



ASSET MANAGEMENT LTD.

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Account Opening Form

(For Pension Funds)

Name of Pension Fund _____ Date _____
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HBL PensionFund HBL IslamicPensionFund Folio No. _____

Participant Details

Mr./Mrs./Ms. _____ Date of Birth _____ NTN No. _____ Gender Male Female

Father's/Husband's Name _____ Religion _____

CNIC/NICOP No. _____ Mothers Maiden Name _____

Passport No. _____ Nationality _____

(In case of Non-Resident Pakistan) Zakat Deduction Yes No (If 'No' please attach affidavit)

Current Residential Address _____

Tel. (Res.) _____ Tel. (Off.) _____ Fax _____

E-mail(s) _____ Mobile _____

Employer/Business Name _____

Employer/Business Address _____

Know Your Customer (KYC)

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, as per SECP Circular No.12 of 2009 , AML laws and other regulatory requirements.

Residential Status Resident Non-Resident Foreign National

Occupation Govt. Employee Businessman Private Service Housewife Student Retired

Professional others (please specify) _____

Designation _____ Department _____

Organisation/Employer _____

Total Working Experience (Years) - For Salaried Individuals _____

Age of Business in Years - For Business Individuals _____

Education Undergraduate Graduate Post Graduate Professional Others

Marital Status Single Married No. of Dependants _____

Public Figure No Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)

Source of Funds Salary Self-Owned/Family Business (Please specify) Home Remittance

Inheritance Stock/Investments Other (Please Specify)

Average Annual Income Less than 250k 250-500k 500k-1mn 1-10mn 10mn-100mn Above 100mn

Has any Financial Institution ever refused to open your account? No Yes(specify) _____

Do you deal high value items such as precious metal and real estate? No Yes(specify) _____

Retirement Age

Please specify expected retirement age _____ or expected date of retirement _____

NOTE:

Expected retirement age can be between 60 to 70 years

If expected retirement age/date is not specified, by default 60 years will be selected as the expected retirement age

Expected retirement age can be changed at a later date (subject to terms and conditions specified in the Offering Document of Fund)

Bank Details

Bank Account Title _____ Account No. _____

Bank Name and Branch _____ Contact No. _____

Nominee Details

Mr./Mrs./Ms. _____ CNIC/NICOP No. _____

Residential Address			
Contact No.		Relation	% Allocation
Mr./Mrs./Ms.		CNIC/NICOP No.	
Residential Address			
Contact No.		Relation	% Allocation

(In case of more than two nominees, please attach a separate sheet with above mentioned details)

Risk Profiler

1) I can relate myself best to the following statement:

- a I cannot bear any capital loss.
- b I will redeem my entire investment amount if I incur 5% loss.
- c I will wait for my investment to appreciate if I incur 10% loss.
- d I have other sources of income to maintain my lifestyle
- e I will invest on long term basis and will make additional investments when the price falls.

2) For further investment I intend to take:

- a No risk
- b Slight risk with reasonable return and principal protection
- c Moderate risk with higher than average return
- d Moderate to high risk for potential greater returns
- e High risk for superior returns

3) If I incur substantial initial loss I would:

- a Redeem my investment
- b Switch to safer and secure investment option
- c Hold my investment and decide later
- d Observe economic situation and market outlook
- e Continue with my investment plan

4) I usually invest/keep my money in:

- a Current Account
- b PLS/Savings/TDR's
- c Fixed Income Mutual Fund/National Savings Schemes/Prize Bond
- d Stock/Share/Equity based mutual fund
- e Real Estate

SCORING a= -2 b= -1 c= 0 d= 1 e= 2

Questions	1	2	3	4	Total
Score					

Recommended Strategy

Options	Score	Risk Level	Fund Type	Allocation of Investment
A	(-8 to -2)	Low		Lower Volatility
B	(-2 to 3)	Medium		Medium Volatility
C	(8 to 4)	High		High Volatility

Consent:

I understand and agree disagree with the strategies proposed by the HBL AML advisor to achieve my investment/retirement goals. Further, I will notify the adviser of any changes in my information, risk tolerance, goals or investments.

I further declare that my financial needs may change over time and I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above mentioned risk profiling results.

FATCA Checklist

For Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

S#	Particulars	Primary Applicant	S#	Particulars	Primary Applicant
1	Full Name First Middle Last	<input type="text"/> <input type="text"/> <input type="text"/>	6	Overseas/Care-of mailing address & Phone No	<input type="text"/> <input type="text"/> <input type="text"/>
2	Country of Birth	<input type="text"/>			
3	Do you have Multiple Nationalities/Passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	7	Have you renounced your foreign citizenship or residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you currently hold US green card or US permanent Residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	8	Have you given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>
5	Are you a Tax Resident in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9	Have you given any standing instruction to transfer funds to an account in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			10	W8BEN /W9 Forms submitted with date of Submission.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

- a. If you are a US National or hold a Green Card, please submit W9 Form in original.
- b. If you are not a US resident and were born in the US but have renounced your citizenship, please provide W-8BEN Form in original.
- c. For Entities please submit W-8BEN-E Form in original
- d. If you have stayed in US for more than 183 days in a US tax year, please submit W9 Form in original

"Note: S.No. 5 & 6 apply if customer holds a DualNationality or a permanent Residence card.

Allocation Scheme Details

Please select (any one) of the options given below and specify the percentage(%) in the respective sub-funds.

