ABL AMC A/C #

# **Investment Form - Mutual Funds**

# Form 2

## FOR INDIVIDUALS & INSTITUTIONS

Inv	vestor Name:					
	NIC/NICOP/ Passport No.			NTN (In case of Corpor	rate Client)	
2	INVESTMENT DE	TAILS		· · · · · · · · · · · · · · · · · · ·		
	Name of Fur	nd	Туре	Amount in PKR		Amount in Words
1						
2						
3						
4						
	Please select recommended fur	nd as per your Risk Profiling Score Fron	n Section 6			
3	PAYMENT DETAI	LS				
	Payment Mode	Cheque	Pay Order	Online Trans	ifer RT	GS
	<u> </u>	ay Order No. / Online Transf		Bank Name		Branch
1						
2						
3						
4						
For pa	ayment instructions please refer to	the Guidelines section of this form.				
4	RISK PROFILE OF	CIS/ PLANS				
		Fund / Pla	ın Name		Risk Profile	Risk of Principal Erosion
			BL Islamic Cash Fund I . Special Savings Plan II, III, V, Y	VI)	Low	Principal at Low Risk
		ABL Government		. ,	Moderate	Principal at Moderate Risk
	ABL Income Fi ABL IFI	und   ABL Islamic Income Fu PF (Conservative Allocation)	nd I ABL FPF (Conservative A ABL Islamic Asset Allocation F	Allocation) I und	Medium	Principal at Medium Risk
			cation, Aggressive Allocation) I Allied Finergy Fund		High	Principal at High Risk
5			URE OF ACCOUNT HO			
	· ·					or Ministry of Finance, Government of Pakistan. I/ w
the for guara details perfor notice	orm / constitutive documents inteed and not issued by any is provided by me/us are true irmance of the fund is not nece, my/our account if required of	along with details of Sales Loa person. Shareholders of ABL Fu- correct and complete to the dessarily an indicator of future re document/information is not su	d to be deducted (if any) includends are not responsible for any best of my/our knowledge and esults and there is no fixed or gubmitted within stipulated time. In	fing taxes. I/we am/are fully infi- loss to investor resulting from belief, and the documents su laranteed return. I/ we acknow / we understand that this CIS Ri	ormed and understand th the operations of any CIS Ibmitted along with this a ledge and accept that ABL sk Categorization will help	that govern this transactions, terms and conditions of at investment in units of CIS(s) are not bank depolaunched by ABL Funds unless otherwise mention application are genuine. If we have understood the AMCL reserves the right to close or suspend without me/us assess my/our risk appetite. I am/ we are awat and future investment transactions.
		611	Cignoturo	Ci	turo	Rubber Stamp (In case of Institutional Clier
	Signature	Signature	Signature	Signat	luie	Rubber Starrip (in case of institutional Cite)

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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	
	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	2
	Greater than 3 years but less than 5 years	3	Capital growth	3		to safer asset classes.  High Risk: You are ok with volatility and accept decline in	
	Greater than 5 years	4	Highest Potential Return	4		portfolio valueas a part of investing. You would keep your investments as they are.	3
						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.	4
	Score		Score			Score	
4	Age in (years)	5	Level of Understanding & Knowledge		6	Of my Current Income, I am able to save u	p 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	П	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, VI)
Your Portfolio	16 - 22	Moderate	Income Scheme	ABL Government Securities Fund,
	23 - 29	Medium	Income Scheme, Shariah Compliant Income Scheme, Shariah Compliant Asset Allocation Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	ABL Income Fund, ABL Islamic 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
			5 1 1	

