

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.

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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. _____ (Incase 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

4 Plan Details (For registration / change in plan term period)

Plan Type ☐ Al Ameen Islamic Income Payment Plan (AIIPP)

Plan Term Period _____ (up to 15 years following the date of retirement) Transfer Amount for Income Payment Plan (in PKR or %) _____
 * or as allowed under VPS rules from time to time.

Allocation & Pension Payment Details:

Choose one of the following Allocation options:

☐ Regular Allocation Option:

80% of transfer amount will be invested in AIRSF money market sub-fund. This amount will be used for your monthly Pension payments.
 20% of transfer amount will be set aside for growth based on the allocation as specified below.

| Equity Sub Fund | Debt Sub Fund | Money Market Sub Fund |
|-----------------|---------------|-----------------------|
| 20% | 45% | 35% |

☐ Customized Allocation Option:

| Segment | Growth Segment (0% - 100%) | | | Pension Segment (0% - 100%) | |
|------------------------|----------------------------|---------------|-----------------|-----------------------------|---------------|
| | Money Market Sub Fund | Debt Sub Fund | Equity Sub Fund | Money Market Sub Fund | Debt Sub Fund |
| Allocation in Sub-Fund | (0% - 100%) | (0% - 100%) | (0% - 100%) | (0% - 100%) | (0% - 100%) |

Choose one of the following pension disbursement options (payment will be made from pension segment, in both options)

- ☐ Fixed Monthly Payment (in PKR) _____ (amount in words) _____
☐ Draw-Down Monthly Payment (Draw down payment is derived on the basis of term plan chosen by investor)

Note:

- Monthly pension payments will be made in the form of cheque/pay order/online to investor's
- Tax is exempt on monthly Pension Payments if Plan's term period is 10 years or more. (as per current tax law)
- Any subsequent change in plan term period by the investor will be effective at the end of calendar year.

5 Nominee Details (For registration/change in nominee details)

1. Name (Mr/Ms/Mrs.) _____ CNIC/NICOP/B Form* No. _____

Residential Address & Phone _____ Relation _____ % Allocation _____

2. Name (Mr/Ms/Mrs.) _____ CNIC/NICOP/B Form* No. _____

Residential Address & Phone _____ Relation _____ % Allocation _____

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

* Incase of minor

6 Transfer Details

In case of transfer to another Income Payment Plan:

Income Payment Plan Name _____ Pension Fund Manager _____

In case of transfer to another Annuity Plan:

Annuity Plan _____ Annuity Type _____ Insurance Company _____

7 Withdrawal Details

☐ By Participant: Encashment Amount (PKR) _____ or _____ %

☐ By Nominee, in case of death of Participant: ☐ Encash full share ☐ Transfer to my new Individual Pension Account (Attach Registration Form)

☐ Transfer to existing Individual Pension Account (Attach Account Statement)

☐ Purchase approved Annuity Plan Insurance Company _____ Type of Annuity _____

☐ Encash _____ % (specify percentage) or Rs. _____ and purchase approved Annuity Plans with balance

Insurance Company _____ Type of Annuity _____

Note: Tax shall be levied in case of encashment subject to conditions as laid down in ITO 2001. In case of tax levied income tax returns of preceding three years as filed with FBR would need to be provided.

8 Payment Instructions (For Participant/Nominee in case of withdrawal)

I would like to receive the encashment amount in the form of ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Account Transfer*

IBAN _____ OR Bank Account Number _____

Bank Account Title _____ Branch Code _____

Bank Name & Branch _____ Bank Address _____

Note: Online account transfer facility is available with selected banks

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

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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.

I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party(ies) for performance of due diligence or for improvement in customer services & experience.

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 _____