

Account Opening Form VPS-01 (For Individual Investors)

Alfalah Investment

Alfalah Investments	PARTICIPANT REGISTRATIO	ON FORM		VPS-01
* Mandatory Fields	Select	Pension Scheme: 🔲 AGH	P Islamic Pension Fund	AGHP Pension Fund
PARTICIPANT INFORMATION:		n		K LETTERS using black ink
*Name		r	articipant Registration No (For Office Use Only)	
*CNIC/NICOP No. (Attach valid copy)	CNIC Expiry Date	*Nationality: 🔲 Pakistar	ni 🔲 Non-Resident Pakista	ani (Specify:)
*Father's/Husband's Name:	*Mother's Name:	Employer 1 (If Contribution is made	Name: 2 via Employer)	
*Correspondence Ad				
*Phone No.: Cell No:	Email:		Fax No.:	
*Date of Birth (DD/MM/YYYY) : / /	Gender 🔲 Male 🔲 Female	*Marita	Il Status: 🗌 Single 🔲 Ma	arried 🔲 Divorced 🔲 Widowed
*Occupation: Private Service Self Employed Government Service	e 🛛 Housewife 🗋 Student 🗋 Retired 🔲	Others (specify):	Religion:	Muslim Non-Muslim
*Source(s) of Income: Salary Business Savings/Investments	Inheritance 🔲 Home Remittance 🔲 Others (spe	ceify):	Approx. Monthly Income	: Rs
*Expected Retirement Age: (Between 60-70 Years):	Zakat Deduction: Yes N	No (If no, in case of Muslim plea	se attach copy valid declara	tion)
BANK DETAILS OF PRINCIPAL ACCOUNT HOLDER: (MAN	DATORY) [BANK ACCOUNT DETAILS	S PROVIDED AGAINST S	. NO. 1 WILL BE CON	SIDERED AS DEFAULT]
1. Bank Account Title:	Bank Account #:			
Bank Name:	Branch:		Branch Code:	
Branch Address:			IBAN:	
2. Bank Account Title:	Bank Account #:			
Bank Name:				
	Brancn:			
Branch Address:			IBAN:	
CONTRIBUTION DETAILS:				
Initial Contribution Amount: Rs.	Amount in Words:			
Mode of Payment: Cheque Demand Draft Pay Order Ott	her: Cheque/I	DD/PO/Ref. No.:	Da	ted:
Drawn On (If different from above mentioned bank):				
Contribution Frequency:	Yearly Periodic Contribution Amount	: Rs	Yearly Contribution Amo	ount: Rs
Transfer from another Pension Fund Manager, registered pension, pro	vident, gratuity scheme or life insurance/Famil	ly Takaful company (If applica	ble)	
Name of Scheme/Fund:	Name of Pension F	und Manager/Company.		
		and managerreompany.		
Amount being Transferred: Rs	In Words.	and manager/company.		
	In Words			
Amount being Transferred: RsAccount Information (No./Folio/Scheme etc.):ASSET ALLOCATION (Select any one Scheme, specifyAGHP Islamic Pension Fu	In Words	l to 100%):	AGHP Pension Fund (S	Sub-Funds)
Amount being Transferred: Rs Account Information (No./Folio/Scheme etc.): ASSET ALLOCATION (Select any one Scheme, specify AGHP Islamic Pension Fu Equity: 70% Debt: 30%	In Words	I to 100%): Equity: 70%	AGHP Pension Fund (S Debt: 30%	Sub-Funds) Money Market: NIL
Amount being Transferred: RsAccount Information (No./Folio/Scheme etc.):ASSET ALLOCATION (Select any one Scheme, specifyAGHP Islamic Pension Fu	In Words	l to 100%):	AGHP Pension Fund (S	Sub-Funds)
Amount being Transferred: Rs	In Words	I to 100%): Equity: 70% Equity: 50% Equity: 10% Equity: NIL	AGHP Pension Fund (S Debt: 30% Debt: 40% Debt: 70% Debt: 50%	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20% Money Market: 50%
Amount being Transferred: Rs	In Words	I to 100%): Equity: 70% Equity: 50% Equity: 10%	AGHP Pension Fund (5 Debt: 30% Debt: 40% Debt: 70%	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20%
Amount being Transferred: Rs	In Words	Equity: 70% Equity: 50% Equity: 10% Equity: NIL Equity: NIL Equity: <u>%</u>	AGHP Pension Fund (5 Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt: %	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20% Money Market: 50% Money Market:%
Amount being Transferred: Rs	In Words	Equity: 70% Equity: 50% Equity: 10% Equity: NIL Equity: MIL Equity: $\frac{\%}{(0-100\%)}$ nent of the Fund.	AGHP Pension Fund (5 Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt: %	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20% Money Market: 50% Money Market:%
Amount being Transferred: Rs	In Words.	Equity: 70% Equity: 50% Equity: 10% Equity: 10% Equity: NIL Equity:% % ment of the Fund.	AGHP Pension Fund (5 Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt: %	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20% Money Market: 50% Money Market:%
Amount being Transferred: Rs	In Words	Equity: 70% Equity: 50% Equity: 10% Equity: NIL Equity: MIL Equity: $\frac{\%}{(0-100\%)}$ nent of the Fund.	AGHP Pension Fund (5 Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt: %	Sub-Funds) Money Market: NIL Money Market: 10% Money Market: 20% Money Market: 50% Money Market:%
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Amount being Transferred: Rs	In Words.	Equity: 70% Equity: 50% Equity: 10% Equity: NIL Equity: NIL Equity: NIL NO NO NO NO NO Solution NO Solution NO Solution NO Solution NO Solution NO Solution	AGHP Pension Fund (S Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt:% (0 - 100%)	Sub-Funds) Money Market: NIL Money Market: 20% Money Market: 50% Money Market: $\frac{0}{(0-100\%)}$ %
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Amount being Transferred: Rs	In Words.	Equity: 70% Equity: 50% Equity: 10% Equity: NIL Equity: NIL Equity: NIL NO NO NO NO NO Solution NO Solution NO Solution NO Solution NO Solution NO Solution	AGHP Pension Fund (S Debt: 30% Debt: 40% Debt: 70% Debt: 50% Debt:% (0 - 100%)	Sub-Funds) Money Market: NIL Money Market: 20% Money Market: 50% Money Market: $\frac{0}{(0-100\%)}$ %

