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

Date (dd - mm - yy) Customer ID (For Office Use)	al ameen funds
 General Instructions This form is for use by individual applicants of the Income Payment Plan Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is mage: Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applica disclaimer, warning statement, investment objective in the Offering Document(s) of Al Ameen Islamic Retirement Savi Fund (UIRSF)] /Al Ameen Islamic Income Payment Plan (AIPP) [formerly UBL Islamic Income Payment Plan (UIPP)]. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or reject? Applications complete in all respects and carrying necessary documentary attachments should be submitted at UBL Branches, distributor outlets, or at UBL Fund Managers - Operations Office: 4th Floor, STSM Building, Beaumont Road, Centers, UBL Branches and distributor outlets is available on www. UBLFunds.com. To find an Investment Center near For assistance in filling this form or information about our products and services call our nationwide help line at 0800 Smart Whatsapp self service, type HI and send. 	cable) form and the terms and conditions, especially risk disclosure, ings Fund (AIRSF) [formerly UBL Islamic Retirement Savings ted until complete requirements are fulfilled Fund Manage rs' Investment Centers, designated UBL , Civil Lines, Karachi, Pakistan. A complete list of Investment r you SMS 'IC' to 8258
1 Investment Details	
Transaction Type Registration Name (Mr/Ms/M Account Information Update Withdrawal Transfer 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 C) Transfer from other Income Payment/Annuity Plan:* Income Payment/Annuity Function	Ins.)
2 Participant Details (For registration/account information update)	
(dd - mm - yyyy) Nationality Passp	MTN No
Residential Status Resident Non-Resident City Country Residential Phone Office Phone Country Country	Email Address
Occupation Service Self-employed Other Employer/Business Address Employer/Business Address (if applicable) Employer/Business Address Hold N Correspondence to be sent to Residential Address Employer/Business Address Hold N	cable)

3 Risk Profiling Assessment

Tick the appropriate Box (select one per question)

I.	It is likely that I will withdraw my investment	
а	Within one year	8
b	Between 1 to 2 years	12
с	Between 2 to 5 years	16
d	Not before 5 years	20
II.	Experience of Investing	
а	I have no experience of investing in capital markets, stocks and bonds	4
b	I have experience of investing in capital markets, stocks and bonds	8
III.	To seek high retruns I can take:	
а	Very Low risk	
b	Low risk	20
с	Moderate risk	40 60
d	Medium risk	80
е	High risk	100
IV.	سرماییکاری کی رقم ہے: The investment amount is: سرماییکاری کی رقم ہے:	
а	میری قابل سرماییآ مدنی کامعمول حصه A substantial part of my investable income	8
b	A substantial part of my investable income میری قابل سرماییآ مدنی کامعمول حصه میری قابل سرماییآ مدنی کااتهم حصه An insignificant part of my investable income میری قابل سرماییآ مدنی کاکافی حصه	12
с	میری قابل سرمایی آمدنی کاکافی حصه An insignificant part of my investable income	16
Tota	al Score بجموع 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.

