



Name of Pension Fund

Date
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HBL PensionFund

HBL IslamicPensionFund

Contributor Information

Mr./Mrs./Ms. Folio No.

Contribution Details

Mode of Contribution (tick one) Self Employer/Third Party

Contribution Details for 'Self' contribution

Contribution Amount (Rs.) in words

Cheque/DD/PO No. (Drawn on) Bank Name & Branch

NOTE: Cash will not be accepted. Payment shall be made in favour of 'CDC Trustee HBL PensionFund' or 'CDC Trustee HBL IslamicPensionFund'. Instrument should be crossed 'Account Payee Only'.

In case of Employer/Third Party initial contribution, 'Employer & Third Party contribution Form' should be attached with details.

Declaration & Signature

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 hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedure may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations.

I have carefully read, understood and accept the terms and conditions given in the Trust Deed and Offering Document of the Fund. I understand that the company 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 Fund, 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 Schemes.

Date
d d / m m / y y y y

Signature of Participant

Instructions & Guidelines

1. Cash will not be accepted.
2. Payment can be made in the form of cheque, demand draft, pay order or online account transfer.
3. Payment shall be made in favour of "CDC Trustee HBL PensionFund" or "CDC Trustee HBL IslamicPensionFund" as the case may be, and crossed "Account Payee" only.
4. If payment instrument is returned, the unpaid application will be rejected.
5. It should be responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
6. Front-end load (charges) will be applicable on investment as per constitutive documents of the Fund. However no Front-end load shall be charged to such Investors who transfer their individuals pension accounts, partially or wholly, maintained with another pension fund manager, to or transfer from pension policies approved by the Commission under Section 63 of the Income Tax Ordinance, 2001 and issued by the Life Insurance Companies before June 30, 2005.
8. Application will be processed as per cut-off timings for the Fund.

Official Use Only

Distributor Name Distributor Code

Application Processed by Purchase ID. User ID.