

# Account Opening Application & Transaction form for Al-Ameen Islamic Income Payment Plan

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Date (dd - mm - yy)

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Customer ID (For Office Use)



## General Instructions

1. This form is for use by individual applicants of the Income Payment Plan
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(s) of Al Ameen Islamic Retirement Savings Fund (AIRSF) [formerly UBL Islamic Retirement Savings Fund (UIRSF)] / Al Ameen Islamic Income Payment Plan (AIPP) [formerly UBL Islamic Income Payment Plan (UIPP)].
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 or information about our products and services call our nationwide help line at 0800-00026 Please Save 0340-8253863 in your smartphone to avail Smart Whatsapp self service, type HI and send.

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## Investment Details

Transaction Type ☐ Registration ☐ Account Information Update ☐ Withdrawal ☐ Transfer

Name (Mr/Ms/Mrs.) \_\_\_\_\_

Customer ID (Not required in case of registration) \_\_\_\_\_

For new investors of Income Payment Plan:

Investor Type a) Existing Investor of: ☐ URSF ☐ AIRSF

CNIC/NICOP No. \_\_\_\_\_ CNIC Expiry Date \_\_\_\_\_ (dd - mm - yyyy)

b) Transfer from other Pension Fund (VPS):\* ☐ Pension Fund \_\_\_\_\_  
Pension Fund Manager \_\_\_\_\_

c) Transfer from other Income Payment/Annuity Plan:\* ☐ Income Payment/Annuity Plan \_\_\_\_\_  
Pension Fund Manager/Insurance Company \_\_\_\_\_

d) Other (Please specify) \_\_\_\_\_

\* Please attach copy of transfer form along with account statement.

UBL FM/AIIPP / Version 01/ 21

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## Participant Details (For registration/account information update)

Note: Existing participant of URSF/UIRSF do not need to fill this section at the time of registration unless they want to update any particular field.

Name (Mr/Ms/Mrs.) \_\_\_\_\_ Father/Husband Name \_\_\_\_\_

CNIC/NICOP No. \_\_\_\_\_ CNIC Expiry Date \_\_\_\_\_ (dd - mm - yyyy) NTN No. \_\_\_\_\_ (if applicable)

Gender ☐ Male ☐ Female Date of Birth \_\_\_\_\_ (dd - mm - yyyy) Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_ (Incise of Non-Resident Pakistani)

Do you hold a U.S Permanent Resident Card (Green Card)? \_\_\_ Yes \_\_\_ No Zakat Deduction ☐ Yes ☐ No

Own Mailing Address \_\_\_\_\_

Residential Status ☐ Resident ☐ Non-Resident City \_\_\_\_\_ Country \_\_\_\_\_ Email Address \_\_\_\_\_

Residential Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation ☐ Service ☐ Self-employed Other \_\_\_\_\_ (Please specify) Employer/Business Name \_\_\_\_\_ (if applicable)

Employer/Business Address \_\_\_\_\_ (if applicable)

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

Tick the appropriate Box (select one per question)

**I. It is likely that I will withdraw my investment**

- a Within one year
- b Between 1 to 2 years
- c Between 2 to 5 years
- d Not before 5 years

8
12
16
20

**II. Experience of Investing**

- a I have no experience of investing in capital markets, stocks and bonds
- b I have experience of investing in capital markets, stocks and bonds

4
8

**III. To seek high retruns I can take:**

- a Very Low risk
- b Low risk
- c Moderate risk
- d Medium risk
- e High risk

20
40
60
80
100

**IV. The investment amount is:** سرمایہ کاری کی رقم ہے:

- a A substantial part of my investable income میری قابل سرمایہ آمدنی کا معمولی حصہ
- b A significant part of my investable income میری قابل سرمایہ آمدنی کا اہم حصہ
- c An insignificant part of my investable income میری قابل سرمایہ آمدنی کا کافی حصہ

8
12
16

**Total Score** مجموعی سکور (I + II + III + IV)

Score	Category of CIS/Plan	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 & Life-cycle Plan (for age 60 years & above) with Zero Equity exposure	Low	Principal at Low Risk
>83 but =< 105 the risk is	Low Volatility Plan. Life-cycle Plan (for age between 51-60 years). Customized Plan with 0% -25% Equity Sub Fund aggregate exposure	Moderate	Principal at Moderate Risk
> 105 but=<127 the risk is	Medium Volatility Plan. Life-cycle Plan (for age between 51-60 years). Customized Plan with 26% - 50% Equity 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 Sub Fund aggregate exposure	High	Principal at High Risk

**Disclaimer:** I/we hereby declare that I have read understand and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only help me in assessing my / our risk appetite based on the information provided by me and I have the sole right & discretion to choose thee investment scheme/plan as I / we deem fit which may be different as compared to my / our risk profile. I am aware that my financial needs may change over the time depending on my / our personal situation and objectives.

