



## PENSION FUND

Date:

Account Number :

For office use

Plan Type :  AL Habib Income Payment Plan  AL Habib Islamic Income Payment Plan

### IMPORTANT INFORMATION / INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS in clear hand writing or typed.
2. It is the responsibility of the participant/investor to provide correct, complete and up-to-date information; and inform AL Habib Asset Management Limited whenever there is any change.
3. Kindly fill the form yourself or get it filled in your presence, do not sign or submit blank form.
4. Application incomplete in any respect and/or not accompanied by required documents may be rejected or held until complete requirements are fulfilled.
5. Use of the name and logo of 'Bank AL Habib Limited' (the Bank) as given above does not mean that the Bank is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme(s) managed by it.

### PARTICIPANT'S DETAILS

Participant's Name :

(as per CNIC / NICOP / POC)

Father / Husband Name : \_\_\_\_\_

Mother's Maiden Name : \_\_\_\_\_

CNIC / NICOP / POC :

Issue Date :

Expiry Date:

Life Time

Gender : \_\_\_\_\_ Date of Birth:         Country of Birth : \_\_\_\_\_

Residential Address : \_\_\_\_\_

City / Town : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Country : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

City / Town : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Country : \_\_\_\_\_

Tel (Res) : \_\_\_\_\_ Tel (Off) : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

(Please ensure email and mobile number is correct, clear and active; as it will be used to contact and facilitate you through electronic means)

### EXISTING PARTICIPANT / TRANSFER FROM OTHER PENSION FUND MANAGER/ INSURANCE COMPANY

Existing Participant Account Number

Transfer from other Income Payment Plan / Pension Fund / Insurance Company Name: \_\_\_\_\_

### BANK ACCOUNT DETAILS OF PARTICIPANT

Payment proceeds will be made to the bank account as provided by the Participant.

Bank : \_\_\_\_\_

Branch : \_\_\_\_\_ City : \_\_\_\_\_

Account Number/ E-Wallet :

IBAN Number :

### NEXT OF KIN

Next of kin information will be used to contact Participant's whereabouts.

Next of kin can only be the relatives of the applicant namely spouse/ father/ mother/ brother/ sister/ son/ daughter, including a step/ adopted child.

Name: \_\_\_\_\_ Relation with Participant : \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_ Contact Number : \_\_\_\_\_

### AMOUNT / DURATION OF PLAN

Amount to be transfer: \_\_\_\_\_

Duration of plan (years): \_\_\_\_\_

### MONTHLY PAYMENT CALCULATION METHOD

Calculate Every Month

Calculate Annually

### SEGMENT(S) ALLOCATION DETAILS

Please specify the percentage (%) of allocation in growth segment between 0% and 35%. The remaining balance will be allocated to Income segment.

Growth Segment (0% - 35%)

GROWTH SEGMENT				(Please select any one option)
AGE / RISK TOLERANCE	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input type="checkbox"/> CUSTOMIZED*
<b>60 - 62 YEARS</b>				
Equity Sub Fund:	40%	30%	20%	____%
Debt Sub Fund:	50%	40%	30%	____%
Money Market Sub Fund:	10%	30%	50%	____%
<b>65 - 70 YEARS</b>				
Equity Sub Fund:	30%	20%	10%	____%
Debt Sub Fund:	40%	30%	20%	____%
Money Market Sub Fund:	30%	50%	70%	____%
<b>70 YEARS - TILL MATURITY</b>				
Equity Sub Fund:	20%	10%	0%	____%
Debt Sub Fund:	30%	20%	10%	____%
Money Market Sub Fund:	50%	70%	90%	____%

INCOME SEGMENT			(Please select any one option)
RISK TOLERANCE	<input type="checkbox"/> LOW VOLATILITY	<input type="checkbox"/> LOWER VOLATILITY	<input type="checkbox"/> CUSTOMIZED*
Debt Sub Fund:	40%	20%	____%
Money Market Sub Fund:	60%	80%	____%

\*Please ensure, in case of customized segment the percentage total adds up to 100%.

## RISK PROFILING

The questionnaire will help to understand you investment objectives, risk / return expectation and will only guideline for segmant allocation and should not be constitute as specific advice.You should make your allocation based on your own judgement and personal circumstances.

