

Application Form For Al Ameen Islamic Income Payment Plan*

*formerly UBL 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

1 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.

2 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

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%)	
Allocation in Sub-Fund	Money Market Sub Fund	Debt Sub Fund	Equity Sub Fund	Money Market Sub Fund	Debt 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:

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

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

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Residential Address & Phone _____ Relation _____ % Allocation _____

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

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Residential Address & Phone _____ Relation _____ % Allocation _____

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

* Incase of minor

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 _____

☐ 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.

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

Bank Account Number _____ Bank Account Title _____

Bank Name & Branch _____ Bank Address _____

Note: Online account transfer facility is available with selected banks

(If ultimate beneficiary is other than Participant, please mention beneficiary's name and CNIC number and attach separate sheet with other details mentioned above)

Reference/Agent Code _____ IC/Location _____ Remarks _____