



PENSION FUND

Date :

Account Number :

Transaction ID : _____
(for office use)

CNIC / NICOP :

Account Title :

TICK THE SECTION WHERE UPDATE REQUIRED

☐ (Please tick, if you want to update this section)

PARTICIPANT'S DETAILS

CNIC Issue Date :

CNIC Expiry Date :

☐ Life Time

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)

☐ (Please tick, if you want to update this section)

OTHER INSTRUCTIONS

Zakat Deduction : ☐ No ☐ Yes (Zakat deduction will be considered 'Yes' if affidavit is not attached)

Frequency of Regular Contribution: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

Expected Annual Contribution Amount Rs. _____

Debit Authority (tick one) Please attach copy of debit authority

☐ To the Bank to debit contribution amount from participant's bank account and credit in favor of the Fund

☐ To the Employer to deduct contribution amount from salary and transfer in favor of the Fund

☐ (Please tick, if you want to update this section)

BANK ACCOUNT DETAILS OF PARTICIPANT

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

Bank : _____

Branch : _____ City : _____

Account Number/ E-Wallet :

IBAN Number :

☐ (Please tick, if you want to update this section)

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 : _____

☐ (Please tick, if you want to update this section)

RETIREMENT AGE

Retirement Age : _____

Or expected date of retirement :

Note:

1. Retirement age can be 25 years from the date of first investment in a pension fund or any age between 60 to 70 years, whichever is earlier.
2. If retirement age/date is not specified, by default the age 25 years from the date of first investment or 60 years whichever is earlier will be selected as the retirement age.
3. Retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
4. If you would like to change your expected date of retirement you may do so by filling 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.

☐ (Please tick, if you want to update this section)

ALLOCATION SCHEME

Please select (any one) of the Allocation Schemes given below and specify the percentage (%) in the sub-funds in case of customized allocation scheme. Please ensure that the percentage 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 Fund. If any allocation scheme is not selected, the participant's contribution would be allocated in the default allocation scheme, i.e. life cycle allocation scheme.

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 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.

Participant Signature

(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)

USER ID: _____

☐ Zakat Affidavit

☐ _____

DISTRIBUTOR / SALES AGENT UNDERTAKING:

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.

(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 it is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme managed by it.