			Tick any one option
<b>1.</b>	<b>It is likely that I will withdraw my investment (subject to relevant tax law):</b>		
a.	Within one year	<input type="checkbox"/>	5
b.	Between 1 to 3 years	<input type="checkbox"/>	10
c.	Between 3 to 10 years	<input type="checkbox"/>	15
d.	Not before 10 years	<input type="checkbox"/>	20
<b>2.</b>	<b>Experience of Investing:</b>		
a.	I have no experience of investing in capital markets, stocks and bonds	<input type="checkbox"/>	0
b.	I have some experience of investing in capital markets, stocks and bonds	<input type="checkbox"/>	5
c.	I have experience of investing in capital markets, stocks and bonds	<input type="checkbox"/>	10
<b>3.</b>	<b>To seek high returns i can take:</b>		
a.	Very Low Risk	<input type="checkbox"/>	0
b.	Low Risk	<input type="checkbox"/>	5
c.	Medium Risk	<input type="checkbox"/>	10
d.	High Risk	<input type="checkbox"/>	15
<b>4.</b>	<b>The investment amount is:</b>		
a.	A substantial part of my investable income	<input type="checkbox"/>	5
b.	A significant part of my investable income	<input type="checkbox"/>	10
c.	An insignificant part of my investable income	<input type="checkbox"/>	15
<b>Total Score</b>			

Score	Category of Pension Sub Funds/Plans	Risk Profile	Risk of Principal Erosion
Less than 10	Customized Allocation Plan - 100% in Money Market Sub Fund	Very Low Risk	Principal at Very Low Risk
10 - 30	Customized Allocation Plan - Debt and Money Market Sub Funds with Zero Equity Exposure	Low Risk	Principal at Low Risk
30 - 50	Customized Allocation Plan - with 26% - 50% Equity Exposure	Medium Risk	Principal at Medium Risk
50 or More	Customized Allocation Plan - more than 50% Equity Exposure	High Risk	Principal at High Risk

## KNOW YOUR CUSTOMER (KYC)

S. No.	Particulars	Participant
1.	<b><u>OCCUPATION (After Retirement):</u></b> Government Service <input type="checkbox"/> Private Service <input type="checkbox"/> Self Employed / Business <input type="checkbox"/> Retired <input type="checkbox"/> House Wife / Student / Dependent <input type="checkbox"/>	
2.	<b><u>EDUCATION:</u></b> Under Graduate <input type="checkbox"/> Graduate / Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Other (please mention) _____	
3.	<b><u>PROFESSION/ NATURE OF BUSINESS:</u></b> _____	
4.	<b><u>BUSINESS / EMPLOYER NAME:</u></b> _____	
5.	<b><u>BUSINESS DETAILS</u></b> <small>(Sole proprietor and business income):</small> Business Domestic Geographic Involved Province/ Other (please mention) _____ Business International Geographic Involved FATF Compliant/ Non-Compliant (please mention) _____ Type of Counter Parties dealing with Individuals/ Trust/ Other (please mention) _____	
6.	<b><u>RESIDENTIAL STATUS:</u></b> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	
7.	<b><u>MARITAL STATUS:</u></b> Married <input type="checkbox"/> Widow / Divorced <input type="checkbox"/> Single <input type="checkbox"/>	
8.	<b><u>NUMBER OF DEPENDENTS:</u></b> _____	
9.	<b><u>PUBLIC FIGURE:</u></b> <small>(Are you or have ever been a family member or close associate of politically exposed person which may include, Senior Government/Judiciary and Military Officials of Grade 21 and Above, Senior Executive of State Owned Corporations, Senior Management/Member of Board of an International Organization, Senior Political Party Official &amp; Senior Politician)</small> No <input type="checkbox"/> Family Member or Close Associate <input type="checkbox"/> Yes (please mention) _____	
10.	<b><u>SOURCE OF FUNDS:</u></b> Salary <input type="checkbox"/> Business <input type="checkbox"/> Retirement/ Savings/ Remittance/ Inheritance <input type="checkbox"/> Dependent on Parents/Spouse/Children (in such case provide their source of income) <input type="checkbox"/> Other (please mention) _____	

**DECLARATION:** (Please provide details, if **yes** is selected).

Any Financial Institution ever refused to open your account ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any financial links to offshore Tax havens?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you deal in high value items such as Gold, Silver, Stones etc.?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

AL Habib Asset Management Limited is required to request certain taxpayer information from certain persons who maintain an account with us (whether such persons are U.S. taxpayer or not). Information collected will be used solely to fulfill requirements under U.S. federal tax laws and will not be used for any other purpose.

