



ALLOCATION UPDATE FORM

PENSION FUND

Transaction ID: _____
(for office use)

Account Title : _____

ALLOCATION SCHEME

Please select (any one) of the Allocation Schemes given below. For a customized Allocation Scheme, specify the percentage for each sub-fund so that the total adds up to 100%.

S NO.	ALLOCATION SCHEMES (SELECT ANY ONE ALLOCATION SCHEME)	EQUITY SUB-FUND	DEBT SUB-FUND	MONEY MARKET SUB-FUND
1.	<input type="checkbox"/> HIGH VOLATILITY	70%	30%	0%
2.	<input type="checkbox"/> MEDIUM VOLATILITY	40%	50%	10%
3.	<input type="checkbox"/> LOW VOLATILITY	10%	60%	30%
4.	<input type="checkbox"/> LOWER VOLATILITY	0%	40%	60%
5.	<input type="checkbox"/> CUSTOMIZED	_____ %	_____ %	_____ %
6.	<input type="checkbox"/> LIFE CYCLE			
	Age: 18-30	70%	30%	0%
	Age: 31-40	50%	40%	10%
	Age: 41-50	25%	50%	25%
	Age: 51-60	10%	40%	50%
	Age: 61 and above	0%	30%	70%

Note: Allocation scheme can be changed subject to the terms & conditions specified in the Offering document of the Pension Fund. The revised allocation will be applicable from the date of the form is received by the AMC or Distributor.

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. 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 Pension Fund 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 regulators. 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 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/ block/ suspend my account, without prior notice, if required document/information is not submitted.

Participant Signature

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING: I have not identified any activity 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 activity or event in future relating to the Participant.

(Name, Signature or / and Stamp)

Distributor/ Sale Agent

(Name, Signature or / and Stamp)

Name & Signature of Immediate Supervisor

Data Input : (Name / Signature) Data Verified : (Name / Signature) Remarks :

Disclaimer: Use of the name of 'Bank AL Habib Limited' as given above does not mean that Bank is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme managed by it.