

Account Opening Form - Voluntary Pension Schemes (VPS)

Form 1

General Instructions

1. This form is for use by individual applicants who want to open a Pension plan account with ABL Asset Management Company Ltd. (ABL AMC)
2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
4. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
5. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
6. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document of ABL Pension Fund/ABL Islamic Pension Fund
7. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
8. 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 AMCL's Office: 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
9. For assistance in filling this form or information about our products and services call toll free at 042-111-225-262 or email contactus@ablmc.com

Guidelines

1. Cash/third party instrument will not be accepted.
2. Payment can be made in the form of a cheque, demand draft, pay order or via through online account transfer.
3. Payment shall be made in favor of 'CDC Trustee ABL Pension Funds/ABL Islamic Pension Funds. Instrument should be crossed 'Account Payee Only'.
4. If payment instrument is returned, the unpaid application will be rejected.
5. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
6. Applications by foreign nationals and nonresident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
7. Front-end load (charges) will be applicable on investment as per the constitutive documents of the Fund.
8. Application will be processed as per cut-off timings for the Fund.
9. Units will be allocated after deduction of applicable load.

DOCUMENT CHECKLIST

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay. In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Documents as per Annexure I of AML CFT Regulations 2020. | <input type="checkbox"/> Copy of NTN | <input type="checkbox"/> Source of Income | <input type="checkbox"/> Employment Proof (In case of salaried person) |
| <input type="checkbox"/> Business Proof (if self-employed) | <input type="checkbox"/> Proof of Funds (where applicable) | <input type="checkbox"/> Zakat Affidavit (In case of exemption) | <input type="checkbox"/> Copy of Pension Fund's Account Statement (In case of transfer from another Pension Fund) |
| <input type="checkbox"/> Employer Contributor Form (In case of contribution by Employer) | | | |

1 PARTICIPANT'S DETAILS

Name (Mr./Ms./Mrs.)	<input type="text"/>	Father/ Spouse Name:	<input type="text"/>
Mother maiden name:	<input type="text"/>		
CNIC / NICOP NO.	<input type="text"/>	CNIC/NICOP Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/> (dd - mm - yyyy)
NTN	<input type="text"/>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Religion	<input type="text"/>	Zakat Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	Passport No.	<input type="text"/>
Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Residential Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
Email Address	<input type="text"/>		
Land Line	<input type="text"/>	Office Phone	<input type="text"/>
Mobile	<input type="text"/>		
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	Employer/Business Name	<input type="text"/>
Employer/Business Address	<input type="text"/>		
	(Please specify)		
Correspondence to be sent to	<input type="checkbox"/> Residential Address	<input type="checkbox"/> Employer/Business Address	<input type="checkbox"/> E-Statement

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.
 نقدی رقم قابل قبول نہیں۔ ادراستی صرف ڈیٹے کے نام پر کریسر چیک، پی او آر یا آن لائن ٹرانسفر کے ذریعے ہی کی جاسکتی ہے۔

2 BANK ACCOUNT DETAILS OF PARTICIPANT

Bank Name Branch Name / Branch Code

IBAN

Title of Account

3 INITIAL CONTRIBUTION DETAILS

Mode of contribution (tick one) Self Employer

Investment details for 'Self' contribution

Initial Contribution Amount (Rs.) In words

Payment Mode Cheque Pay Order Online Transfer RTGS

Instrument	Bank Name	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:
 1. In case of Employer initial contribution, 'Employer Contributor Form' should be attached with details
 2. Online account transfer facility is available with selected banks
 3. Subsequent investments would require submission of duly filled investment form

4 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%.

<input type="checkbox"/> High Volatility	<input type="checkbox"/> Medium Volatility	<input type="checkbox"/> Low Volatility	<input type="checkbox"/> Lower Volatility	<input type="checkbox"/> Customized 0% to 100%
Equity Sub-Fund: Min. 65% Debt Sub-Fund: Min. 20% Money Mkt. Sub-Fund: NIL	Equity Sub-Fund: Min. 35% Debt Sub-Fund: Min. 40% Money Mkt. Sub-Fund: Min. 10%	Equity Sub-Fund: Min. 10% Debt Sub-Fund: Min. 60% Money Mkt. Sub-Fund: Min. 15%	Equity Sub-Fund: NIL Debt Sub-Fund: Min. 40% Money Mkt. Sub-Fund: Min 40%	Equity Sub-Fund <input type="text"/> % Debt Sub-Fund <input type="text"/> % Money Mkt. Sub-Fund <input type="text"/> %

5 REGULAR CONTRIBUTION DETAILS (SYSTEMATIC INVESTMENT PLAN - SIP)

I would like to make regular contributions in my account as per the instructions given below:

Frequency of Regular Contribution Monthly Quarterly Semi-Annual Annual

Contribution Amount Rs. Expected Annual Contribution Amount Rs.

