

Al Ameen Islamic Children Savings Plan* - Service Update Form

*formerly UBL Islamic Children Savings Plan

Customer ID



Please complete the application form in block letters.

UNIT HOLDER (PRIMARY GUARDIAN) DETAILS

Name (Mr/Mrs/Ms) _____

CNIC/Passport No.

Request Change/Update In (Tick as appropriate):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Mailing Address/Contact Details | <input type="checkbox"/> Contact Instructions | <input type="checkbox"/> Zakat Status | <input type="checkbox"/> Details of main Child |
| <input type="checkbox"/> Transfer of Benefits to Alternate Child | <input type="checkbox"/> Details of Alternate Child | <input type="checkbox"/> Details of Secondary Guardian | <input type="checkbox"/> Income Benefit Option |
| <input type="checkbox"/> Bank Account Details | <input type="checkbox"/> Systematic Investment Plan | <input type="checkbox"/> Insurance/Takaful | <input type="checkbox"/> Investment Allocation |

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MAILING ADDRESS/CONTACT DETAILS

Address _____ City _____ Country _____

Residential Phone Number City Code () Office Number City Code ()

Mobile E-mail

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CONTACT INSTRUCTIONS

Would you like to receive SMS alerts? Yes No

All dividend/redemption payments should be mailed to my:

- Mailing Address Hold Mail (will collect payment by hand) Transfer (For UBL Account Holders Only)

I would like to receive the following documents through specified method

	Account Statement	Fund Managers Report (Monthly)	Financial Statements
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Documents*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to receive any correspondence through mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Service not available for Non-Resident Pakistanis

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DETAILS OF MAIN CHILD

Name of Child _____ Father's Name (Mr) _____

Gender Male Female Date of Birth Place of Birth _____
(dd - mm - yy)

Nationality _____

Form 'B' Registration No. with NADRA _____ OR CNIC No.
(In case child's age is less than 18 years) (In case child's age is greater than 18 years)

Residential address of the Child _____

(In case different from the Primary Guardian's address)

In case of change of Main Child, please submit Form "B" issued by NADRA in respect of the Main Child

Signature(s)

Date
(dd - mm - yy)

Unit Holder/Primary Guardian's signature

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CHANGE IN BANK ACCOUNT DETAILS

Unit Holder/Primary Guardian Details:

Bank Account No _____ Account Title _____ Bank Name & Branch _____

Bank Address _____ Bank Telephone _____

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SYSTEMATIC INVESTMENT PLAN

Frequency Monthly Quarterly Semi-Annually Annually Start Date: ---- Amount _____
(dd - mm - yy)

Debit Authority (select one)

 1. Through Post Dated Cheques

Cheque submission date _____

 2. In favour of Plan (Standing Instruction to Bank) 3. In favour of Plan (Standing Instructions to HR)

Instructions

- In option 1, you will have to submit 4or 12 Post dated Cheques at the time of investment for a year if you tick the frequency as quarterly or monthly respectively
- In option 2, you have to give standing instructions to your bank to debit the above mentioned amount from your account in favor of Plan.
- In option 3, you have to give standing instructions to the Human Resource (HR) Manger of your company to debit the above mentioned amount directly from your salary and credit in favor of Plan. (If arrangement has been made with UBL Funds)

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CHANGE IN ALLOCATION

Please select your desired allocation (Kindly select one from the choices provided)

	Al Ameen Islamic Sovereign Fund* (AISF) (Income)	Al Ameen Shariah Stock Fund** (ASSF) (Equities)
<input type="checkbox"/> Aggressive Allocation	30%	70%
<input type="checkbox"/> Moderate Allocation	50%	50%
<input type="checkbox"/> Conservative Allocation	100%	0%

*formerly UBL Islamic Sovereign Fund (UISF)

**formerly UBL Shariah Stock Fund (USSF)

DECLARATION

I have read, understood and agree to abide by all the rules, regulations, terms and conditions of these investments (thereof which shall be binding upon me as well as upon the Child, the Alternate Child (if any), Alternate Guardian (if any) and my legal heirs, legal representatives, executors, administrators and assigns as well as those of the Child and/or the Alternate Child), their allocations and any risks associated with them together with the guidelines given in this form. I have carefully read and completed all applicable sections of this Application Form prior to submission

I confirm that I am the bonafide unit holder of the Plan being managed by UBL Fund Managers Limited as mentioned above in 'Unit Holder/Primary Guardian's Details' of the form. I further confirm that I authorize UBL Fund Managers Limited to make the above changes to my account details as stated and to complete all the necessary alterations pertaining to the account. Also, I have no objection if my account related information is shared with third parties in order to fulfill regulatory/legal/bilateral arrangements/agreements/requirements.

Date

(dd - mm - yy)

Unit Holder/Primary Guardian's Signature