Plan Type					
	Al Ameen Islamic Income Pa		ransfer Amount for Incon	ne Payment Plan (in PKR or %	
* or as allowed under VPS ru	les from time to time.	wing the date of retirement/ 1)/
	on Payment Details:				
Choose one of the fo Regular Allocatio	llowing Allocation options:				
		money market sub-fund.	This amount will be used	for your monthly Pension pa	yments.
20% of transfer amou	unt will be set aside for grow	th based on the allocatio	on as specified below.	, ,	
	Sub Fund		Sub Fund	Money Ma	arket Sub Fund
	20%	4	-5%		35%
Customized Alloc	·	Segment (00/	1000/)	Dension Comment	(00/1000/)
Segment	Money Market Sub Fund	Segment (0% Debt Sub Fund	- 100%) Equity Sub Fund	Pension Segment Money Market Sub Fund	(0% - 100%) Debt Sub Fund
Allocation in					
Sub-Fund	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)
Choose one of the fol	llowing pension disbursem	ent options (payment will be	e made from pension segment, in	both options)	
	Payment (in PKR)				
	onthly Payment (Draw down pay	ment is derived on the basis of te	erm plan chosen by investor)		
	nts will be made in the form of chequ				
	y Pension Payments if Plan's term peri in plan term period by the investor wi				
5 Nominee	Details (For registration	on/change in nomine	e details)		
1. Name (Mr/Ms/Mrs.)		CNIC/NICOP/B Form*	No.	-
Residential Addres	s & Phone			Relation	% Allocation
				No	
	.)				
Residential Addres	s & Phone			Relation	% Allocation
	an two nominees, please attach	a separate sheet with details	mentioned above		
Note: Incase of more tha * Incase of minor	an two nominees, please attach	a separate sheet with details	mentioned above		
		a separate sheet with details	mentioned above		
* Incase of minor Transfer	Details		mentioned above		
Incase of minor Transfer In case of transfer to a	Details another Income Payment Pla	in:			
Incase of minor Transfer In case of transfer to a Income Payment Plan	Details another Income Payment Pla	in:			
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a	Details another Income Payment Pla 1 Name another Annuity Plan:	an:Pe	ension Fund Manager		
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a	Details another Income Payment Pla 1 Name another Annuity Plan:	an:Pe	ension Fund Manager	Dany	
Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla Name another Annuity Plan: Anr	an:Pe	ension Fund Manager		
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a	Details another Income Payment Pla Name another Annuity Plan: Anr	an:Pe	ension Fund Manager		
Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan Withdraw	Details another Income Payment Pla 1 Name another Annuity Plan: Anr al Details	an: Pe	ension Fund Manager Insurance Com	oany	
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla Nameanother Annuity Plan: Anr al Details Encashment Amount (PKF	an:Po	ension Fund Manager Insurance Com	oany	%
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Nominee, ir	Details another Income Payment Pla Name	an:Pe nuity Type R) nt: Encash full share	ension Fund Manager Insurance Com	oany	%
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Nominee, in Transfer to existin	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: Anr al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account	an:Pe uuity Type R) nt: Encash full share t (Attach Account Statement)	ension Fund Manager Insurance Com e Transfer to my	oany or new Individial Pension Accou	% JNT (Attach Registration Form)
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insurance	an: puity Type R) R) t (Attach Account Statement) te Company	ension Fund Manager Insurance Com Insurance Transfer to my	oany or new Individial Pension Accou Type of Annuity	% JNt (Attach Registration Form)
* Incase of minor Transfer In case of transfer to a income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Nominee, in Transfer to existin Purchase approve	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: Anr al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account	an: puity Type R) R) t (Attach Account Statement) te Company	ension Fund Manager Insurance Com Insurance Transfer to my	oany or new Individial Pension Accou Type of Annuity	% JNt (Attach Registration Form)
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: an Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insuranc a, % (specify percentage) or	an:Pe	ension Fund Manager Insurance Com e Transfer to my nd purchase approved Ar	oany or new Individial Pension Accou Type of Annuity	%
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insurance w (specify percentage) or any	an:Po nuity Type R) nt: Encash full shar t (Attach Account Statement) t e Company Rs a	ension Fund Manager Insurance Com e Insurance Com e Transfer to my nd purchase approved Ar Type of	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity	%
* Incase of minor Transfer In case of transfer to a income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insurance w (specify percentage) or any	an:Po nuity Type R) nt: Encash full shar t (Attach Account Statement) t e Company Rs a	ension Fund Manager Insurance Com e Insurance Com e Transfer to my nd purchase approved Ar Type of	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity	%
* Incase of minor Transfer In case of transfer to a income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Nominee, in Transfer to existin Purchase approve Insurance Compa Note: Tax shall be levied FBR would need to be p	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insurance w (specify percentage) or any	an:Pe nuity Type nt: Encash full share t (Attach Account Statement) t (Attach Account Statement) re Company rRs a t to conditions as laid down	ension Fund Manager Insurance Com e Insurance Com e Transfer to my nd purchase approved Ar Type of n in ITO 2001. In case of tax	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity	% JNT (Attach Registration Form)
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF a case of death of Participat ang Individial Pension Account ed Annuity Plan Insurance w (specify percentage) or any	an:Pe nuity Type ant: Encash full share t (Attach Account Statement) te Company rRs a tt to conditions as laid down cipant/Nominee in c	ension Fund Manager Insurance Com e Insurance Com e Transfer to my nd purchase approved Ar Type of n in ITO 2001. In case of tax ase of withdrawal)	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity levied income tax returns of pre	% Int (Attach Registration Form) ecceding three years as filed with
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF a case of death of Participat ang Individial Pension Account ed Annuity Plan Insurance w (specify percentage) or any	an:Pe nuity Type ant: Encash full share t (Attach Account Statement) te Company rRs a tt to conditions as laid down cipant/Nominee in c	ension Fund Manager Insurance Com e Insurance Com e Transfer to my nd purchase approved Ar Type of n in ITO 2001. In case of tax ase of withdrawal)	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity	% Int (Attach Registration Form) ecceding three years as filed with
 * Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Nominee, in Transfer to existin Purchase approve Encash Insurance Compa Note: Tax shall be levied FBR would need to be p Payment I would like to receive 	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: Anr al Details Encashment Amount (PKF n case of death of Participan ng Individial Pension Account ed Annuity Plan Insurance % (specify percentage) or any in case of encashment subject orovided. Instructions (For Parti the encashment amount in	an:Pe uuity Type R) rt: Encash full share t (Attach Account Statement) re Company rRs a t to conditions as laid down cipant/Nominee in c the form of Cheque	ension Fund Manager Insurance Com e	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity levied income tax returns of pre	
* Incase of minor Transfer In case of transfer to a income Payment Plan In case of transfer to a Annuity Plan	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF a case of death of Participan ag Individial Pension Account ed Annuity Plan Insurance % (specify percentage) or any din case of encashment subject in case of encashment subject in the encashment amount in	an:Pe nuity Type R) nt: Encash full share t (Attach Account Statement) re Company rRs a t to conditions as laid down cipant/Nominee in c the form of Cheque OR	ension Fund Manager Insurance Com e	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity levied income tax returns of pre	Unt (Attach Registration Form)
* Incase of minor Transfer In case of transfer to a Income Payment Plan In case of transfer to a Annuity Plan Withdraw By Participant: By Participant: Transfer to existin Purchase approve Encash Insurance Compa Note: Tax shall be levice FBR would need to be p B Payment I would like to receive IBAN Bank Account Title	Details another Income Payment Pla another Annuity Plan: another Annuity Plan: another Annuity Plan: al Details Encashment Amount (PKF a case of death of Participal ang Individial Pension Account ed Annuity Plan Insurance % (specify percentage) or any d in case of encashment subject brovided. Instructions (For Participal the encashment amount in	an:Pe nuity Type an:Pe nuity Type an:Pe ant:Pe Encash full share t (Attach Account Statement) te Company ant: t (Attach Account Statement) te Company ant: ant: t (Attach Account Statement) te Company ant: ant: t to conditions as laid down cipant/Nominee in content the form of Cheque OR	ension Fund Manager Insurance Com e	oany or new Individial Pension Accou Type of Annuity nuity Plans with balance Annuity levied income tax returns of pre Demand Draft Online A	% Int (Attach Registration Form) ecceding three years as filed with Account Transfer*