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 the Fund
 Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of the Fund

Note: In case of Employer regular contribution, 'Employer Contributor Form' should be attached with details

6 RETIREMENT AGE

Please specify expected retirement age or expected date of retirement - -

Note:
 1. Retirement age can be 25 years from the date of first investment in a pension fund or any age between 60 to 70 years whichever is earlier.
 2. If retirement age/date is not specified, by default the age 25 years from the date of first investment or 60 years whichever is earlier will be selected as the expected retirement age.
 3. Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of the Fund)
 4. If you would like to change your expected date of retirement you may do so by filling Section 6 of VPS Account Update Form. In case no written intimation is received till the date of your retirement, your VPS allocation will automatically be changed to 'Lower Volatility' at the date of retirement in accordance with the VPS Rules, 2005.

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قابل قبول نہیں۔ اور اسے صرف رشمنی کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں ہی کیا جائے۔

7 KNOW YOUR CUSTOMER (KYC) - MANDATORY

Please provide the following information as required by Anti Money Laundering & Counter Terrorist Financing Regulations 2020.

Residential Status	<input type="checkbox"/> Resident Pakistani	<input type="checkbox"/> Non Resident Pakistani	<input type="checkbox"/> In case of US please refer section 14	<input type="checkbox"/> Foreign National (Refer Section 13)			
Only for Foreign Nationals	Nationality <input type="text"/>	Do you belong to countries where KYC/AML regulations are negligent	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Source of Fund (Please attach supporting documents. Multiple options can be selected)	<input type="checkbox"/> Salary/ Wages	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Home Remittance	<input type="checkbox"/> Business/ Self Employed (Please Specify) <input type="text"/>			
	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Agriculture Income	<input type="checkbox"/> Investment	<input type="checkbox"/> Other (Please Specify) <input type="text"/>			
Name and Address of Employer in case of Salaried class: <input type="text"/>							
Annual Income (PKR)	<input type="checkbox"/> Up to 1 Million	<input type="checkbox"/> Up to 2 Million	<input type="checkbox"/> Up to 4 Million	<input type="checkbox"/> Up to 6 Million	<input type="checkbox"/> Up to 8 Million	<input type="checkbox"/> Up to 10 Million	<input type="checkbox"/> Over 10 Million
Expected Investment Amount (PKR)	<input type="checkbox"/> Up to 1 Million	<input type="checkbox"/> Up to 2 Million	<input type="checkbox"/> Up to 4 Million	<input type="checkbox"/> Up to 6 Million	<input type="checkbox"/> Up to 8 Million	<input type="checkbox"/> Up to 10 Million	<input type="checkbox"/> Over 10 Million
Expected Investment per Transactions (rupees)	<input type="text"/>		Expected No. of sale Transactions / per month	<input type="text"/>			
Declaration by Investor (Please mark the box if the declaration is correct)	My account has never been refused by any financial institution		<input type="checkbox"/>	This account is not being opened on behalf of any other person		<input type="checkbox"/>	
	I am not holding a senior position in any public office*		<input type="checkbox"/>	I am not holding a senior position in any political party/PEP*		<input type="checkbox"/>	
	I do not deal in precious metals & Stones. (Gold, Silver, Diamond etc)		<input type="checkbox"/>	I do not have any links to offshore tax haven countries		<input type="checkbox"/>	
	I am not a close associate or family member of a PEP		<input type="checkbox"/>	Beneficial Owner (if any) is not a PEP or a close associate or a family member of a PEP		<input type="checkbox"/>	

* Includes Senior Politicians, Govt. Officials, Judicial or Military Officials, Executive of SOE/ Autonomous body equivalent to Grade 21 or above.

