Account Update Form

Date: _____

PARTICIPANT DETAILS:

Name:

Folio No:

Date of last change of Allocation Scheme:

ASSET ALLOCATION DETAILS:

Allocation Scheme (Select only one)		**Sub-Fund Allocation** (Specify % in Increment of five)						**Total** (Ensure total is 100%)
		Debt		**Equity**		**Money Market**		
High Volatility	☐	20-35	_____%	65-80	_____%	Nil	_____%	100%
Medium Volatility	☐	40-55	_____%	35-50	_____%	10-25	_____%	100%
Low Volatility	☐	60-75	_____%	10-25	_____%	15-30	_____%	100%
Lower Volatility	☐	40-60	_____%	Nil	0%	40-60	_____%	100%
Customized Asset Allocation*	☐	0-100	_____%	0-100	_____%	0-100	_____%	100%

You may change your selected Allocation Scheme on an annual basis as per details provided in the Offering Document.
* Customized Asset Allocation Scheme shall have the choice of investing. up to 100 percent (i.e. between 0-100%) in any Sub-Fund.

CHANGE OF RETIREMENT AGE:

Please specify expected retirement age: or expected date of retirement

NOTE:

Expected retirement age can be between 60 to 70 years

CHANGE OF CONTACT DETAILS / MAILING ADDRESS:

New Address:

Tel. (Res.): Tel. (Off.): Fax:

E-mail(s): Mobile:

New Employer/Business Address:

Correspondence to be sent to: ☐ Residence ☐ Employer/Business Address

CHANGE NEXT OF KIN - Please see instructions on back page for filling out next of kin information:

Add	Delete	Edit	Name (as per CNIC)	CNIC No.	Relationship with Principal Account Holder
☐	☐	☐			
☐	☐	☐			

CHANGE IN BANK ACCOUNT DETAILS:

Account Title: Account Number:

Name of Bank and Branch:

DECLARATION:

I hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I understand and agree that PQFTL has suggested me a specific Allocation scheme as per my risk profile. However, I reserve the discretion to invest in any other Allocation scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold PQFTL responsible for any loss which may occur as a result of my decision. I further confirm that I have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents has approved by SECP from time to time that govern this transaction.

_____ _____

Participant's Signature Date

FOR OFFICIAL USE ONLY

Date (DD / MM / YYYY): _____ Time: _____ : _____ AM/PM

Branch / Distributor Name: _____ Form reviewed and checked by: _____

Data entered by: _____

_____

Stamp & Signature of the Branch Manager / Authorized Official