

Contribution Form For Pension Schemes

Form 2

1 PARTICIPANT'S DETAILS

Name (Mr./Ms./Mrs.) Folio No.
 CNIC / NICOP NO. CNIC / NICOP Expiry date. - -
 (dd - mm - yyyy)

2 CONTRIBUTION & PAYMENT DETAILS

Mode of contribution (tick one) Self Employer

Investment details for 'Self' contribution

Initial Contribution Amount (Rs.) In words

Payment Mode Cheque Pay Order Online Transfer RTGS

Instrument	Bank Name	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:
 1. Online account transfer facility is available with selected banks
 2. Payment can be made in the form of a cheque, Cashier Cheque, pay order or online account transfer. Payment can be made in favor of "CDC Trustee - ABL Pension Fund" or "CDC Trustee - ABL Islamic Pension Fund."
 3. Applicability of tax deduction at the time of withdrawal would be as per the prevailing Income Tax Laws.

3 RISK PROFILING QUESTIONNAIRE

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice and also write your risk score for each question in the given space.

1 Your Investment Horizon	2 Primary Investment Objective	3 Your Risk Tolerance
<input type="checkbox"/> Less than or equal to 1 year <input type="checkbox"/> Greater than 1 year but less than 3 years <input type="checkbox"/> Greater than 3 years but less than 5 years <input type="checkbox"/> Greater than 5 years Score <input type="text"/>	<input type="checkbox"/> Preserving Capital <input type="checkbox"/> Regular Income <input type="checkbox"/> Capital growth <input type="checkbox"/> Highest Potential Return Score <input type="text"/>	<input type="checkbox"/> Low Risk: Cut losses immediately and liquidate all investments. Capital preservation is paramount. <input type="checkbox"/> Medium Risk: Cut your losses and transfer investments to safer asset classes. <input type="checkbox"/> High Risk: You are ok with volatility and accept decline in portfolio value as a part of investing. You would keep your investments as they are. <input type="checkbox"/> Very High Risk: You would add to your investments to bring the average buying price lower. You are confident about your investments and are not perturbed by notional losses. Score <input type="text"/>
4 Age in (years)	5 Level of Understanding & Knowledge	6 Of my Current Income, I am able to save up to:
<input type="checkbox"/> Above 60 years <input type="checkbox"/> Between 46 to 60 years <input type="checkbox"/> Between 31 to 45 years <input type="checkbox"/> Between 18 to 30 years Score <input type="text"/>	<input type="checkbox"/> Less / Limited Knowledge <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Expert Score <input type="text"/>	<input type="checkbox"/> <=5% <input type="checkbox"/> 6% to 10% <input type="checkbox"/> 11% to 25% <input type="checkbox"/> > 25% Score <input type="text"/>
7 Existing Investments Equities	8 Existing Investments Others	9 Current Liabilities or Borrowings
<input type="checkbox"/> Up to PKR 100,000 <input type="checkbox"/> PKR 100,001-500,000 <input type="checkbox"/> PKR 500,001-1,500,000 <input type="checkbox"/> More than PKR 1,500,000 Score <input type="text"/>	<input type="checkbox"/> Up to PKR 100,000 <input type="checkbox"/> PKR 100,001-500,000 <input type="checkbox"/> PKR 500,001-1,500,000 <input type="checkbox"/> More than PKR 1,500,000 Score <input type="text"/>	<input type="checkbox"/> More than PKR 1,500,000 <input type="checkbox"/> PKR 500,001 - 1,500,000 <input type="checkbox"/> PKR 100,001 - 500,000 <input type="checkbox"/> Up to PKR 100,000 Score <input type="text"/>

Score	Risk Profile	Allocation Scheme Details	Risk of Principal Erosion
9 - 15	Low	-	-
16 - 22	Moderate	-	-
23 - 29	Medium	ABL Pension Fund (Lower Volatility, Low Volatility, Medium Volatility), ABL Islamic Pension Fund (Lower Volatility, Low Volatility, Medium Volatility)	Principal at Medium Risk
30 - 36	High	ABL Pension Fund (High Volatility), ABL Islamic Pension Fund (High Volatility)	Principal at High Risk

Declaration

I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am aware that my financial needs may change over time depending on my personal and situation objectives. I shall be solely responsible for all of my current and future investment, reallocation & change of pension fund manager, if these transactions are not in accordance with my above-mentioned risk profiling results. I will not hold ABL AMCL liable or responsible for these transactions in any manner.

"If you disagree with the suggested funds as per your risk profiling score and wish to invest in different funds, you may choose the override option given below".