Declaration

I, the undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief, and I shall immediately update ABL AMCL if there is any change in such information.

I hereby assure to ABL AMCL that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared in this Form is true and correct to the best of my knowledge and belief.

*Risk Category: High Medium Low

*To be filled by the concerned sales representative under the given guideline in applicable laws related to KYC & AML/CFT Regulation 2020.

Participant's Signature

8 TRANSFER FROM ANOTHER PENSION FUND MANAGER (IF APPLICABLE)

Name of Pension Fund	<input type="text"/>	Name of Pension Fund Manager	<input type="text"/>
Date of Joining	<input type="text"/>	Amount being transferred Rs.	<input type="text"/>

9 TAX APPLICABILITY ON WITHDRAWAL (MANDATORY SECTION)

Tax Status Please tick the appropriate option

Filer Non - Filer

Note: At the time of early or excess withdrawal (as defined in VPS Rules), you would be required to submit preceding three years' filed income tax return. In absence of the required documents ABL Funds reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

10 NEXT OF KIN DETAILS

1. Name (Mr./Ms./Mrs.)	<input type="text"/>	CNIC/NICOP/B Form* No.	<input type="text"/>
Residential Address	<input type="text"/>		CNIC/NICOP Issuance Date <input type="text"/>
			CNIC/NICOP Expiry Date <input type="text"/>
Mobile No.	<input type="text"/>	Relation	<input type="text"/>
			% Allocation <input type="text"/>
2. Name (Mr./Ms./Mrs.)	<input type="text"/>	CNIC/NICOP/B Form* No.	<input type="text"/>
Residential Address	<input type="text"/>		CNIC/NICOP Issuance Date <input type="text"/>
			CNIC/NICOP Expiry Date <input type="text"/>
Mobile No.	<input type="text"/>	Relation	<input type="text"/>
			% Allocation <input type="text"/>

Note: In case of more than two Next of kin, please attach a separate sheet with details mentioned above. *In case of minor

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice and also write your risk score for each question in the given space.

1 Age in (years)	2 Level of Understanding & Knowledge	3 Your Investment Horizon
<input type="checkbox"/> Above 60 years 1	<input type="checkbox"/> Less / Limited Knowledge 1	<input type="checkbox"/> Less than or equal to 1 year 1
<input type="checkbox"/> Between 46 to 60 years 2	<input type="checkbox"/> Average 2	<input type="checkbox"/> Greater than 1 year but less than 3 years 2
<input type="checkbox"/> Between 31 to 45 years 3	<input type="checkbox"/> Good 3	<input type="checkbox"/> Greater than 3 years but less than 5 years 3
<input type="checkbox"/> Between 18 to 30 years 4	<input type="checkbox"/> Expert 4	<input type="checkbox"/> Greater than 5 years 4
Score <input type="text"/>	Score <input type="text"/>	Score <input type="text"/>
4 Primary Investment Objective	5 Your Risk Tolerance	6 Of my Current Income, I am able to save up to:
<input type="checkbox"/> Preserving Capital 1	<input type="checkbox"/> Low Risk: Cut losses immediately and liquidate all investments. Capital preservation is paramount.	<input type="checkbox"/> <=5% 1
<input type="checkbox"/> Regular Income 2	<input type="checkbox"/> Medium Risk: Cut your losses and transfer investments to safer asset classes.	<input type="checkbox"/> 6% to 10% 2
<input type="checkbox"/> Capital growth 3	<input type="checkbox"/> High Risk: You are ok with volatility and accept decline in portfolio value as a part of investing. You would keep your investments as they are.	<input type="checkbox"/> 11% to 25% 3
<input type="checkbox"/> Highest Potential Return 4	<input type="checkbox"/> Very High Risk: You would add to your investments to bring the average buying price lower. You are confident about your investments and are not perturbed by notional losses.	<input type="checkbox"/> > 25% 4
Score <input type="text"/>	Score <input type="text"/>	Score <input type="text"/>
7 Existing Investments - Equities	8 Existing Investments - Others	9 Current Liabilities or Borrowings
<input type="checkbox"/> Up to PKR 100,000 1	<input type="checkbox"/> Up to PKR 100,000 1	<input type="checkbox"/> More than PKR 1,500,000 1
<input type="checkbox"/> PKR 100,001 - 500,000 2	<input type="checkbox"/> PKR 100,001 - 500,000 2	<input type="checkbox"/> PKR 500,001 - 1,500,000 2
<input type="checkbox"/> PKR 500,001 - 1,500,000 3	<input type="checkbox"/> PKR 500,001 - 1,500,000 3	<input type="checkbox"/> PKR 100,001 - 500,000 3
<input type="checkbox"/> More than PKR 1,500,000 4	<input type="checkbox"/> More than PKR 1,500,000 4	<input type="checkbox"/> Up to PKR 100,000 4
Score <input type="text"/>	Score <input type="text"/>	Score <input type="text"/>

