AL Habib Asset Management Limited

CONTRIBUTION FORM

WE DO NOT ACCEPT CASH

PENSION FUND

Date : D D M M Y Y Y Y Account Number : **Transaction ID:** _____ (for office use)

CNIC / NICOP: (minimum investment amount Rs. 1,000/-)

Account Title :

MODE OF CONTRIBUTION

☐ Self ☐ Employer ☐ Provident Fund ☐ Others _____

CONTRIBUTION DETAILS

Title of Fund: ☐ CDC Trustee AL Habib Pension Fund ☐ CDC Trustee AL Habib Islamic Pension Fund

Mode of Payment: _____ Instrument Number: _____

Drawn on Bank: _____

Branch: _____

City: _____ Contribution Amount (Rs.): _____

Amount in words (Rupees): _____

Note: In case of contribution from employer, provident fund or others, authorization letter mentioning the name of the Fund, account number and beneficiary should be attached.

TRANSFER FROM ANOTHER PENSION FUND (IF APPLICABLE)

Name of Pension Fund: _____ Date of Joining of Pension Fund: D D M M Y Y Y Y

TAX APPLICABILITY ON EARLY/ EXCESS WITHDRAWAL

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 AL Habib Assset Management Limited reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

DECLARATION

I have carefully read, understood and accept the terms and conditions given in the Trust Deed(s) and Offering Document(s) of AL Habib Pension Fund or AL Habib Islamic Pension Fund and agree to its implication as explained in the relevant section. I understand that the Pension Fund Manager may amend or alter the terms and conditions referred herein and hereafter, from time to time. 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 AL Habib Pension Fund or AL Habib Islamic Pension Fund, prior to retirement will result in a tax penalty/withholding tax. I have no objection to the Prescribed Investment Policy as determined by the Commission and the Pension Fund Manager. I am fully aware of the risks associated with the prescribed Allocation Scheme.I acknowledge that I have received and read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

_____

Participant's Signature

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING:

I have explained the risk of the fund being sold to the Participant, including the possibility of principal being at higher risk in case of high risk funds. I have neither made nor implied any guarantee with respect to return on investment amount, nor quoted any fixed return percentage or amount to the Participant.

I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Participant. I will inform the Pension Fund Manager, if I identify any such factor or event in future relating to the Participant.

(Name, Signature or / and Stamp)
Distributer/ Sale Agent

(Name, Signature or / and Stamp)
Name & Signature of Immediate Supervisor

Data Input : (Name / Signature) Data Verified : (Name / Signature) Remarks : _____