UBL FM/AAIIPP / Version 01/ 21

9 Know Your Customer (KYC) (Not Applicable for existing investors of UBL Fund Managers)
Please provide the following details pursuant to Anti-Money laundering Regulation issued by the Securities & Exchange Commission of Pakistan
Education O Under-Graduate O Graduate O Post- Graduate O Professional
Other
Marital Status Single Married Other No. of dependents
Do you belong to profession: A Lawyer Notary Real Estate Dealer Foreign Exchange Dealer Accountant
Approximate Annual Income from profession (Rs.)
Other Income (Rs.)
Public Figure / PoliticallyExposed Person O Yes O 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?
Please mark if yes to any of above two questions.
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)
O Housewife O Student O Other
(Please mark and provide source of income documents accordingly)
Has any financial institution refused to open your account? O Yes O No Do you deal in high value item such as Silver, Gold O Yes O No
Do you deal in high value item such as Silver, Gold O Yes O No Do you have any links to offshore tax haven countries? Ves O No
10 Declaration & Signature(s)
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
(dd - mm - yy) Participant's / Nominee's Signature
 (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. Incase 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 perticipant 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 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 Life Insurance Company. A cheque for the requested transfer amou
 Participant's / Nominee's Signature Participant's / Nominee's Signature Participant's / Nominee's Signature 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 varification, 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 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 the 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 cakat 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. Incase 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 persion Fund Manager, under advice to the participant. In case of transfer to Approved Annuity Plan, please attach application from the relevant Pension Fund Manager. 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 Annuity Plan, please attach application from the relevant Pension Fund Manager. A Cheque for the requested transfer amount shall then be sent directly to the relevant Pensi

UBL FM/AAIIPP / Version 01/ 21