Question Number	1	2	3	4	5	6	7	8	9	TOTAL
Your Score										
Your Portfolio	Score	Risk Profile	Allocation Scheme Details				Risk of Principal Erosion			
	9 - 15	Low	-				-			
	16 - 22	Moderate	-				-			
	23 - 29	Medium	ABL Pension Fund (Lower Volatility, Low Volatility, Medium Volatility), ABL Islamic Pension Fund (Lower Volatility, Low Volatility, Medium Volatility)				Principal at Medium Risk			
	30 - 36	High	ABL Pension Fund (High Volatility), ABL Islamic Pension Fund (High Volatility)				Principal at High Risk			

Declaration

I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am aware that my financial needs may change over time depending on my personal and situation objectives. I shall be solely responsible for all of my current and future investment, reallocation and change of pension fund manager, if these transactions are not in accordance with my/ our above-mentioned risk profiling results. I will not hold ABL AMCL liable or responsible for these transactions in any manner.

"If you disagree with the suggested funds as per your risk profiling score and wish to invest in different funds, you may choose the override option given below".

 Agree

 Override

Participant's Signature

13 FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION

This section of Account Opening Form must be completed by Individual/Sole Proprietor Investor who wishes to open an investor account with ABL AMCL. Each Joint Holder is required to fill this section separately.

Please complete in BLOCK Letters

Name: _____ Country of Residence: _____
 Country of Birth: _____ US Passport # _____ US SSN # _____
 US TIN # _____

Please tick (✓) Yes or No for each of the following questions:

Are your spouse/children US Resident / Citizen Yes No If yes, please provide Social Security & Passport No. below:
 Spouse _____ US Passport No. _____ Child 1 _____
 Child 1 US Passport No. _____ Child 2 _____ Child 2 US Passport No. _____

- Are you a US Resident? (If you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W-9 form) No Yes
- Are you a US Citizen? No Yes
- Are you holding a US Permanent Resident Card (Green Card)? No Yes
- Are you registered in the US as a tax payer? No Yes
- Standing instructions to transfer Funds to an account maintained in US No Yes

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

Declaration

- I hereby confirm that the information provided above is true, accurate and complete.
- Subject to applicable local and foreign laws, I hereby consent for ABL AMCL, the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction.
- Subject to the requirements of domestic or overseas laws, I consent and agree that ABL AMCL or the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I hereby undertake not to initiate any proceedings against ABL AMCL and the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators.
- I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically).
- I hereby undertake that I have no intention to set up Payment Standing Instruction(s) for the banking account(s) and beneficiary account(s) in a country outside Pakistan
- I hereby undertake to notify ABL AMCL within thirty (30) calendar days in case of any change in any information whatsoever which I have provided to ABL AMCL; and
- I further agree and accept that the terms and conditions as contained herein shall form part and parcel of the Account Opening Form and the terms and conditions of the Account Opening Form as well other documentation shall remain in full force and effect.

