

Account Opening Application & Transaction form for UBL / Al-Ameen Payment Plans

Date - -

(dd - mm - yy)

-

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 UBL Retirement Savings Fund (URSF)/Al Ameen Islamic Retirement Savings Fund (AIRSF)/UBL Income Payment Plan (UIPP)/Al Ameen Islamic Income Payment Plan (AIPP).
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

CNIC Issue 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

Mother's Maiden Name CNIC/NICOP No. CNIC Expiry Date (dd - mm - yyyy) CNIC issue 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 Employer/Business Name

(Please specify) (If applicable)

Employer/Business Address

(If applicable)

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

Note: In case of fresh investor i.e. transfer from another Pension Fund Manager, please provide information for FATCA compliance in specified format.

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 An insignificant 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 A substantial 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 Pension Sub Funds/Plans	Risk Profile	Risk of Principle Erosion
=< 61 the risk is	Customized Allocation Plan- 100% in Money Market Sub Fund	Very Low	Principal at Very Low Risk
> 61 but =< 83 the risk is	Customized Allocation Plan - Debt & Money Market Sub Funds with zero Equity Exposure	Low	Principal at Low Risk
>83 but =< 105 the risk is	Regular allocation plan & Customized Allocation Plan - with 0% - 25% Equity Exposure	Moderate	Principal at Moderate Risk
> 105 but=< 127 the risk is	Customized Allocation Plan - with 26%-50% Equity Exposure	Medium	Principal at Medium Risk
>127 the risk is	Customized Allocation Plan - more than 50% Equity 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 the 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

Plan Type ☐ UBL Income Payment Plan (UIPP) ☐ 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 URSF/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:**

1	Segments
	Growth Segment (Total desired allocation)
	(0% - 100%)
	Pension Segment (Total desired allocation)
	(0% - 100%)

Subtotal of allocation in segments should be 100%.

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

Subtotal of allocations in sub-funds should be 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.

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 _____ %
☐ 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 declare for:

- having had any illness requiring a hospital stay, medical treatment or medical follow-up for more than 30 days during the last 2 years Yes ☐ No ☐
- having been off work for sickness for more than 14 consecutive days during the last 2 years Yes ☐ No ☐
- having any surgical procedure or medical investigations planned for the next 6 months Yes ☐ No ☐

I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme.

Note: All above declarations are mandatory to tick. HQF will be required if 'Yes' is tick to any of the above.

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 & CFT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan

برائے کرم سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان کے جاری کردہ اینٹی منی لانڈرنگ ریگولیشنز، 2020 کے تحت درج ذیل تفصیلات فراہم کریں۔

Profession:

☐ Service/Salaried ☐ Self-employed ☐ Retired ☐ House wife ☐ Student

☐ Other: _____ ☐ Relationship with person on whom dependent upon _____

Note: In case of Housewife, Student and Others, if dependent on any other person, then kindly fill relevant information for that person.

Source(s) of Investments (the principal unit holder or on whom dependent upon)

(Select atleast one / more than one source, along with approximate or estimated annual income)

☐ Salary Rs. _____ ☐ Business Income Rs. _____ ☐ Foreign Remittance(s) Rs. _____

☐ Gift Rs. _____ ☐ Inheritance Rs. _____ ☐ Sale of property Rs. _____

☐ Stocks / Investments / liquid asset as per tax return Rs. _____ ☐ Others _____ Rs. _____

☐ Agriculture Rs. _____ Aggregate Approximate / Estimated Income Rs. _____

For Sole Proprietor(s) / Business Income Investors (Principal unit holder or On whom dependent upon)

Geographies Involved ☐ Domestic ☐ Ex - FATA ☐ International

Type of counterparties dealing with ☐ Individual ☐ NPO/Trust ☐ Business ☐ Other _____

Your majority of transactions will be carried out through: ☐ Physical ☐ Online

Your expected No. of monthly investment transactions: ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

Your expected No. of monthly redemption transactions: ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

Expected Investment Transactions (Rs.) in a year: ☐ Upto 100,000 ☐ 100,000 - 800,000 ☐ 800,001 - 10,000,000 ☐ More than 10,000,000

Expected Investment Per Transaction (Rs.): ☐ Upto 25,000 ☐ 25,000 - 400,000 ☐ 400,001 - 1,000,000 ☐ More than 1,000,000

Your purpose of investment: ☐ Growth ☐ Savings ☐ Regular income ☐ Cash Management

Do you belong to these professions ☐ Lawyer وکیل ☐ Notary public نوٹری ☐ Real Estate ریئل اسٹیٹ ڈیلر ☐ Foreign exchange dealer فارن ایکسچینج ڈیلر

کیا آپ کا تعلق پیشے سے ہے؟

☐ Tax advisor/Accountant

☐ Gem/ jewelry / Precious stone / Antique

Are you a politically exposed person (PEP)

☐ Yes جی ہاں ☐ No نہیں

(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).

