

CHANGE OF ALLOCATION SCHEME VPS-07

Select Pension Scheme: ☐ AGHP Islamic Pension Fund ☐ AGHP Pension Fund

PARTICIPANT INFORMATION:		Please write in BLOCK LETTERS using black ink																			
*Name:		*CNIC/NICOP / Passport No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
*Participant Registration No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
*Date of last change of Allocation Scheme:																					
ASSET ALLOCATION DETAILS:																					
Convert-In																					
<input type="checkbox"/> High Volatility Scheme:	Equity: 70%	Debt: 30%	Money Market: NIL																		
<input type="checkbox"/> Medium Volatility Scheme:	Equity: 50%	Debt: 40%	Money Market: 10%																		
<input type="checkbox"/> Low Volatility Scheme:	Equity: 10%	Debt: 70%	Money Market: 20%																		
<input type="checkbox"/> Lower Volatility Scheme	Equity: NIL	Debt: 50%	Money Market: 50%																		
<input type="checkbox"/> Customized Scheme:	Equity: _____ % (0 - 100%)	Debt: _____ % (0 - 100%)	Money Market: _____ % (0 - 100%)																		
Convert-Out will be considered from the allocation scheme, where participant holds the balance.																					
DECLARATION:																					
I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.																					
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: _____																			
Investment Facilitator / Distributor Details (For Official Use Only)																					
Distributor/Facilitator Name		Code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Branch Name		City	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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																			