

Pension Fund Account Opening Form

RISK PROFILE FORM (MANDATORY)

(Please fill the below form so we can provide you customized options for your Investment goals)

A Age (In Yrs.)		B Marital Status		C Number of Dependents	
<input type="checkbox"/>	Below 40	6	<input type="checkbox"/>	Single	6
<input type="checkbox"/>	41-50	3	<input type="checkbox"/>	Married	2
<input type="checkbox"/>	51-60	1	<input type="checkbox"/>	Divorced/widow	0
<input type="checkbox"/>	Above 60	0			
<input type="checkbox"/>	Zero	6	<input type="checkbox"/>	Below four	3
<input type="checkbox"/>	Four to seven	1	<input type="checkbox"/>	Above seven	0
D Occupation		E Qualification		F Your Risk Appetite	
<input type="checkbox"/>	Retired / Unemployed	0	<input type="checkbox"/>	Matriculation or below	0
<input type="checkbox"/>	Housewife/Student	1	<input type="checkbox"/>	Intermediate	1
<input type="checkbox"/>	Salaried	3	<input type="checkbox"/>	Graduate	2
<input type="checkbox"/>	Self Employed / Business	6	<input type="checkbox"/>	Post Graduate	3
			<input type="checkbox"/>	Doctorate	4
<input type="checkbox"/>	Very high	12	<input type="checkbox"/>	High	10
<input type="checkbox"/>	Moderate	6	<input type="checkbox"/>	Low	4
<input type="checkbox"/>	Very Low	0	<input type="checkbox"/>		
G Your Investment Objective		H Your Investment Horizon		I Your current level of investment knowledge	
<input type="checkbox"/>	Capital preservation	4	<input type="checkbox"/>	Short term (Less than 1 year)	4
<input type="checkbox"/>	Capital preservation & income	8	<input type="checkbox"/>	Medium term (1 to 5 years)	6
<input type="checkbox"/>	Income and long-term growth	12	<input type="checkbox"/>	Medium to long term (5 to 10 years)	10
<input type="checkbox"/>	Capital growth	14	<input type="checkbox"/>	Long term (More than 10 years)	12
<input type="checkbox"/>	Little or no knowledge	0	<input type="checkbox"/>	Some knowledge	2
<input type="checkbox"/>	Both knowledgeable & experienced in investing	4	<input type="checkbox"/>		
J Your current financial position: in a year or so? How sure do you feel your finances will be?					
<input type="checkbox"/>	Very secure	0			
<input type="checkbox"/>	Somewhat secure	-2			
<input type="checkbox"/>	Not sure	-4			
<input type="checkbox"/>	Likely worse	-8			

Now, Please add scores to your choice and find you ideal investment fund based on your total score.

Question No. Your Score	A	B	C	D	E	F	G	H	I	J	Total
Risk Profile	Scores		Investor Portfolio		Allocation Scheme						
High	50+		Aggressive		High Volatility						
Medium	36 - 50		Stable		Medium Volatility						
Low	0 - 35		Conservative		Low Volatility or Lower Volatility						

Note: I agree that as per my Risk Profile PQFTL has suggested me above allocation scheme but I can/ may invest in any other allocation scheme as per my discretion.

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I declare that I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am / We are aware that my financial needs may change over time depending on my personal and situational objectives. I also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above-mentioned risk profiling results, I will not hold the Company liable or responsible for these transactions in any manner. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Date: _____

Participant's Signature _____

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NOMINEE FORM:

Participant Name:

Registration No (For official use only):

NOMINATION DETAILS:

I hereby nominate the following person(s) to receive proceeds from my Individual Pension Account according to their share in the event of my death. I agree and fully understand that the nomination(s) mentioned below, shall not be binding upon the Trustee, the Pension Fund Manager or the Registrar, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Individual Pension Account to my nominee(s). I also understand that in any such event, the legal heirs determined by an appropriate court shall be final and conclusive and no claim of the nominees below (if different from the legal heirs determined by the Court) would be entertained by the Trustee and/or the Pension Fund Manager. I further agree that the Trustee, the Registrar and/or the Pension Fund Manager shall not be liable for any issues/disputes amongst my legal heirs and/or the nominee(s) arising out of this nomination.

S.No.	*Name of Nominee	Relationship	*Share	*CNIC/NICOP/ B Form No. (for minors)	Contact Information		Details of Bank Account (if available)
					Residential Address	Telephone No	
			100 %				

NOTE: The share must total to 100%. This nomination can be cancelled or amended upon with written signed request to Pension Fund Manager at any time. Please update my nominee(s) status account to above mentioned details and cancel all details provided earlier, if any.

Participant's Signature

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST

United State of America (US) Status Information

Name of Applicant

As per instructions given in Customer Type Section

1. Are you a US Citizen, a US Green Card Holder or a US Resident? Yes No

If Yes: Provide

Form W-9 and proceed to declaration & Signature(s).

If No: Proceed to Next Question.

2. Were you born in the US? Yes No

If Yes: Provide Form W-9 and proceed to declaration & Signature(s).

