



Alfalah Investments

**Account Opening
Form AGIML VPS-01
(For Individual Investors)**

PARTICIPANT REGISTRATION FORM

FORM AGIML VPS-01

* Mandatory Fields

Select Pension Scheme: AGHP Islamic Pension Fund AGHP Pension Fund

PARTICIPANT INFORMATION: Please write in **BLOCK LETTERS** using black ink

*Name Participant Registration No.
(For Office Use Only)

*CNIC/NICOP No. CNIC Expiry Date *Nationality: Pakistani Non-Resident Pakistani (Specify: _____)

*Father's/Husband's Name: _____ *Mother's Name: _____ Employer Name: _____
(If Contribution is made via Employer)

*Correspondence Ad _____

*Phone No.: _____ Cell No.: _____ Email: _____ Fax No.: _____

*Date of Birth (DD/MM/YYYY): ____/____/____ Gender Male Female *Marital Status: Single Married Divorced Widowed

*Occupation: Private Service Self Employed Government Service Housewife Student Retired Others (specify): _____ Religion: Muslim Non-Muslim

*Source(s) of Income: Salary Business Savings/Investments Inheritance Home Remittance Others (specify): _____ Approx. Monthly Income: Rs. _____

*Expected Retirement Age: (Between 60-70 Years): _____ Zakat Deduction: Yes No (If no, in case of Muslim please attach copy valid declaration)

BANK DETAILS OF PRINCIPAL ACCOUNT HOLDER: (MANDATORY) [BANK ACCOUNT DETAILS PROVIDED AGAINST S. NO. 1 WILL BE CONSIDERED AS DEFAULT]

1. Bank Account Title: _____ Bank Account #: _____
 Bank Name: _____ Branch: _____ Branch Code: _____
 Branch Address: _____ IBAN: _____

2. Bank Account Title: _____ Bank Account #: _____
 Bank Name: _____ Branch: _____ Branch Code: _____
 Branch Address: _____ IBAN: _____

CONTRIBUTION DETAILS:

Initial Contribution Amount: Rs. _____ Amount in Words: _____

Mode of Payment: Cheque Demand Draft Pay Order Other: _____ Cheque/DD/PO/Ref. No.: _____ Dated: _____
(Provide online/RTGS reference No. and receipt copy)

Drawn On (If different from above mentioned bank): _____

Contribution Frequency: Monthly Quarterly Half-yearly Yearly Periodic Contribution Amount: Rs. _____ Yearly Contribution Amount: Rs. _____

Transfer from another Pension Fund Manager, registered pension, provident, gratuity scheme or life insurance/Family Takaful company (If applicable)

Name of Scheme/Fund: _____ Name of Pension Fund Manager/Company: _____

Amount being Transferred: Rs. _____ In Words. _____

Account Information (No./Folio/Scheme etc.): _____

ASSET ALLOCATION (Select any one Scheme, specifying percentage which should equal to 100%):

AGHP Islamic Pension Fund (Sub-Funds)			AGHP Pension Fund (Sub-Funds)			
<input type="checkbox"/> High Volatility Scheme:	Equity: 70%	Debt: 30%	Money Market: NIL	Equity: 70%	Debt: 30%	Money Market: NIL
<input type="checkbox"/> Medium Volatility Scheme:	Equity: 50%	Debt: 40%	Money Market: 10%	Equity: 50%	Debt: 40%	Money Market: 10%
<input type="checkbox"/> Low Volatility Scheme:	Equity: 10%	Debt: 70%	Money Market: 20%	Equity: 10%	Debt: 70%	Money Market: 20%
<input type="checkbox"/> Lower Volatility Scheme:	Equity: NIL	Debt: 50%	Money Market: 50%	Equity: NIL	Debt: 50%	Money Market: 50%
<input type="checkbox"/> Customized Scheme:	Equity: _____% <small>(0 - 100%)</small>	Debt: _____% <small>(0 - 100%)</small>	Money Market: _____% <small>(0 - 100%)</small>	Equity: _____% <small>(0 - 100%)</small>	Debt: _____% <small>(0 - 100%)</small>	Money Market: _____% <small>(0 - 100%)</small>

If Participant does not select any allocation scheme his / her contribution would be allocated as defined in the Offering Document of the Fund.

DECLARATION:

Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)] YES NO

Are you holding a senior position in any Govt./public office or political party? [If yes, please provide details] YES NO

Do you have any financial connections to offshore tax havens? [If yes, please provide details] YES NO

Are you dealing in high value items (e.g precious metals/stones)? [If yes, please provide details] YES NO

Has any financial institution ever refused to open your account? [If yes, please provide details] YES NO

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST

Section A. Customer Type (please indicate as applicable)

Individual / Sole Proprietor Please use Applicant 1 column to provide your responses.

Minor In case of Account of Minor, please use Applicant 1 column for Minor and Applicant 2 column for Guardian.

Joint Please use separate column for each joint account applicant, use additional checklist if more than 2 applicant(s).

Section B. US Status Information Applicant

Name of Applicant _____

As per instructions given in Customer Type Section

1. Are you a US Citizen, a US Green Card Holder or a US Resident? Yes No

If Yes: Provide Form W-9 and proceed to declaration & Signature(s).
 If No: Proceed to Next Question.

 Principal Applicant's Signature

2. Were you born in the US?

Yes No

If Yes: Provide Form W-9 and proceed to declaration & Signature(s).

If Yes: But you claim being a non-US person,
Please provide

(i) Certificate/Written Explanation of Revocation of US Nationality
(iii) Signed from W-8BEN;

(ii) A non-US passport

If No: Proceed to Next Question.

