different allocation scheme.

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

Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Name (Mr/Ms/Mrs.) _____	Relation _____	% Allocation _____
		CNIC / NICOP / Passport number: _____		
Residential address & phone _____		_____		
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Name (Mr/Ms/Mrs.) _____	Relation _____	% Allocation _____
		CNIC / NICOP / Passport number: _____		
Residential address & phone _____		_____		
<input type="checkbox"/> Nomination deed to be attached (on a minimum stamp paper of Rs.100/-)				
Note: In case of more than two nominees, please attach a separate sheet with details mentioned above				

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 Deed 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 _____