

Form 1



ACCOUNT OPENING FORM

General Instructions

1. This form is for use by individual applicants who want to open a Pension plan account with ABL Asset Management Company Ltd. (ABL AMC)
2. 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
3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms
4. Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable)
5. 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 ABL Pension Fund/ABL Islamic Pension Fund
6. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
7. 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 AMC's Head Office: First Floor, 11-B, Lalazar, M.T. Khan Road, Karachi.
8. For assistance in filling this form or information about our products and services call toll free at 0800 22526 or email contactus@ablamc.com

Guidelines

1. Cash will not be accepted
2. Payment can be made in the form of a cheque, demand draft, pay order or via through online account transfer
3. Payment shall be made in favor of 'CDC Trustee ABL Pension Funds/ABL Islamic Pension Funds. 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 nonresident 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) will be applicable on investment as per the constitutive documents of the Fund
8. Application will be processed as per cut-off timings for the Fund
9. Units will be allocated after deduction of applicable load



ABL Asset Management

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Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay. In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal.

Copy of CNIC/NICOP/NTN Zakat Affidavit (In case of exemption) Copy of Pension Fund's Account Statement (In case of transfer from another Pension Fund Manager) Employer Contributor Form (In case of contribution by Employer)

1 Participant Details

Name (Mr/Ms/Mrs.) Father/Husband Name
 CNIC/NICOP No. CNIC Expiry Date - - (dd - mm - yyyy) NTN No. -
 Gender Male Female Date of Birth - - (dd - mm - yyyy) Religion Zakat Deduction Yes No
 Residential Status Resident Non-Resident Passport No.
 (In case of Non-Resident Pakistani)
 Residential Address

 City Country Email Address
 Residential Phone Office Phone Mobile
 Occupation Service Self-employed Other Employer/Business Name
 Employer/Business Address
 (Please specify)
 Correspondence to be sent to Residential Address Employer/Business Address E-Statement

2 Bank Account Details of Participant

Bank Name Branch Name/Code
 Bank Account No. Bank Account Title City

3 Initial Contribution Details

Mode of contribution (tick one) Self Employer

Investment details for 'Self' contribution

Initial Contribution Amount (Rs.) In words

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name
1	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			

Note:

- In case of Employer initial contribution, 'Employer Contributor Form' should be attached with details
- Online account transfer facility is available with selected banks
- Subsequent investments would require submission of duly filled investment form.

4 Retirement Age

Please specify expected retirement age or expected date of retirement - - (dd - mm - yyyy)

Note:

- Expected retirement age can be between 60 to 70 years
- If expected retirement age/date is not specified, by default 60 years will be selected as the expected retirement age
- Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)

Please select (any one) of the Allocation Schemes given below, or specify the percentage (%) for option 5 in the respective sub-funds. Please ensure that the percentage total adds up to 100%.

	Allocation Scheme	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund
<input type="checkbox"/>	1 High Volatility	Minimum Allocation: 65%	Minimum Allocation: 20%	Nil or Allocation 0%
<input type="checkbox"/>	2 Medium Volatility	Minimum Allocation: 35%	Minimum Allocation: 40%	Minimum Allocation: 10%
<input type="checkbox"/>	3 Low Volatility	Minimum Allocation: 10%	Minimum Allocation: 60%	Minimum Allocation: 15%
<input type="checkbox"/>	4 Lower Volatility	Nil or Allocation 0%	Minimum Allocation: 40%	Minimum Allocation: 40%
<input type="checkbox"/>	5 Customized Allocation Scheme	Indicate allocation from 0-100%	Indicate allocation from 0-100%	Indicate allocation from 0-100%

Note: Allocation Scheme can be changed subject to the terms and conditions specified in the Offering Document of the Fund

I would like to make regular contributions in my account as per the instructions given below.

Frequency of Regular Contribution Monthly Quarterly Semi-Annual Annual

Contribution Amount (Rs.) Expected Annual Contribution Amount (Rs.)

Start Date - - (dd - mm - yyyy) End Date - - (dd - mm - yyyy)

Debit Authority (tick one) Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of the Fund

Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of the Fund

Note: In case of Employer regular contribution, 'Employer Contributor Form' should be attached with details

Name of Pension Fund Name of Pension Fund Manager

Date of Joining (dd - mm - yyyy) Amount being transferred (Rs.)

1. Name (Mr/Ms/Mrs.) CNIC/NICOP/B Form* No.

Residential Address

Phone Relation % Allocation

2. Name (Mr/Ms/Mrs.) CNIC/NICOP/B Form* No.

Residential Address

Phone Relation % Allocation

Note: In case of more than two nominees, please attach a separate sheet with details mentioned above

* In case of minor

I have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form. 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 hereby undertake to promptly inform the company of any changes to the information provided in this form. I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations herein shall continue until any written notice of a modification or termination. 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 the company, I waive and discharge the company fully from any delay due to breakdown or malfunction of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services, completely or partially without any notice to me.

I have carefully read, understood and accept the terms and conditions given in the Trust Deed and Offering Document of the Funds. 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 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 understand that my withdrawals made from the Funds, prior to retirement will 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 applicable premium charges (if Insurance Coverage is availed) from my contribution based on my selected Insurance Cover(s)/ riders and pay the sum to the Insurance Company.

Participant's Name

Date

 - -
 (dd - mm - yy)

Participant's Signature

For Office Use Only

Investment Facilitator/Branch

Sales Staff

Transaction Date

 - -
 (dd - mm - yy)

Transaction No.

Branch Code

Originator Staff No.

Data Input by

Data and attachments verified by

Name & Authorised Signature with Branch Stamp

Form Received on

 - -
 (dd - mm - yy)

Signature