If any of the below is selected as **“YES”** then kindly provide country specific supporting documents with details and **Form W-9**.

Please Complete in BLOCK LETTERS.

S. No.	Particulars	
1.	Full Name	
2.	Place of Birth	
3.	Country of Residence	
4.	Nationalities	1. 2.
5.	Are you a US citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	Are you US resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	Do you hold a US permanent resident card /Green Card)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	Were you born in USA?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	Standing instructions to transfer funds to an account in USA.	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	Do you have any Power of Attorney/Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
11.	Do you have US residence/mailing/ Sole Hold Mail address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.	Do you have US telephone number?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## CRS FOR TAX RESIDENCY SELF CERTIFICATION

Part I : Identification of Account Holder Information has been obtained. Refer Page 1

Part II : Applicable only if Tax Residency is other than USA & Pakistan otherwise mark **“Not Applicable (N/A)”**

### Part II : Country of residence for tax purposes and related Taxpayer Identification Number (“TIN”) or equivalent number\*

If a TIN is unavailable please provide reason **A, B or C**, where appropriate:

**Reason A:** The country where the Account Holder is resident does not issue TINs to its residents

**Reason B:** The Account Holder is otherwise unable to obtain a TIN

(please explain why Account Holder is unable to obtain a TIN in the below table)

**Reason C:** No TIN is required

(only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

S. No.	Country of residence for tax purposes	TIN	If no TIN is available enter Reason A, B or C
1.			
2.			
3.			
<b>If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below</b>			
1.			
2.			
3.			

## DECLARATION

I hereby confirm, that all information provided in this form is correct and complete to the best of my knowledge and the documents submitted along with this application are genuine. I also confirm, having read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures as well as the advice given in the Risk Profile section. I fully informed and understand that investment in units of sub funds are not bank deposit, not guaranteed and not issued by any person. Shareholders of AL Habib Asset Management Limited are not responsible for any loss to investor resulting from the operations of Voluntary Pension System managed by AL Habib Asset Management Limited. I confirm, that I have understood the details of Sales Load and Taxes to be deducted. I hereby assure to the AL Habib Asset Management Limited, that the investment in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared in this Form is true and correct to the best of my knowledge and belief.

I hereby permit, AL Habib Assets Management Limited, to share my information with domestic or overseas regulators or tax authorities, where necessary. I further agree that AL Habib Asset Management Limited may withhold from my account such amount as may be required by domestic or overseas regulator. I will indemnify and hold harmless AL Habib Asset Management Limited from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by AL Habib Asset Management Limited in discharging its obligations under FATCA and/or as a result of disclosures to authorities.

I undertake to notify AL Habib Asset Management Limited, if there is a change in any information, which I have provided to AL Habib Asset Management Limited. I understand and accept that AL Habib Asset Management Limited reserves the right to close or suspend my account, without prior notice, if required document/information is not submitted.

**APPLICANT SIGNATURE** \_\_\_\_\_ (This sign will be an acceptance to above declaration and will be used as specimen signature).

\_\_\_\_\_  
Participant Signature

**SIGNATURE AS PER CNIC IF DIFFERENT FROM ABOVE** \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

## DISTRIBUTOR / SALE AGENT

I have verified the identity documents of the Participant and I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Participant. I will inform the Pension Fund Manager, if I identify any such factor or event in future relating to the Participant.

Distributor : \_\_\_\_\_ Branch & City : \_\_\_\_\_  
(Name, Signature or / and Stamp) (Name, Signature or / and Stamp)

Sale Agent : \_\_\_\_\_ Remarks: \_\_\_\_\_  
(Name, Signature or / and Stamp)

## FOR OFFICE USE ONLY

### DOCUMENTS REQUIRED:

Copy of CNIC (of Participant)

Business / Employment / Other Proof of Income / Fund

Copy of Utility Bill etc. (in case address different from CNIC)

Customer Risk Classification:  High Risk  Medium Risk  Low Risk  
(Standard)

In case of High Risk Investor, Approval from Senior Management is required \_\_\_\_\_  
(Name, Signature)

### USER ID:

Proof of Fund Transfer

Zakat Affidavit

\_\_\_\_\_

Reason : \_\_\_\_\_

### DATA INPUT & VERIFIED :

Data Input : \_\_\_\_\_  
(Name, Signature)

Data Verified : \_\_\_\_\_  
(Name, Signature)

Remarks : \_\_\_\_\_