Signature: Principal Unitholder



Please provide the following details pursuant to Anti-Money laundering Regulation issued by the Securities & Exchange Commission of Pakistan

**Education** ☐ Under-Graduate ☐ Graduate ☐ Post- Graduate ☐ Professional

☐ Other

**Marital Status** ☐ Single ☐ Married ☐ Other No. of dependents

**Do you belong to profession:** ☐ Lawyer ☐ Notary ☐ Real Estate Dealer ☐ Foreign Exchange Dealer ☐ Accountant

Approximate Annual Income from profession (Rs.)

Other Income (Rs.)

Public Figure / Politically Exposed Person ☐ Yes ☐ No

(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).

Are you a family member or close associate of any Public Figure / Politically Exposed Person ? ☐ Yes ☐ No

Please mark if yes to any of above two questions. ☐ Local ☐ Foreign

**Source of Funds** (multiple options may be selected)

☐ Salary ☐ Business Income (please specify name of business) \_\_\_\_\_

☐ Home Remittance ☐ Inheritance ☐ Stock / Investments (Please specify actual source of savings with documentary evidence)

☐ Gift (Please provide notarized copy of gift deed) ☐ Sale of Property / Assets (Please provide notarized copy of sale agreement / Title Deed)

☐ Housewife ☐ Student ☐ Other \_\_\_\_\_

(Please mark and provide source of income documents accordingly)

☐ Inheritance ☐ Gift ☐ Depend on Husband / Son / Father income ☐ Remittances

Has any financial institution refused to open your account? ☐ Yes ☐ No

Do you deal in high value item such as Silver, Gold ☐ Yes ☐ No

Do you have any links to offshore tax haven countries? ☐ Yes ☐ No

I undersigned am the registered participant or nominee (incase of death of participant) and would like to withdraw/transfer (as the case may be) the investment amount as per the details given in this form. I have read and understood the Trust Deed and Offering Document of the Fund & supplementary offering document of the Income Payment Plan and understand that the withdrawal/transfer (as the case may be) would be made under the terms, conditions, rules, and regulations as mentioned in these documents. I have carefully read and completed all applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form.

Date                       
(dd - mm - yy) Participant's / Nominee's Signature \_\_\_\_\_

### Instructions & Guidelines

- At the request of the participant/nominee, the Transfer Agent will verify the signature, holding and other relevant details as stated in the Income Payment Plan. Incase of such verification, the verified Form will be the only document accepted by the Trustee for encashment. If the verified Form is lost, destroyed, or mutilated, a new Withdrawal & Transfer Form will be verified by the Transfer Agent upon application by the participant/nominee and on payment of such costs and on such terms so as to evidence indemnity and security.
- Pension Fund Manager or Trustee has the right to reject application for want of any document(s)/evidence required to be submitted by the participant/nominee.
- Zakat will be deducted (incase zakat affidavit has not been provided).
- Documents required incase of Withdrawal by Nominee: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA.
- Incuse of Transfer to another Pension Fund Manager, units of such value which are sufficient to meet the requested amount of transfer, held in the Income Payment Plan of the participant, shall be redeemed at the Net Asset Value of each of the pertinent sub-funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new Pension Fund Manager, under advice to the participant.
- In case of transfer to Approved Annuity Plan, please attach application from the relevant Insurance Company. A cheque for the requested transfer amount shall then be sent directly to the Life Insurance Company, under advice to the participant.
- In case of transfer to Approved Income Drawdown please attach application from the relevant Pension Fund Manager. A Cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager, under advice to the participant.

### For Office Use Only

Distributor \_\_\_\_\_ Name of Agent \_\_\_\_\_ Sub-Agent \_\_\_\_\_

Reference/Agent Code \_\_\_\_\_ IC/Location \_\_\_\_\_ Remarks \_\_\_\_\_