

Form 4



ACCOUNT UPDATE FORM

General Instructions

1. This form is for use by Participants to add and/or change the information related to their Retirement Savings account with ABL Asset Management Company Ltd. (ABL AMC). Any changes and/or additions highlighted in this form will permanently override any previous information held in the company records.
2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any attention is made, a countersign is mandatory.
3. Please tick the appropriate box where applicable, in case any field is not relevant, please mark 'NA' (Not Applicable). Strike out section that you intend to leave blank.
4. In case this form is incomplete or not duly filled and there is any discrepancy, the entire form or the particular section(s) may not be processed.
5. It is the responsibility of the Participants to carefully read and understand the guidelines and instructions provided in this form before submission.
6. 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.
7. For assistance in filling this form or information about our products and services call toll free at 0800 22526 or email contactus@ablamc.com

ABL Pension Fund

ABL Islamic Pension Fund

Customer ID

Date

dd - mm - yy

1 Participant Information

Name (Mr/Ms/Mrs)

Customer ID

2 Change of Participant Details

CNIC/CNICOP No.

CNIC Expiry Date

NTN No.

Residential Status

Resident

Non-Resident

Passport No.

Nationality

E-mail Address

Occupation

Service

Self-employed

Other

Employer/Business Name

Employer/Business Address

3 Change of Mailing Address/Contact Details

New Mailing Address

City

Country

E-mail Address

Residential Phone

Office Phone

Mobile

Correspondence to be sent to

Residential Address

Employer/Business Address

4 Apply/Withdraw Hold Mail Instructions

I/We would like to (tick one)

Apply for the "Hold Mail" facility

Withdraw my/our current "Hold Mail" facility

5 Change of Zakat Status

I/We would like to change my Zakat Status as follows (tick one)

Applicable

Not Applicable (Zakat Declaration Form enclosed)

6 Change of Retirement Age

Please specify expected retirement age

or expected date of retirement

Note: You can choose any age between 60 to 70 years as your expected retirement age

dd - mm - yyyy

7 Change of Bank Account Details

Bank Name Branch Name
 Bank Account No. Bank Account Title

8 Addition/Deletion of Nominee Details

Add Delete Name (Mr/Ms/Mrs.) Relation % Allocation
 Residential Address & Phone CNIC/NCOPB Form* No. - - - - -

Add Delete Name (Mr/Ms/Mrs.) Relation % Allocation
 Residential Address & Phone CNIC/NCOPB Form* No. - - - - -

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

9 Allocation Scheme Details

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: 85%	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.

10 Change of Regular Contribution (Investment) Details

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

Frequency of Regular Contribution Monthly Quarterly Semi Annual Annual

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

Start Date - - / - - / - - End Date - - / - - / - -

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

Contribution may be made by a third party on my behalf

I confirm that the above information is true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I authorize ALL Asset Management Ltd. (or its wholly owned subsidiaries) to make the additions and/or changes requested in this form in my investment account as stated and to complete all the necessary procedures pertaining to the same. I authorize ALL Asset Management Ltd. to continue until I give written notice of a modification or termination. I hereby accept that by completing this form I agree with ALL Asset Management Ltd. to the information in this form, the verification procedures may include telephone verification, requiring some identity verification before all requests for information sending written confirmations.

I also hereby authorize the Pension Fund Managers to make applicable premium charges if insurance coverage is waived from my contribution based on my selected insurance coverages (if any) and pay the same to the relevant company.

Participant's Name Lives - - - - - Participant's Signature

DOB - MM - DD

For Office Use Only

Pension ID No./Contributor Sales staff

Branch code - - - - - Pension No. Branch Code

DOB - MM - DD

Employee No. Submitted by Data and attachments verified by

Form Signature - - - - -

DOB - MM - DD

Name & Surname (Signature will be used)

Signature

Get in Touch

-  "INVEST" to 8152  025-111-225-262
 042-111-225-262  Website: www.allbank.com
 contactus@allbank.com

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