

Initial Investment Form for Al-Ameen Islamic Retirement Savings Fund (AIRSF)

For new portfolio account/extension ID (to be used only for existing investors)

Customer ID

(For existing customer only)

New Pension Portfolio Account ☐

New Extension ID ☐



For assistance in filling out this form, Please call at **0800-26336** or sms **HELP to 8258**. Please Save **0340-8253863** in your smartphone to avail **Smart Whatsapp self service**, type **HI** and send.

General Instructions & Guidelines

1) This form is for use by individual applicants who want to open a Retirement Savings account with Al-Ameen Funds. 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, in case 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 of Al-Ameen Islamic Retirement Savings Fund (AIRSF). 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 0800-26336

1 Principal Unit Holder Details (Mandatory)

Name (Mr/Ms/Mrs)	
(Please write in block letters)	
CNIC Number	
Employer Name	
Employer/Business address	

2 Retirement Age

Please specify expected retirement age _____ or expected date of retirement

Note:

- Retirement age can be 25 years from the date of first investment or any age between 60 to 70 years whichever is earlier.
- If retirement age/date is not specified, by default the age/date 25 years from the first investment or 60 years whichever is earlier will be selected as the expected retirement age.
- Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
- If you would like to change your expected date of retirement you may do so by filling Section 5) of VPS Account Update Form. In case no written intimation is received till the date of your retirement, your VPS allocation will automatically be changed to 'Lower Volatility' at the date of retirement in accordance with the VPS Rules, 2005.

3 Initial Contribution Details

Account Type ☐ PF ☐ Normal
Mode of contribution (tick one) ☐ Self ☐ Employer/Third Party
Investment details for 'Self' contribution

Front end load%: _____ (excluding Taxes)

Initial Contribution Amount (Rs.) _____ In words _____

Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
☐ Cheque ☐ Pay Order ☐ Online Transfer			
☐ Cheque ☐ Pay Order ☐ Online Transfer			

Participant Signature

Please select (any one) of the Allocation plans given below. Allocation schemes from lower to high are categorized in terms of volatility. In case of customized allocation, please specify the percentage (%) in the respective sub-funds.

High volatility ☐	Medium volatility ☐	Low volatility ☐	Lower volatility ☐	CUSTOMIZED ☐
Equity Sub-Fund: 70% Debt Sub-Fund: 25% MM Sub-Fund: 0%	Equity Sub-Fund: 40% Debt Sub-Fund: 45% MM Sub-Fund: 15%	Equity Sub-Fund: 15% Debt Sub-Fund: 65% MM Sub-Fund: 20%	Equity Sub-Fund: 0% Debt Sub-Fund: 50% MM Sub-Fund: 50%	Equity Sub-Fund: _____ % Debt Sub-Fund: _____ % MM Sub-Fund: _____ %
LIFE CYCLE ☐				
Age: 18-30 Equity Sub-Fund: 75% Debt Sub-Fund: 20% MM Sub-Fund: 5%	Age: 31-40 Equity Sub-Fund: 70% Debt Sub-Fund: 25% MM Sub-Fund: 5%	Age: 41-50 Equity Sub-Fund: 60% Debt Sub-Fund: 30% MM Sub-Fund: 10%	Age: 51-60 Equity Sub-Fund: 50% Debt Sub-Fund: 30% MM Sub-Fund: 20%	Age: 60 and above Equity Sub-Fund: 0% Debt Sub-Fund: 50% MM Sub-Fund: 50%

- Allocation scheme can be changed subject to the terms & conditions specified in the Offering document of the fund.
- If an allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. life cycle allocation scheme, unit such time the participant selects an allocation scheme depending on the age of the participant.

Name of Pension Fund _____ Name of Pension Fund Manager _____

Date of Joining - - (dd - mm - yyyy) Amount being transferred (Rs.) _____

Previous Pension Fund Manager's Address _____

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.

Participant 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.

I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

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 Signature

Instructions & Guidelines

1. Cash will not be accepted
2. Payment can be made in the form of a cheque, pay order or online account transfer
3. Payment shall be made in favor of 'CDC Trustee UBL Retirement Savings Fund'. Instrument should be crossed 'Account Payee Only'
4. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
5. Applications by foreign nationals and nonresident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP)
6. Front-end load (charges) will be applicable on investment as per the constitutive documents of the Fund
7. Application will be processed as per cut-off timings for the Fund
8. In case of Employer/Third Party initial contribution, 'Employer & Third Party Contributor Form' should be attached with details.
9. Online account transfer facility is available with selected banks
10. Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Law.

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal.

☐ Copy of Pension Fund's Account Statement
(In case of transfer from another Pension Fund Manager)

☐ Employer & Third Party Contributor Form
(In case of contribution by Employer/Third Party)

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent Code	IC/Location	Remarks
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CRM Lead

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