 Agree

 Override

Participant's Signature

RISK DISCLOSURE STATEMENT

To be filled by the Investor

I confirm that I am investing in _____ and the risk level of this pension scheme / allocation is mentioned in section 4. I confirm that I will not hold ABL AMCL responsible for any loss which may occur as a result of my decision. However, I reserve the discretion to invest in any other allocation category. I further confirm that I have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions.

میں اس بات کی تصدیق کرتا ہوں کہ میں _____ میں سرمایہ کاری کر رہا ہوں اور اس ہینڈلنگ کے رسک لیول کا ذکر سیکشن 4 میں کیا گیا ہے۔ میں اس بات کی تصدیق کرتا ہوں کہ میں اے بی ایل ای ایم سی ایل کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہراؤں گا جو میرے فیصلے کے نتیجے میں ہو سکتا ہے۔ تاہم میرے پاس کسی بھی ایلیکشن کیٹیگری کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں مزید تصدیق کرتا ہوں کہ میں نے فنڈ مینجمر رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

-

Dated

Participant's Signature

DECLARATION & SIGNATURE

I have carefully read, understand and agree to abide by all the rules, regulations, terms and conditions given in the form/ constitutive documents along with details of Sales Load to be deducted (if any) and all taxes. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by ABL AMCL, I waive and discharge the company fully from any delay due to breakdown or sending of such services, beyond reasonable control of the company, and understand that ABL AMCL may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I have understood that investments in mutual funds are subject to market risks and fund prices may go up or down based on market conditions. I have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I acknowledge and accept that the ABL Asset Management Company Limited reserves the right to close or suspend without prior notice, my account if required document/ information is not submitted within stipulated time.

I shall not use this account to support/ finance any unlawful activity like money laundering, terrorist financing and I shall update the ABL AMCL about any changes in my mailing address/ contact information and/ or any change in any of the information furnished in this account opening form viz; nature of business, source of income, in compliance with NBFC regulations & AML/CFT Regulations and AMC's own internal control requirements from time to time.

I further agree to provide proper evidence/ proof of income to the ABL AMCL at any point of time, if required, which are arriving in my above account. I understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I undertake to access the company website to keep myself updated before every operation of this account. I have understood that investments in Pension Plans are subject to market risks and fund prices may go up or down based on market conditions. I have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I understand that my withdrawals made from the Plans, prior to result in a tax penalty/withholding tax. I have no objection to the Prescribed Investment Policy and Prescribed Application Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed Allocation Scheme. I also hereby authorize the Pension Fund Manager to deduct.

Participant's Name

Date

-

Participant's Signature

Undertaking by Investor

I _____ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me.

Dated

Participant's Signature

Undertaking by Sales Agent

I/ we _____ hereby confirm the following:

I/ we have explained the risk of the fund _____ being sold to the investor. I/ we have explained that the possibility of principal being at risk is higher in case of high risk funds. I/ we have not made or implied any guarantee with respect to return on investment amount. I/ we have not quoted any fixed return percentage or amount to the investor.

Signature of Sales Agent

Dated

Name & Signature of Immediate Supervisor

Dated **ABL AMCL SALES STAFF/ DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)**

ABL AMCL Sales Staff /Investment Facilitator Name /Distributor

Branch Code

ABL Branch's Staff Name

Authorized Signature of ABL AMCL Sales Staff /
Investment facilitator /Distributor (Rubber Stamp Incase of Distributor)

ABL Branch Stamp with two officers' signature

FOR OFFICE USE ONLYTransaction Date Transaction No. Data Input by Form Received on: Originator Staff No. Data and attachments verified by

Signature Operations Department

GENERAL INSTRUCTIONS

1. 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.
2. Fill the form yourself or get it filled in your presence Do not sign and/or submit blank forms.
3. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
4. 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 the Funds.
5. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
6. Applications complete in all respects and carrying necessary documentary attachments should be submitted at any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMCL's Office: 48, Block- L, PHA Phase VI, Near Defence Raya Golf Club, Lahore.
7. For more information about our products and services, call us at 042-111-225-262 or email at contactus@ablmc.com.

GUIDELINES

1. Cash/third party instrument will not be accepted.
2. Payment can be made in the form of cheque, online transfer, demand draft, pay order, RTGS etc.
3. Instrument should be made in favor of "CDC Trustee - ABL Pension Fund" or "CDC Trustee - ABL Islamic Pension Fund."
4. If payment instrument is returned, the unpaid application will be rejected.
5. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
6. Applications by foreign nationals and non-resident 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)
7. Front-end load (charges) and all taxes will be applicable on investment as per the constitutive documents of the Fund.
8. Application will be processed as per cut-off timings of the Fund.
9. Units will be allocated after deduction of applicable load (charges) and all taxes.

Get in Touch

- "INVEST" to 8262 021-111-225-262
042-111-225-262 Website : www.ablfunds.com
contactus@ablmc.com

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