Contribution Details: Payment shall be made in favour of "CDC Trustee – Alfalah GHP Islamic Pension Fund" or "CDC Trustee – Alfalah GHP Pension Fund" as applicable.

Alfalah Investments			
2. Were you born in the US?	Y	les No	
If Yes: Provide From W-9 and proceed to declaration & If Yes: But you claim being a non-US person, Please provide If No: Proceed to Next Question.	Signature(s). (i) Certificate/Written Explanation of Revocat (iii) Signed from W-8BEN;	tion of US Nationality	(ii) A non-US passport
 Do you have a US address or telephone Number? Are you assigning a signatory authority/mandate to a Are you aware of any other information that may indi Including US source of funds/income, US nationality, res 	person with a US address? Y	Yes No Yes No Yes No nolder, expected remittan	ces to/from US etc.
For Questions 3,4 and 5 above: If Yes and you accept being a US person: If Yes and you claim being a non-US person: address (which should not be a US address), OR If No: No FATCA documentation required, proceed to o	Provide Form W-9 and proceed to declarati Provide an ID Document (CNIC/SNIC/NIC Provide Form W-8BEN & proceed to decla declaration & Signature(s).	COP) showing your perm	nanent
* A person may be a US resident if the person was prese For further details, please refer to Tactful Questioning			eceding years.

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 nominec(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 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			*Share	* CNIC/NICOP/	Contact Informat	Details of Bank	
		*Relationship	%	B Form No. (For Minors)	Residential Address	Telephone No.	Account (if available)
			100 %				
				ended upon with written request to			

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

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



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 AMC 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 AMC liable for any delay caused due to non-provision of any such information.

13. I understand and agree that representatives of Alfalah AMC 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 AMC 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 AMC, in connection with this form and understand that it is my sole responsibility to keep Alfalah AMC updated and advise/inform Alfalah AMC 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:			
		Name:			

DOCUMENTS REQUIRED: (MANDATORY)

Copy of Valid CNIC/NICOP/Passport

Copy of Nominee(s) Valid CNIC/NICOP/Passport

Employment Proof (Employer Certificate /

Employment Card Copy /Salary Slip Copy)

Zakat Affidavit (In case of Zakat exemption)

Business Proof (Business Card)

W-8BEN Form (U.S Citizen)

W-9 Form (U.S Citizen)

Investment Facilitator / Distributor Details (For Official Use Only)									
Distributor/Facilitator Name			Code						Distributor's Stamp with date
Branch Name		City						and time	
Investor Services / Registrar Details (For Office Use Only)									
Date and Time Stamping	amping Form received by Name								
	Date, Form and attachments verified by Name and Sig								
	Data input by	Name and Signature							

ALFALAH ASSET MANAGEMENT LIMITED

2nd Floor, Islamic Chamber of Commerce, Industry and Agriculture Building, Block-9, Clifton, Karachi - 75600 Pakistan.

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UNIT HOLDER MUST OBTAIN PROVISIONAL RECEIPT BEFORE LEAVING.