3. Do you have a US address or telephone Number?

Yes No

4. Are you assigning a signatory authority/mandate to a person with a US address?

Yes No

5. Are you aware of any other information that may indicate US links?

Yes No

Including US source of funds/income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

For Questions 3,4 and 5 above:

If Yes and you accept being a US person:

Provide Form W-9 and proceed to declaration & Signature(s).

If Yes and you claim being a non-US person:

Provide an ID Document (CNIC/SNIC/NICOP) showing your permanent

address (which should not be a US address), OR

Provide Form W-8BEN & proceed to declaration & Signature(s).

If No: No FATCA documentation required, proceed to declaration & Signature(s).

* A person may be a US resident if the person was present for the period of 183 days or more during the current and last two preceding years.
For further details, please refer to Tactful Questioning guidelines under the FATCA policy & procedure manual.

NOMINATION FORM

PARTICIPANT INFORMATION:

*Name:

*Individual Pension Account No:

NOMINATION DETAILS:

I hereby nominate the following person(s) to receive proceeds from my Individual Pension Account according to their share in the event of my death. I agree and fully understand that the nomination(s) mentioned below, shall not be binding upon the Trustee, the Pension Fund Manager or the Registrar, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Individual Pension Account to my nominee(s). I also understand that in any such event, the legal heirs determined by an appropriate court shall be final and conclusive and no claim of the nominees below (if different from the legal heirs determined by the Court) would be entertained by the Trustee and/or the Pension Fund Manager. I further agree that the Trustee, the Registrar and/or the Pension Fund Manager shall not be liable for any issues/disputes amongst my legal heirs and/or the nominee(s) arising out of this nomination.

S.No.	*Name of Nominee	*Relationship	*Share %	* CNIC/NICOP/ B Form No. (For Minors)	Contact Information		Details of Bank Account (if available)
					Residential Address	Telephone No.	
			100 %				

NOTE: The share must total to 100%. This nomination can be cancelled or amended upon with written request to Alfalah GHP at any time.

Please update my nominee(s) status account to above mentioned details and cancel all details provided earlier, if any.

Principal Applicant's Signature

SECP Table 1:

DECLARATION & SIGNATURE(S): MANDATORY)

1. I represent that I am not a minor. I agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matter of the Pension Fund and abide by the terms, conditions, rules, regulations and other statutory requirements applicable to Alfalah GHP and respective Funds
2. I have read the respective Offering Document and fully understand the investment objectives, strategies i.e. investment policy and risk factors applicable to the various Sub-Funds and Allocation Schemes.
3. I have read and understood the Allocation Policy and selected the Allocation Scheme after fully assessing the risk/return factors of each allocation scheme and understand the risks associated with the Allocation Scheme.
4. I hereby undertakes that I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Pension Fund Manager/Commission and I am fully aware of the risks associated with my selection of the investment policy and Allocation Scheme.
5. I understand that I am entitled to a tax credit under Section 63 of the Income Tax ordinance, 2001 on my contribution in any one tax year for which I shall have to provide documentary evidence to my employer to adjust from the tax payable from my salary or to make a claim at the time of filing of my income tax returns every year.
6. I understand that my withdrawals made from the Alfalah GHP Islamic Pension Fund/Alfalah GHP Pension Fund, prior to retirement will result in a tax penalty/withholding tax.
7. I understand that any withdrawals in excess of the allowable lump sum benefit at retirement will be subject to withholding tax/ tax penalty.
8. I understand that unless otherwise mentioned, my membership will start when my application is accepted along with receipt of my first contribution.
9. I understand that there will be no dividend distributions from the Alfalah GHP Islamic Pension Fund/Alfalah GHP Pension Fund.
10. I understand that the Units in the Sub-Funds shall be issued only after my contribution amount has been realized.
11. I understand that due to market factors or other reasons, my Individual Pension Account performance may be affected.
12. I understand that it is my responsibility to provide all information at the time of redemption and will not hold Alfalah GHP liable for any delay caused due to non-provision of any such information.
13. I understand and agree that representatives of Alfalah GHP may contact me for follow-up on my regular contributions in accordance with the information provided in this application Form.
14. I hereby authorize Alfalah GHP to disclose, share, remit in any form, mode or manner, all/any of the information provided by me relating to the respective Funds in which I may transact/have transacted including all changes, updates to such information as and when provided by me/us if such is required to be submitted under the laws.
15. I hereby agree to provide any additional information/documentation that may be required by the Alfalah GHP, in connection with this form and understand that it is my sole responsibility to keep Alfalah GHP updated and advise/inform Alfalah GHP of any change of my particulars/circumstances/personal details.

Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only)
		Name: _____ CNIC: _____ Signature: _____
		Name: _____ CNIC: _____ Signature: _____

DOCUMENTS REQUIRED: (MANDATORY)

- | | |
|---|--|
| <input type="checkbox"/> Copy of Valid CNIC/NICOP/Passport | Employment Proof (Employer Certificate / |
| <input type="checkbox"/> Copy of Nominee(s) Valid CNIC/NICOP/Passport | Employment Card Copy /Salary Slip Copy) |
| <input type="checkbox"/> Zakat Affidavit (In case of Zakat exemption) | W-9 Form (U.S Citizen) |
| <input type="checkbox"/> Business Proof (Business Card) | W-8BEN Form (U.S Citizen) |

Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name	Code					Distributor's Stamp with date and time
Branch Name	City					

Investor Services / Registrar Details (For Office Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

ALFALAH GHP INVESTMENT MANAGEMENT LIMITED

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UNIT HOLDER MUST OBTAIN PROVISIONAL RECEIPT BEFORE LEAVING.