



# **Conversion Form - Mutual Funds**

## Form 4

#### FOR INDIVIDUALS & INSTITUTIONS

1 PRINCIPAL ACCOUNT HOLE	DER								
Investor Name:									
CNIC/NICOP/ Passport No. In case of Indiviual)									
2 CONVERSION DETAILS									
Fund Nar	ne For Transfer	Transfer	Particular Either In Nu	umber Of Units Or In Amounts (PKR)					
From Fund Name/ Unit Type	To Fund Name/ Unit Type	1	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						
	Cash Fund   ABL Islamic Cash Fund   avings Fund (ABL Special Savings Plan II, III, V)	Low	Principal at Low Risk						
ABL Governme	ent Securities Fund I ABL Islamic Income Fund	Modrate	Principal at Moderate Risk						
	Fund I ABL FPF (Conservative Allocation) I Allocation) I ABL Islamic Asset Allocation Fund	Medium	Principal at Medium Risk						
	F (Active Allocation,Aggressive Allocation)   ABL Stock Fund   Allied Finergy Fund	High	Principal at High Risk						

#### 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>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>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>I / we will not hold ABL AMCL liable or responsible for these transactions in any manner.* 

Signature	Signature	Signature	Signature	Rubber Stamp (In case of Institutional Client)
Sales Load (A) and all <sup>-</sup>	Taxes	Rebate (B)	Net Load Charged (A-	-B) Investor's Signature

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5 RISK PROFILING

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

Total Score (Sum of score for questions 1-9)

	Score	Risk Profile	Category of CIS Plan	Fund / Plan Name
	9-15	Low Money Market Scheme, Shariah Compliant Money Market Scheme, Capital Protected Scheme (Non-Equity)		ABL Cash Fund, ABL Islamic Cash Fund, ABL Special Saving Fund (ABL Special Savings Plan – II, III, V)
	16 - 22 Moderate Income Scheme, Shariah Compliant Income Scheme	ABL Government Securities Fund, ABL Islamic Income Fund		
Your Portfolio	23 - 29	Medium	Income Scheme, Shariah Compliant Asset Allocation Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	ABL Income Fund, ABL Islamic Asset Allocation Fund, ABL FPF (Conservative Allocation), ABL IFPF (Conservative Allocation), ABL AMC Financial Planner - (Moderate Plan, Dynamic Plan)
	30 - 36	High	Asset Allocation Scheme, Equity Scheme, Shariah Compliant Equity Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	Allied Finergy Fund, ABL Stock Fund, ABL Islamic Stock Fund ABL FPF (Active Allocation), ABL IFPF (Active Allocation, Aggressive Allocation), ABL AMC Financial Planner - Aggressive Plan

#### Declaration

I/ we understand that this risk profiling questionnaire 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 investment, conversion and transfer transactions if these transactions are not in accordance with my/ our above-mentioned risk profiling results. I/ we 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

Principal / Joint Account Holder Signature

### 6 RISK DISCLOSURE STATEMENT

I/ we confirm that I am/ we are investing in

#### To be filled by the Investor

Fund and the risk level of this fund is mentioned in

section 3. *I*/ we confirm that *I*/ we will not hold ABL AMCL responsible for any loss which may occur as a result of my decision. *I*/ we further agree that ABL AMCL has advised us to select a specific fund category as per my/ our risk profile. However, *I*/ we reserve the discretion to invest in any other fund category. *I*/ we further confirm that *I*/ we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions.

فنڈیں سرماییکاری کررہے ہیں اور اس فنڈ کے رسک لیول کا ذکر سیکشن ۳ میں کیا گیا ہے۔ میں/ ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہم اے بی ایل میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہم اے ایم می ایل کوئی بھی نقصان کیلئے ذئے دارنہیں ٹھہرائیں گے جومیرے/ ہمارے فیلے کے نتیج میں ہوسکتاہے۔ میں/ہم مزیدا تفاق کرتے ہیں کہ اے بی ایل اے ایم سی ایل نے میرے/ ہمارے رسک پردفائل کے مطابق ایک مخصوص فنڈ/ پلان کیکگر کا تجویز پیش کی ہے۔ تاہم، مجھے/ ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ ہم نے فنڈ منجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈا کومٹ، عنمن ٹرسٹ ڈیٹراوشمنی آفرنگ ڈاکومنٹ کو پڑھا ہے۔

Principal / Joint Account Holder Signature

7 UNDERTAKING				
Undertaking by Investor I/ we explained, disclosed and understood by me/ us.	hereby undertake tha	the risk assoc	iated with the I	respective product has been adequately
			Principal	/ Joint Account Holder Signature
Dated			rincipar	Joint Account holder Signature
Undertaking by Sales Agent I/ we I/ we have explained the risk of the fund the possibility of principal being at risk is higher in ca investment amount. I/ we have not quoted any fixed	ise of high risk funds. I/ we have	not made or ir	nplied any gua	e -investor. I/ we have explained that rantee with respect to return on
Signature of Sales Agent				Name & Signature of Immediate Supervisor
			l	Dated
8 GENERAL INSTRUCTIONS & GUIDELINES				
<ol> <li>Please tick in the appropriate box wherever applicable, in:</li> <li>It is the responsibility of the applicant to carefully read ar disclosure, disclaimer, warning statement, investment ob;</li> <li>Applications incomplete in any respect and/or not accoming</li> <li>Applications complete in all respects should be submitted 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club,</li> <li>For more information about our products and services cal</li> <li>Please refer to the next section for name of the fund.</li> <li>Transfer of units from one Fund to another will be made i</li> <li>It should be the responsibility of the applicant to pay all ch</li> <li>Application will be processed as per cut-off timings for th</li> <li>In case of any change in authorized signatory(ies) of corpor signatures duly stamped and certified by the company second</li> </ol>	nd understand the guidelines and ir jective in the Offering Document of panied by required documents are l d at any branch of Allied Bank, Autl , Lahore. Il at 042 111 225 262 or email at co in accordance with the constititive of harges and taxes in relation to the u e Fund/ Plan. orate investors, please attach Board	structions provi the Funds able to be held o oorized Distribut ntactus@ablamc ocuments. nits purchased b	ded in this form a or rejected until c or, or courier the . com. y him/her.	complete requirements are fulfilled. m at ABL AMC's Office:
9 DISTRIBUTOR / FACILITATOR INFORMATION	N (For Office Use Only)			
ABL AMCL Sales Staff /Investment Faciliator Nar	me / Distributor	aranch Code		ABL Branch's Staff Name
Authorised Signature of ABL AMCL Sale Investment facilitator / Distributor (Rubber Stamp In-			ABL Br	ranch Stamp with two officers' signature
10 FOR ABL AMC OFFICE USE ONLY				
(DD - MM - YY)	ransaction No. orm Received on:			
	ata and attachments verified by			Signature Operations Department
Get in Touch (6) "INVEST" to 8262 (0) 021-111-225-262		Follow U	s:	A Wholly Owned Subsidiary of