Signature/ Left Hand
 Thumb Impression:

14 CRS FORM FOR TAX RESIDENCY SELF CERTIFICATION FOR INDIVIDUALS, JOINT ACCOUNTS (CRS-I)

Individual Tax Residency Self-Certification Form (please complete parts 1 and 2 in BLOCK CAPITALS) * Indicates mandatory field(s)

Do you hold tax residency of any country/ jurisdiction other than Pakistan and/or United States? Yes No

Part 1: Identification of Individual Account Holder

A. Name											
	(First /Given*)	(Middle)	(Last/ Surname*)								
B. Residence Address (This address is your current residential address and can be different from permanent address).	House/Apt/Suite Name*	Number*	Street*	Town/ City*							
	Province/ County/ State*	Country*	Postal /ZIP Code	PO Box (if any)							
	House/Apt/Suite Name	Number	Street	Town/ City							
	Province/County/ State	Country	Postal /ZIP Code	PO Box (if any)							
C. Mailing Address (please only complete if different to the address shown in Section B).	House/Apt/Suite Name	Number	Street	Town/ City							
	Province/County/ State	Country	Postal /ZIP Code	PO Box (if any)							
D. Date of Birth	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>										
E. Place of Birth:	Town or City of Birth*			Country of Birth*							

Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* ("TIN") *

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated.

Country of Tax Residence	TIN	If no TIN available enter Reason A, B or C
1		
2		
3		

Note: Additional Country/ Countries of Tax Residency (if any) to be listed in a separate sheet. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.

- Reason A** - The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
Reason C - No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed).

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قبول نہیں۔ ادائیگی صرف برقی کے نام پر کریں۔ چیک، آرڈر یا آن لائن ٹرانسفر کی صورت میں ہی۔

Please explain in the following boxes why you are unable to obtain a TIN if you had selected Reason B above.

1	
2	
3	

Declarations and Signature *

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the Company setting out how it may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this/ these account(s) is/ are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or I am authorized to sign for the Account Holder) in respect of all the account(s) to which this form relates.

I hereby declare and confirm that all information provided in this Self-Certification Form is to the best of my knowledge and belief, correct and complete in all respects.

I hereby indemnify and hold the ABL AMCL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on Company as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby.

I undertake to notify the Company within 30 calendar days if there is change in any information which I have provided to the Company.

Name: *

Signature: *

Date: * - -

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: *

Participant's Signature

INSTRUCTION CRS - SELF-CERTIFICATION FORM

Organization of Economic Cooperation and Development (OECD) has developed a common framework known as Common Reporting Standard for Automatic Exchange of Information (AEOI). Government of Pakistan has signed the Multilateral Convention on Mutual Administrative Assistance in Tax Matters of OECD to implement CRS. As per the State Bank of Pakistan BPRD Circular Letter No. 10 dated 19 April 2017 and Government of Pakistan Notification SRO No. 166/I/2017, ABL Asset Management Company Limited (ABL AMCL, the Company) is required to comply with the local applicable CRS requirements in accordance with relevant local laws and legally obligated to collect certain information and / or documents from the account holders related to their tax residence and report such information and/ or documents with the appropriate tax authorities in compliance with CRS requirements applicable in Pakistan. Under the CRS, ABL AMC is required to determine where you are a 'tax resident'. Each CRS member country (jurisdiction) has its own rules for defining tax residency. In general, you will find that tax residency is the country/ jurisdiction in which you live; however, this may not always be the case. Special circumstances may cause you to be resident elsewhere or resident in more than one country/ jurisdiction at the same time (dual residency). If you are tax resident outside the country, whereas you hold account in Pakistan, we may need to provide Federal Board of Revenue (FBR) this information, along with information relating to your accounts, maybe needed. That may then be shared with tax authorities of your tax residency/ ies country/ ies.

Who should complete this form?

This form is applicable for individual account holder and sole proprietor. For joint or multiple account holders, each individual shall complete a copy of the form. If you are completing this form on behalf of someone else (for e.g. minor), please ensure that you let them know that you have done so and tell us in what capacity (for e.g. guardian) you are signing.

Where you need to self-certify on behalf of an entity account holder, please fill "Entity CRS self-certification form". Similarly, if you are a controlling person of an entity, please fill in a "controlling person tax residency self-certification form" instead of this form.

In case if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

Self-certification Validity and Duty of Due Care

The form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information that makes the form incorrect or incomplete. In that case it shall be your responsibility to notify us immediately and provide an updated self-certification within 30 days of such change in circumstances. Completion of this form will ensure that ABL-AMCL holds accurate and up-to-date information about your tax residence. Your cooperation and due care will help you avoid any inconvenience that may occur due to inaccurate status reporting.