### 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
Princip	oal / Joint Account F	Holder Signature

7 RISK DISCLOSURE STATEMENT	
To be filled by the Inves	stor
I/ we confirm that I am/ we are investing in	rofile. However, I/ we reserve the discretion to invest in any
کاری کررہے ہیں اوراس فنڈ کے رسک لیول کا ذکر سیکشن ۴ میں کیا گیاہے۔ میں اہم اس بات کی تصدیق کرتے ہیں کہ میں اہم شیج میں ہوسکتا ہے۔ میں اہم مزیدا تفاق کرتے ہیں کہ اے فی ایل اے ایم ہی ایل نے میرے/ ہمارے رسک پروفائل کے مطابق ایک مخصوص مرا ما یکاری کرنے کی صوابدید ہے۔ میں اہم مزید تصدیق کرتے ہیں کہ میں / ہم نے فنڈ منبجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکومٹ، مفنی	ا ہے ایم تی ایل کو تی بھی نقصان کیلئے ذیے دارنہیں تشہرائیں گے جو بمرے/ ہمارے فیصلے کے خ
Dated	Principal / Joint Account Holder Signature
8 UNDERTAKING	
Undertaking by Investor	associated with the respective product has been adequately
Dated	Principal / Joint Account Holder Signature
Undertaking by Sales Agent  I/ wehereby confirm the following:  I/ we have explained the risk of the fund  possibility of principal being at risk is higher in case of high risk funds. I/ we have not made or amount. I/ we have not quoted any fixed return percentage or amount to the investor.	being sold to the -investor. I/ we have explained that the rimplied any guarantee with respect to return on investment

#### 9 GENERAL INSTRUCTIONS

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Dated

Signature of Sales Agent

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- 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, disclosure, 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@ablamc.com.

#### 10 GUIDELINES

- 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 Please refer to the below section for the name, sales load and Account Payee Title. Instrument should be crossed 'Account Payee Only'.
- 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.
- 10. Back-end load (charges) will be applicable on Fund to Fund / Conversion / Redemption as per the Constitutive documents of the Fund.

Name & Signature of Immediate Supervisor

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Dated

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- As per the SECP's Direction # 31/2016, eligible investor can exercise cooling-off rights for first time investment within three working days.
- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes
- · Cooling off period shall be three business days commencing from the date of issuance of Investment Acknowledgment Letter / Thank you Letter
- Refund can be obtained by submitting written request at any of ABL AMCL office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 Business days.

12	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE		NAME OF COLLECT INVESTMENT SCHE		ACCOUNT PAYEE TITLE
-	ABL Cash Fund	CDC Trustee ABL Cash Fund	-	ABL Islamic Cash Fur	nd	CDC Trustee ABL Islamic Cash Fund
-	ABL Special Savings Fund (ABL Special Savings Plan - II)	CDC Trustee ABL Special Saving Plan - II	-	ABL Islamic Income F	und	CDC Trustee ABL Islamic Income Fund
-	ABL Special Savings Fund (ABL Special Savings Plan - III)	CDC Trustee ABL Special Saving Plan - III	-	ABL Islamic Financial Fund (Conservative A		MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund CONSERVATIVE
-	ABL Special Savings Fund (ABL Special Savings Plan - V)	CDC Trustee ABL Special Saving Plan - V	-	ABL Islamic Asset All	ocation Fund	MCBFSL Trustee ABL Islamic Asset Allocation Fund
-	ABL Special Savings Fund (ABL Special Savings Plan - VI)	CDC Trustee ABL Special Saving Plan - VI	-	ABL Islamic Financial Fund (Active Allocati	ion)	MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund ACTIVE
-	ABL Government Securities Fund	CDC Trustee ABL Government Securities Fund	-	ABL Islamic Financial Fund (Aggressive All		MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund AGGRESSIV
-	ABL Income Fund	CDC Trustee ABL Income Fund	-	ABL Islamic Stock Fu	nd	MCBFSL Trustee ABL Islamic Stock Fund
-	ABL Financial Planning Fund (Conservative Allocation)	MCBFSL Trustee ABL Financial Planning Fund Conservative Allocation Plan				Stock Fullu
-	ABL Financial Planning Fund (Active Allocation)	MCBFSL Trustee ABL Financial Planning Fund Active Allocation Plan				
-	ABL Stock Fund	CDC Trustee ABL Stock Fund				
-	Allied Finergy Fund	CDC Trustee Allied Finergy Fund				
13	DISTRIBUTOR / FACILITATOR	INFORMATION (For Office Use Only)				
	ABL AMCL Sales Staff/In	vestment Faciliator Name / Distributor		Branch Code		ABL Branch's Staff Name
		nture of ABL AMCL Sales Staff / outor (Rubber Stamp Incase of Distributor)			ABL Brar	nch Stamp with two officers' signature
14	FOR ABL AMC OFFICE USE ONLY					
Tra	Insaction Date DD - MM -	Transaction No.				
Da	ta Input by	Form Received on:				
Ori	ginator Staff No.	Data and attachments verifi	ed by			Signature Operations Department

Get in Touch

(invest" to 8262 042-111-225-262

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