If Yes: But you claim being a non-US person,

Please provide (i) Certificate/Written Explanation of Revocation of US Nationality (ii) A non-US passport (iii) Signed form W-8 BEN;

3. Do you have a US address or telephone Number? Yes No

4. Are you assigning a signatory authority/mandate to a person with a US address? Yes No

5. Are you aware of any other information that may indicate US links? Yes No

Including US source of funds/income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

For Questions 3,4 and 5 above:

- If Yes and you accept being a US person:

- If Yes and you claim being a non-US person:

- Provide Form W-8 BEN & proceed to declaration & Signature(s).

OR

- Provide Form W-9 and proceed to declaration & Signature(s).

- Provide an ID Document (CNIC/SNIC/NICOP) showing your permanent address (which should not be a US address),

If No: No FATCA documentation required, proceed to declaration & Signature(s).

* A person may be a US resident if the person was present in the U.S for the period of 183 days or more during the current and last two preceding years.

For further details, please refer to Tactful Questioning guidelines under the FATCA policy & procedure manual.

DECLARATION & SIGNATURE(S): (MANDATORY)

1. I represent that I am not a minor. I agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matter of the Pension Fund and abide by the terms, conditions, rules, regulations and other statutory requirements applicable to Pension Funds and respective Funds, and any other amendments as may for the time being in force.

2. I have read the respective Offering Document and fully understand the investment objectives, strategies i.e. investment policy and risk factors applicable to the various Sub-Funds and Allocation Schemes. I confirm that I have understood that the sales load mentioned above plus taxes (if any) will be applicable.

3. I have read and understood the Allocation Policy and selected the Allocation Scheme after fully assessing the risk/return factors of each allocation scheme and understand the risks associated with the Allocation Scheme.

4. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Pension Fund Manager and I am fully aware of the risks associated with my selection of the Allocation Scheme.

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5. I understand that I am entitled to a tax credit under Section 63 of the Income Tax ordinance, 2001 on my contribution in any tax year for which I shall have to provide documentary evidence to my employer to adjust from the tax payable from my salary or to make a claim at the time of filing of my income tax returns respective year.
6. I understand that my withdrawals made from the pension Fund, prior to retirement will result in a tax penalty /withholding tax.
7. I understand that any withdrawals in excess of the allowable lump sum benefit at retirement will be subject to withholding tax/ tax penalty.
8. I understand that unless otherwise mentioned, my membership will start when my application is accepted along with receipt of my first contribution.
9. I understand that there will be no dividend distributions from the Pension Fund.
10. I understand that the Units in the Sub-Funds shall be issued only after my contribution amount has been realized.
11. I understand that due to market factors or other reasons, my Individual Pension Account performance may be affected.
12. I understand that it is my responsibility to provide all information at the time of withdrawal and will not hold Pension Fund liable for any delay caused due to non-pro- vision of any such information.
13. I understand and agree that representatives of Pension Funds may contact me for follow-up on my regular contributions in accordance with the information provided in this application Form.
14. I hereby authorize Pension Fund Manager to disclose, share, remit in any form, mode or manner, all/any of the information provided by me relating to the respective Funds in which I may transact/have transacted including all changes, updates to such information as and when provided by me if such is required to be submitted under the laws.
15. I hereby agree to provide any additional information/documentation that may be required by Pension Fund Manager, in connection with this form and understand that it is my sole responsibility to keep Pension Fund Manager updated and advise/inform Pension Fund Manager in any change of my particulars/circumstances/personal details.

INDIVIDUAL INVESTOR	ATTESTATION OF BRANCH MANAGER AND WITNESSES SHALL BE REQUIRED ONLY IN CASE OF INVESTOR WITH UNSTABLE SIGNATURE OR THUMB IMPRESSION											
Participant's Signature/ Left Hand Thumb Impression	Attestation of Branch Manager	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Witness (Adult Persons only)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name: _____</td> <td rowspan="3" style="text-align: center; vertical-align: middle; font-size: small;">Person 1</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CNIC: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name: _____</td> <td rowspan="3" style="text-align: center; vertical-align: middle; font-size: small;">Person 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CNIC: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature: _____</td> </tr> </table>	Witness (Adult Persons only)		Name: _____	Person 1	CNIC: _____	Signature: _____	Name: _____	Person 2	CNIC: _____	Signature: _____
Witness (Adult Persons only)												
Name: _____	Person 1											
CNIC: _____												
Signature: _____												
Name: _____	Person 2											
CNIC: _____												
Signature: _____												

DOCUMENTS REQUIRED: (MANDATORY)

- Copy of Valid CNIC/NICOP/Passport
- Copy of Nominee(s) Valid CNIC/NICOP/Passport
- Zakat Affidavit (In case of Zakat exemption)
- Business Proof (Registration Certificate/NTN of business/Request on business letterhead)
- Employment Proof (Employer Certificate / Employment Card Copy /Salary Slip Copy)

DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

Distributor Name:	Code:	Distributor's Stamp with date and time
Branch Name:	City:	

INVESTOR SERVICES / REGISTRAR DETAILS (FOR OFFICE USE ONLY)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

Risk Disclosure: All investment in Pension Fund are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.