	Allocation of Investment (tick one)	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund	Total
1	High Volatility <input type="checkbox"/>	Allocation _____ % (Minimum Allocation: 65%)	Allocation _____ % (Minimum Allocation: 20%)	Nil or Allocation 0%	100%
2	Medium Volatility <input type="checkbox"/>	Allocation _____ % (Minimum Allocation: 35%)	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 10%)	100%
3	Low Volatility <input type="checkbox"/>	Allocation _____ % (Minimum Allocation: 10%)	Allocation _____ % (Minimum Allocation: 60%)	Allocation _____ % (Minimum Allocation: 15%)	100%
4	Lower Volatility <input type="checkbox"/>	Nil or Allocation 0%	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 40%)	100%
5	Lifecycle Allocation <input type="checkbox"/>	Fixed % Allocation as per Offering Document of the Fund			
	Age: 18 - 30 years	Allocation 75%	Allocation 20%	Allocation 5%	100%
	Age: 31 - 40 years	Allocation 70%	Allocation 25%	Allocation 5%	100%
	Age: 41 - 50 years	Allocation 60%	Allocation 30%	Allocation 10%	100%
	Age: 51 - 60 years	Allocation 50%	Allocation 30%	Allocation 20%	100%
	Age: 61 years and above	Nil or Allocation 0%	Allocation 50%	Allocation 50%	100%
6	Customized Allocation Scheme <input type="checkbox"/>	Allocation _____ % (0-100%)	Allocation _____ % (0-100%)	Allocation _____ % (0-100%)	100%

NOTE:

Allocation Scheme can be changed on an annual basis subject to the terms and conditions specified in the Offering Document of the Fund. If an Allocation Scheme is not selected, the participant's contribution would be allocated in the Default Allocation Scheme, i.e. Lifecycle Allocation Scheme, until such time the participant selects an Allocation Scheme. If sub-fund percentages are not specified within the selected Allocation Scheme, the Pension Fund Manager shall take minimum allocation in the participant's selected Allocation Scheme, while the remaining 15-20% (as the case may be) shall be allocated by the Pension Fund Manager at his/her discretion

Initial Contribution Details

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

Investment Details for 'Self' contribution

Initial Contribution Amount (Rs.) in words

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

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

Regular Contribution Details

I would like to make regular contributions in my account as per the instructions given below.

Frequency of Regular Contribution Monthly Quarterly Semi-Annual Annual

Contribution Amount (Rs.) Expected Annual Contribution Amount (Rs.)

- Debit Authority (tick one) Post-dated cheque(s) (12 for monthly, 4 for Quarterly, 2 for semi-annual and 1 for annual frequency)
- Standing Instructions to the Bank to debit contribution amount from bank account and credit in favour of the Fund
- Standing Instructions to the Employer to debit contribution amount from salary and credit in favour of the Fund

NOTE: In case of Employer/Third Party regular contribution, 'Employer & Third Party contributor Form' should be attached with details.

Transfer from another Pension Fund Manager (If applicable)

Name of Pension Fund Name of Pension Fund Manager

Date of Joining (dd-mm-yyyy) Amount being transferred (Rs.)

Previous Pension Fund Manager's Address

Source of Funds (Multiple options may be selected) Salary Self-owned/Family Business (Please specify)

Home Remittance Inheritance Stocks / Investments Other (Please specify)

Name of ultimate beneficiary of investment CNIC/NICOP No.

(If ultimate beneficiary is other than Participant, please mention beneficiary's name and CNIC number and attached separate sheet with other details mentioned above)

Please tick the appropriate box or mention percentage (%) - The following funds have front end load.

Fund Name	HBL Pension Fund	HBL Islamic Pension Fund
Sales Load*	3%	3%

Declaration & Signature

I hereby confirm that all information provided in this form is correct to the best of my knowledge and the documents submitted along with this application are genuine. I also read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures. I confirm that I have understood the details of Sales Load to be deducted including taxes thereon.

I hereby permit HBL AML, subject to applicable local laws, to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I further agree that HBL AML may withhold from my account(s) such amount as may be required according to applicable laws, regulation and directives. I will indemnify and hold harmless HBL AML from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by HBL AML in discharging its obligations as a result of disclosures to domestic or overseas regulators or tax authorities.

I undertake to notify HBL AML within 30 calendar days if there is a change in any information which I have provided to HBL AML. I understand and accept that HBL AML reserves the right to close or suspend my account, without prior notice, if required document/information is not submitted within a stipulated time.

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

I understand that the HBL AML may amend or alter the constitutive documents, terms and conditions referred herein and hereafter, from time to time. I have understood that investments 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 withholding tax. I have no objection to the Prescribed policies determined by the Commission and the HBL AML and I am fully aware of the risks associated with the Prescribed Allocation Schemes.

Date /

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 the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- 6. Application by foreign nationals and non-resident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
- 7. Front-end load (charges) will be applicable on investment as per constitutive documents of the Fund.
- 8. Application will be processed as per cut-off timings for the Fund.

Document Checklist

- CNIC/NICOP Copy
- Zakat Affidavit attached (In case of Exemption)
- Copy of Pension Fund's Account Statement (In case of transfer from another Pension Fund Manager)
- Employer & Third Party Contribution Form (In case of contribution by Employer/Third Party)

Official Use Only

FATCA Status US person Non-US person Recalcitrant

Customer Risk Classification Low Risk Customer High Risk Customer

Distributor Name Distributor Code

Application Processed by Purchase ID. User ID.

HBL

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