(اس میں ریاستوں یا حکومت کے سربراہان، سینئر سیاستدان، گریڈ 21 یا اس سے اوپر کے سینئر سرکاری/عدالتی/فوجی عہدیدار، ریاستی ملکیت والے کارپوریشنز کے سینئر ایگزیکٹو، اہم سیاسی پارٹی عہدیدار، سینئر مینجمنٹ/کسی بین الاقوامی تنظیم کے بورڈ کے ممبر شامل ہیں۔)

Are you a family member or close associate of any Politically exposed person? ☐ Yes جی ہاں ☐ No نہیں

کیا آپ کسی سیاسی شخصیت کے خاندان کے رکن یا قریبی ساتھی ہیں؟

Please mark if yes to any of above two questions.

☐ Local محلی ☐ Foreign غیر محلی

برائے کرم اگر مذکورہ سوالات میں سے کسی کے لئے ہاں ہے تو اسے نشان زد کریں۔

Has any financial institution refused to open your account?

☐ Yes جی ہاں ☐ No نہیں

کیا کسی مالی ادارے نے آپ کا اکاؤنٹ کھولنے سے انکار کیا ہے؟

Do you have any links to offshore tax haven countries?

☐ Yes جی ہاں ☐ No نہیں

کیا آپ کا غیر محلی ٹیکس پناہ ممالک سے کوئی تعلق ہے؟

I undersigned am the registered participant or successor (in case of death of participant) and would like to withdraw/transfer (as the case may be) the Investment amount as per as details given in this forms I have read and understood the Trust Deed and Offering Document(s) of the Fund along with details of Sales Load to be deducted (if any) including taxes and Sales Load to be deducted (if any) including taxes 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 _____

Undertaking

I/We, hereby give our consent to UBL Funds to share my/our information with any third party(ies) in order to perform KYC related verification including NADRA Verisys, IBAN, due diligence, Mobile CNIC pairing verification and for improvement in customer services. I/We hereby acknowledge having read and understood the Consolidated Offering Document(s) as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant CIS(s)/VPS(s)/Plan(s). I/We understand to access the Company website to keep myself updated before every operation of this account. I/We declare that I/We am/are the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I/We am/are fully informed and understand that investment in units of CIS(s)/VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any CIS(s)/VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned.

I/We hereby indemnify UBL Funds against any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information by me and / or due to technical issue in the site / portal / service for the execution of online transaction (online, IBFT & RTGS). I further indemnify UBL Funds from any loss or liability occurring by blocking of accounts due to any administrative action including missing or outdated Source of Income and/or Know Your Customer related information. I/We hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I/We understand that investment in CIS(s)/Plan(s)/VPS(s) are subject to market risks and fund prices may go up or down based on market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no guaranteed return or capital. I/We hereby also acknowledge that I/We have reviewed and understood detail of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Under the Cooling-off Right Investor can claim, first time investment in a CIS(s)/Plan(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

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. In case 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/successor
- Zakat will be deducted (incase zakat affidavit has not been provided)
- Documents required incase of Withdrawal by successor: (1) Copy of CNIC/NICOP, (2) Death Certificate of deceased participant issued by NADRA, (3) Succession certificate
- In case 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 _____

Processing Checklist

Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Customer ID | <input type="checkbox"/> Title | <input type="checkbox"/> Product Name | <input type="checkbox"/> Amount / %age |
| <input type="checkbox"/> Payment Mode (Default Cheque) | <input type="checkbox"/> Bank Account Details (Online) | <input type="checkbox"/> Holding (in case of withdrawal) | |
| <input type="checkbox"/> Signature (as per Operating Instructions) | <input type="checkbox"/> Stamp (Time stamp etc) | | |