

Service Request / Update Form

Customer ID

(For Office Use)



For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 or sms HELP to 8258.

Please save +9221-111-825-262 in your smartphone to avail smart WhatsApp self-service. Type HI and send.

You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

Complimentary Value Added Services

Register for WhatsApp services and get Instant access to account services, 24/7!



WHATSAPP

UBL Smart Savings App
Stay connected to your account 24/7. Invest, Redeem, and much more from Anywhere, Anytime, on the go!



ANDROID



iOS

Unit Holder Details

Name (Mr/Mrs/Ms) _____

CNIC - - The changes shall apply on profile level of principal unit holder in all extension Accounts Yes No

Request change in

- Mailing Address/Contact Details Communication Mode Zakat Status Account Operating Instructions Payment Instructions Bank Account
 Principal / Joint Holder Name (as per CNIC / NICOP / POC) Dividend Instructions Systematic Investment Plan Maturity Instructions for Fixed Return Plans

Change in Mailing Address/Contact Details

Current Mailing Address: _____

City _____ Country _____

Mobile No: _____ Tel (Res): _____ Tel (Office): _____

Email: _____

- Note:** 1. In case of address or contact detail outside of Pakistan, kindly provide updated/revised CRS/FATCA declaration(s) as applicable.
2. Please write "Inactive" if you want to discard current residence and/or office number from the profile in relevant section;
3. Please provide complete address and contact details.
4. PLEASE CROSS-OUT ALL UNUSED FIELDS OR SECTIONS

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Update / Change in Communication Mode

Please tick only one relevant box:

I/we would like to receive all correspondence (statements/FMR etc.) through given mode (if valid email address is available, default mode will be email):

SMS*

EMAIL*

BY POST AT MAILING ADDRESS

*I/we give consent to send account or transaction statement or any correspondence as requested from time to time at my given mobile number or email address.

Remove my / our hold mail Instruction

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Change in Zakat Status

Zakat Exemption: Yes No (If yes please provide Affidavit)

Change in Account Operating Instructions:

Principal Unit Holder only All joint holders Either or survivor Others (Please Specify): _____

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Previous Name: _____ New Name: _____

CNIC/NICOP/POC Copy attached

Change in Profit / Income Payment Instructions

I/we would like to receive profit / Income: Monthly Quarterly Semi Annually Yearly Fund name for profit Instruction _____
(Please tick one option only)

I/we would like to receive % of periodic profit/Income: _____ Monthly Profit is applicable on selected funds: ULPF, UMMF, UCF, UGSF, AICF, AISF, AIMMP, UMMP

I/we would like to cancel profit / Income: Cancel Regular Profit Fund name for profit cancellation _____

Change in mode of redemption / Payment: Physical Payment Instrument (Cheque, P.O. DD) Online Transfer (For 1Link verified accounts only)
(Please tick one option only)

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Change of Bank Account

Addition of New Bank Account

IBAN _____ Default for: Redemption Profit/Income Dividend

OR

Bank Account No. _____ Account Title _____

Branch Address: _____ Bank Name & Branch Code _____ Branch Tel No.: _____

Note: For online payments title matching is performed before making payments, In case of any technical error/failure during online payment process, physical payment instrument will be issued.

Disable Existing Bank Account

IBAN / Bank Account No. _____ Bank Name & Branch Code: _____

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Change in Dividend Instructions

Please select from below: Reinvest both dividends & bonus Pay dividends & en-cash bonus Other (please specify): _____

Change in Systematic Investment Plan Instructions

Payment Frequency Monthly Quarterly Date: _____ Amount(PKR): _____

Payment Method Through Post-Dated Cheques [Please submit 4 or 12 post-dated cheques as per payment frequency selected]
Through Bank Auto-Debit [Please give standing instructions to your bank account to debit above mentioned amount in favor of Fund]
Through my Company's HR [Please give standing instructions to your company's HR department to debit from your salary above mentioned amount in favor of Fund]

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Change in Maturity Instructions for Fixed Return Plans

UBL Fixed Return Plan- _____ Roll-over**: Yes No If No: UBL Money Market Fund (without load) Transfer to Bank A/C

**Roll-over will be made in Plan of same duration. The terms & conditions including fixed rate of return may vary for rolled over plans depending upon market conditions on the date of roll-over and will be published on website. In case of no instruction or no same duration plan being offered at maturity, the maturity proceeds (net-off tax) will be transferred to your registered Bank Account.

Al-Ameen Islamic Fixed Return/Term Plan- _____ Roll-over**: Yes No If No: Al-Ameen Islamic Cash Fund (without load) Transfer to Bank A/C

**Roll-over will be made in Plan of same duration. The terms & conditions including fixed rate of return may vary for rolled over plans depending upon market conditions on the date of roll-over and will be published on website. In case of no instruction or no same duration plan being offered at maturity, the maturity proceeds (net-off tax) will be transferred to your registered Bank Account.

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Declaration

I/We confirm that the details provided by me/us are true, correct, and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I/we authorize UBL Fund Managers to make the additions and/or changes requested in this form in my/our investment account as stated and to complete the necessary alterations about the account certify that the authorizations hereon shall continue until any written notice of a modification or termination. I/we hereby declare that the information provided in this form is true and correct and that I/We am/are authorized to conduct transaction in this account. I/We, hereby give our consent to UBL Funds to share my/our information with any third party(ies) in order to perform KYC related verification including NADRA Verisys, IBAN, due diligence, Mobile CNIC pairing verification and for improvement in customer services. before acting upon instructions and sending written confirmations.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

Principal Unit holder's / Guardian Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature

Joint Unit Holder's Signature