## UBL FM/AAIIPP / Issue 02 / Ver. 02 / 17

## Application Form For Al Ameen Islamic Income Payment Plan\*

*formerly UBL Islamic Income Payment Plan	
Data (dd. mar y a)	. 4
Date (dd - mm - yy)	الامين فنكر
Customer ID (For Office Use)	al ameen funds
General Instructions	
<ol> <li>This form is for use by individual applicants of the Income Payment Plan</li> <li>Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made,</li> </ol>	a countersign is mandatory
<ol> <li>Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms</li> </ol>	a Coulitersign is manuatory
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 quidelines and instructions provided in this form	
disclaimer, warning statement, investment objective in the Offering Document(s) of Al Ameen 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 to	
<ol> <li>Applications complete in all respects and carrying necessary documentary attachments should be submitted at UBL Func Branches, distributor outlets, or at UBL Fund Managers - Operations Office: 4th Floor, STSM Building, Beaumont Road, Civ Centers, UBL Branches and distributor outlets is available on www. UBLFunds.com. To find an Investment Center near you</li> </ol>	vil Lines, Karachi, Pakistan. A complete list of Investment
8. For assistance in filling this form or information about our products and services call our nationwide help line at 0800-000	
1 Investment Details	
Transaction Type Registration Name (Mr/Ms/Mrs.)	
Account Information Update Withdrawal Transfer	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	<u></u>
(dd - mm - yyyy)	
	1
Pension Fund Manager/Insurar	nce Company
d) Other (Please specify)  * Please attach copy of transfer form along with account statement.	
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	
(dd - mm - yyy	•
Gender Male Female Date of Birth Gd-mm-yyyy)  Gender Male Female Date of Birth Gd-mm-yyyy)	Religion
Nationality Passport	t No Non-Resident Pakistani)
Do you hold a U. S Permanent Resident Card (Green Card)?YesNo Zakat Deduction Yes	·
Own Mailing Address	
Residential Status Resident Non-Resident City Country Em	nail Address
Residential Phone Office Phone	
Occupation Service Self-employed Other Employer/Busine	
(Please specify) (If applicable)	
Employer/Business Address	
Correspondence to be sent to Residential Address Employer/Business Address Hold Mail	

5 Hall Det	ans (For registration	17 change in plan c	emi penoa,			
Plan Type Al Ameen Islamic Income Payment Plan (AIIPP)						
Plan Term Period * or as allowed under VPS rul	(up to 15 years follows from time to time.	owing the date of retirement) Tr	ransfer Amount for Income	Payment Plan (in PKR or %	ó)	
Allocation & Pension Payment Details:						
	llowing Allocation options	:				
Regular Allocation 80% of transfer amou	<b>n Option:</b> unt will be invested in AIRSF	money market sub-fund.	This amount will be used for	or your monthly Pension Pa	ayments.	
	ınt will be set aside for grov					
	Sub Fund	Debt Sub Fund		Money Market Sub Fund		
Customized Alloc	20%	43	5%		35%	
Segment		n Segment (0% -	- 100%)	Pension Segment	(0% - 100%)	
	Money Market Sub Fund		Equity Sub Fund	Money Market Sub Fund	Debt Sub Fund	
Allocation in Sub-Fund	(0% - 100%)	(0% - 100%)	(0% - 100%)	(0% - 100%)	35%  (0% - 100%)  Debt Sub Fund  (0% - 100%)	
Choose one of the fol	lowing pension disbursem	nent options (payment will be	made from pension segment, in bo	th options)		
	Payment (in PKR)					
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.						
4 Nominee I	Details (For registration	on/change in nomine	e details)			
	)					
Residential Address	s & Phone			Relation	% Allocation	
2. Name (Mr/Ms/Mrs.	)		CNIC/NICOP/B Form* N	Jo		
Residential Address	s & Phone			Relation	% Allocation	
Note: Incase of more than two nominees, please attach a separate sheet with details mentioned above * Incase of minor						
5 Transfer I	Details					
In case of transfer to another Income Payment Plan:						
Income Payment Plan NamePension Fund Manager						
In case of transfer to a	nother Annuity Plan:					
Annuity Plan	Anı	nuity Type	Insurance Compa	any		
•			<u> </u>	·		
6 Withdrawa	al Details					
By Participant:	Encashment Amount (PK	R)	(	or	%	
By Nominee, in	case of death of Participa	nt: Encash full share	Transfer to my n	ew Individial Pension Acco	unt (Attach Registration Form)	
Transfer to existin	g Individial Pension Accour	t (Attach Account Statement)				
Purchase approve	ed Annuity Plan Insuran	ce Company		Type of Annuity		
Encash % (specify percentage) or Rs and purchase approved Annuity Plans with balance						
Insurance Compa	ny		Type of A	nnuity		
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.						
7 Payment	Instructions (For Part	icipant/Nominee in ca	ase of withdrawal)			
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

8 Know Your Customer (KYC) (Not Applicable for existing investors of OBL Fund Managers)				
The Know Your Customer (KYC) section is meant to enable a person to comply with the client identification program laid down by the Anti Money Launc Laws and Circular 12 of 2009 issued by Securities & Exchange Commission of Pakistan (SECP).	lering			
Education Under graduate Graduate Post graduate Professional Other (Please specify)				
Marital Status Single Married No. of Dependants Approximate Annual Income (Rs.)				
Public Figure 🔲 Yes 🔲 No (Includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials & family members, Polit	icians)			
Source of Funds (Multiple options may be selected) Salary Self-owned / Family Business (Please specify)				
Home Remittance Inheritance Stocks / Investments Other (Please specify)				
Name of ultimate beneficiary of investment CNIC/NICOP No CNIC/NICOP No CNIC/NICOP No CNIC/NICOP No CNIC/NICOP No	-			
9 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 puthe 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 P 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 submit of this form.	lan ave			
Date     -				
Instructions & Guidelines				
<ol> <li>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 s 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 8 Transfer Form will be verified by the Transfer Agent upon application by the participantt/nominee and on payment of such costs and on such terms so as to evidence inder and security</li> <li>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</li> <li>Zakat will be deducted (incase zakat affidavit has not been provided)</li> <li>Documents required incase of Withdrawal by Nominee: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA</li> <li>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 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 cheque for the requested transfer amount shall then be sent directly to the new Pension Fund Manager, under advice to the participant.</li> <li>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 be sent directly to the Incase of transfer to Approved Income Drawdown please attach application from the relevant Pension Fund Manager. A Cheque for the requested transfer amount shall be sent directly to the relevant Pension Fund Manager.</li> </ol>	Monity  of er. A  ent			
For Office Use Only				
Distributor Name of Agent Sub-Agent				

. Remarks \_

Reference/Agent Code \_

\_ IC/Location \_

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