Further Information: If you have any questions on defining your tax residency status, please consult your professional tax consultant for advice. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the [OECD Portal](http://www.oecd.org) and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer provided CRS Key terms and definitions for your ready reference.

"Account Holder" The Account Holder means the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder.

"Controlling Person" This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive NonFinancial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.

"Entity" The term "Entity" means a legal person or a legal arrangement, such as a corporation, organization, partnership, trust or foundation.

"Financial Account" A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

"Participating Jurisdiction" "Participating Jurisdiction" means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal.

"Reportable Account" The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

"Reportable Jurisdiction" Reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America.

"Reportable Jurisdiction Person" Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated.

"TIN" (including "functional equivalent") The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN.

A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link [OECD Portal].

Note: Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/ insurance number, citizen/ personal identification/ service code/ number, and resident registration number.

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قابل قبول نہیں۔ ادراستیکے صرف برقی کے نام پر کرا سکتے ہیں۔

I have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I hereby undertake to promptly inform the company of any changes to the information provided in this form. I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or termination. I hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by the company, I waive and discharge the company fully from any delay due to breakdown or malfunction of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services completely or partially without any notice to me.

I have carefully read, understood and accept the terms and conditions given in the Trust Deed and Offering Document of the Funds. I understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I undertake to access the company website to keep myself updated before every operation of this account I have understood that investments in Pension Funds are subject to market risks and fund prices may go up or down based on market conditions. I have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I understand that my withdrawals made from the Funds, prior to retirement will result in a tax penalty/withholding tax. I have no objection to the Prescribed Investment Policy and Prescribed Application Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the prescribed Allocation Scheme.

I hereby provide my consent for account opening and using the information/documents provided to perform KYC related verification for necessary due diligence, including verification of the identity from NADRA (NADRA verisys) by ABL Asset Management Company Limited as required under the regulatory framework of account opening.

Date

Participant's Name

Participant's Signature

1. Name

Signature:

2. Name

Signature:

3. Name

Signature:

4. Name

Signature:

To be filled by the Investor

I confirm that I am investing in _____ and the risk level of this pension scheme / allocation is mentioned in section 12. I confirm that I will not hold ABL AMCL responsible for any loss which may occur as a result of my decision. However, I reserve the discretion to invest in any other allocation category. I further confirm that I have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions.

میں اس بات کی تصدیق کرتا ہوں کہ میں _____ میں سرمایہ کاری کر رہا ہوں اور اس پیشکش / اسکیم / ایلیکشن کے ریسک لیول کا ذکر سیکشن 12 میں کیا گیا ہے۔ میں اس بات کی تصدیق کرتا ہوں کہ میں ABL AMCL کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہراؤں گا جو میرے فیصلے کے نتیجے میں ہو سکتا ہے۔ تاہم میرے پاس کسی بھی ایلیکشن / پیشکش / اسکیم کی ذمہ داری میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں مزید تصدیق کرتا ہوں کہ میں نے فنڈ منیجر رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، ضمیمی ٹرسٹ ڈیڈ اور ضمیمی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

Dated

Participant's Signature

Undertaking by Investor

I _____ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me.

Dated

Participant's Signature

Undertaking by Sales Agent

I _____ hereby confirm the following:

I have explained the risk of the fund _____ being sold to the -investor. I have explained that the possibility of principal being at risk is higher in case of high risk funds. I have not made or implied any guarantee with respect to return on investment amount. I have not quoted any fixed return percentage or amount to the investor.

Signature of Sales Agent

Name & Signature of Immediate Supervisor

Dated

Dated

ABL AMCL Sales Staff /Investment Faciliator Name /Distributor

Branch Code

ABL Branch's Staff Name

Authorized Signature of ABL AMCL Sales Staff /
Investment faciliator /Distributor (Rubber Stamp Incase of Distributor)

ABL Branch Stamp with two officers' signature

Transaction Date - Transaction No. Data Input by Form Received on: Originator Staff No. Data and attachments verified by

Signature Operations Department

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.
نقدی رقم قابل قبول نہیں۔ ادراستی صحتی برقی کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

Get in Touch

-  "INVEST" to 8262  021-111-225-262
 042-111-225-262  Website : www.ablfunds.com
 contactus@ablfunds.com

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