

Conversion Form - Mutual Funds

Form 4

FOR INDIVIDUALS & INSTITUTIONS

1 PRINCIPAL ACCOUNT HOLDER

Investor Name:

CNIC/NICOP/ Passport No.
(In case of Individual)

NTN
(In case of Corporate Client)

2 CONVERSION DETAILS

Fund Name For Transfer		Transfer Particular Either In Number Of Units Or In Amounts (PKR)	
From Fund Name/ Unit Type	To Fund Name/ Unit Type	No. of Units	OR Amounts (PKR)

In case of certificates issued, kindly attach the issued certificate(s), without which transfer of units to the other Fund(s)/ Plan(s) will not be processed

3 RISK PROFILE OF CIS/ PLANS

Fund / Plan Name	Risk Profile	Risk Of Principal Erosion
ABL Cash Fund ABL Islamic Cash Fund ABL Money Market Fund (ABL Money Market Plan-I) ABL Islamic Money Market Fund (ABL Islamic Money Market Plan-I) ABL Fixed Rate Fund (ABL Fixed Rate Plans) ABL Special Savings Fund (ABL Special Savings Plans)	Low	Principal at Low Risk
ABL Government Securities Fund ABL Islamic Sovereign Fund (ABL Islamic Sovereign Plan-I)	Moderate	Principal at Moderate Risk
ABL Income Fund, ABL Islamic Income Fund ABL Financial Sector Fund (ABL Financial Sector Plan-I), ABL Islamic Asset Allocation Fund ABL IFPF (Conservative Allocation) ABL IFPF (Conservative Allocation) ABL AMC Financial Planner - (Moderate Plan, Dynamic Plan)	Medium	Principal at Medium Risk
ABL IFPF (Active Allocation) ABL Stock Fund ABL Islamic Stock Fund Allied Finergy Fund	High	Principal at High Risk

4 DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/ we have carefully read, understand and agree to abide by all the rules, regulations, relevant Trust Deed(s), Offering Documents, guidelines (on the back of this form) that govern this transaction, terms and conditions given in the form/ constitutive documents along with details of Sales Load (if any) to be deducted including taxes. I/we am/are fully informed and understand that investment in units of CIS(s) are not bank deposit, not guaranteed and not issued by any person. Shareholders of ABL Funds are not responsible for any loss to investor resulting from the operations of any CIS launched by ABL Funds unless otherwise mentioned. I/we have understood that past performance of the fund is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/ we acknowledge and accept that ABL AMCL reserves the right to close or suspend without prior notice, my/our account if required document/information is not submitted within stipulated time. I/ we understand that this CIS Risk Categorization will help me/ us assess my/ our risk appetite based on the information provided by me/ us. I am/ we are aware that my/ our financial needs may change over time depending on my/ our personal and situation objectives. I/ we shall be solely responsible for all of my/ our current and future conversion transactions if these transactions are not in accordance with my/ our risk profiling results in this form. I/ we will not hold ABL AMCL liable or responsible for these transactions in any manner. I/ we acknowledge that I/ we have read the Key Fact Statement at the time of investment, and I/ we have read and understood the terms and conditions to the best of my/ our knowledge and have retained copy of the same.

Signature Signature Signature Signature Rubber Stamp (In case of Institutional Client)

Sales Load (A) and all Taxes	Rebate (B)	Net Load Charged (A-B)	Investor's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7 UNDERTAKING

Undertaking by Investor

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

 - -

Dated

Principal / Joint Account Holder 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 - -

8 GENERAL INSTRUCTIONS & GUIDELINES

- 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.
- Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable)
- 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
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- Applications complete in all respects should be submitted at any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMC's Office: 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
- For more information about our products and services call at 042 111 225 262 or email at contactus@ablmc.com.
- Please refer to the next section for name of the fund.
- Transfer of units from one Fund to another will be made in accordance with the constitutive documents.
- It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- Application will be processed as per cut-off timings for the Fund/ Plan.
- In case of any change in authorized signatory(ies) of corporate investors, please attach Board Resolution and updated list of authorized signatories with specimen signatures duly stamped and certified by the company secretary.

9 DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)

ABL AMCL Sales Staff /Investment Faciliator Name /Distributor

Branch Code

ABL Branch's Staff Name

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

ABL Branch Stamp with two officers' signature

10 FOR ABL AMC OFFICE USE ONLY

Transaction Date - -
(DD - MM - YY)

Transaction No.

Data Input by

Form Received on:

Originator Staff No.

Data and attachments verified by

Signature Operations Department

Get in Touch

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