



## PENSION FUND

Date:        Account Number :        
For office use

## 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.

## ACCOUNT TYPE

☐ Provident Fund Link☐ Sahulat☐ Sarmayakari

## 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 TimeGender :  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)

## 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 ☐ AnnuallyExpected 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 to the Fund

## EXISTING / PREVIOUS PENSION FUND MANAGER(S) (IF APPLICABLE)

Date of Joining of Pension Fund:        Name of Pension Fund Managers:

**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 :

**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 : \_\_\_\_\_

**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(s) of the Fund(s)]
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.

**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:

1. Allocation scheme can be changed subject to the terms & conditions specified in the Offering document(s) of the Fund(s).
2. 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.

## RISK PROFILING

The questionnaire will help to understand your investment objectives, risk / return expectation and will only guideline for allocation scheme and should not constitute as specific advice. You should make your investment based on your own judgement and personal circumstances. You may also keep your investment in life cycle and customize allocation scheme.

Q.	Answer -->	1	2	3	Answer No. (1/2/3)
1	Your age?	Over 50 years	31-50 years	Under 30 years	
2	How secure is your regular income sources?	Not Secure	Fairly Secure	Very Secure	
3	How long you have been contributing in Pension Funds?	First time	Since 3 years	More than 3 years	
4	Your current level of investment knowledge?	Not Familiar	Have Little knowledge	Completely Understand	
5	Your investment horizon?	Short Term	Medium Term	Long Term	
6	Your primary investment objective?	Maintain Life Style	Capital Growth	Superior Returns	
7	Your risk appetite?	Low Risk	Moderate Risk	High Risk	
<b>Total Score</b>					

Score	Risk Profile/ Allocation Scheme	% of Allocation Scheme
7 - 10	Very Low	DSF 40%, MMSF 60%
11 - 13	Low	ESF 10%, DSF 60%, MMSF 30%
14 - 17	Medium	ESF 40%, DSF 50%, MMSF 10%
18 - 21	High	ESF 70%, DSF 30%,

## KNOW YOUR CUSTOMER (KYC)

S. No.	Particulars	Participant
<b>FOR SAHULAT &amp; SARMAYAKARI ACCOUNT</b>		
1.	<b>OCCUPATION:</b> Government Service Private Service Self Employed / Business Retired House Wife / Student / Dependent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	<b>BUSINESS / EMPLOYER NAME:</b>	_____
3.	<b>BUSINESS DETAILS</b> (Sole proprietor and business income): 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) _____	_____ _____ _____
4.	<b>RESIDENTIAL STATUS:</b> Resident Non Resident	<input type="checkbox"/> <input type="checkbox"/>
5.	<b>MARITAL STATUS:</b> Married Widow / Divorced Single	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	<b>NUMBER OF DEPENDENTS:</b>	
7.	<b>PUBLIC FIGURE:</b> (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 & Senior Politician) No Family Member or Close Associate Yes (please mention)	<input type="checkbox"/> <input type="checkbox"/> _____
8.	<b>SOURCE OF FUNDS:</b> Salary Business Retirement/ Savings/ Remittance/ Inheritance Dependent on Parents/Spouse/Children (in such case provide their source of income) Other (please mention)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
<b>FOR SARMAYAKARI ACCOUNT ONLY</b>		
9.	<b>AVERAGE MONTHLY INCOME IN (Rs.):</b> Less than 100,000 100,000 to 250,000 250,000 to 500,000 More than 500,000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	<b>EDUCATION:</b> Under Graduate Graduate / Post Graduate Professional Other (please mention)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
11.	Profession/ Nature of Business	_____

**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
Expected investment transaction(s) per month (Rs.)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> Upto 5 Lac <input type="checkbox"/> Upto 1 Million <input type="checkbox"/> Above 1 Million
Expected No. of transaction per month	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> More than 5
Expected investment amount per transaction (Rs.)	<input type="checkbox"/> Upto 50 Thousand <input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> Upto 1 Million <input type="checkbox"/> Above 1 Million
Expected transaction(s) modes / delivery channels	<input type="checkbox"/> Both <input type="checkbox"/> Online <input type="checkbox"/> Physical
Purpose and intended nature of business relationship	<input type="checkbox"/> Both <input type="checkbox"/> Saving <input type="checkbox"/> Investment

## 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)

**USER ID:** \_\_\_\_\_

☐ Zakat Affidavit

☐ \_\_\_\_\_

**Customer Risk Classification:** ☐ High Risk ☐ Medium Risk (Standard) ☐ Low Risk **Reason :** \_\_\_\_\_

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

### DATA INPUT & VERIFIED :

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

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