

Change of Allocation Scheme details

total adds to 100%.

## Update Form for Pension Funds

Name of Pension Fund			Date	d d/mm/y y y y				
HBL PensionFund								
Participant Details								
Mr./Mrs./Ms.			Folio No.					
Change of Participant Details								
CNIC/NICOP No.			CNIC Expiry Date	dd/mm/yyyy				
Occupation Service	Self-employed Other		NTN No					
	(Plea	ase specify)						
Employer/Business Name		Employer/Business	Address					
Residential Status Resident	Non-Resident Passp	ort No.	Nationality					
		se of Non-Resident	: Pakistani)					
Change of Contact Details/ Mailing Address								
New Address								
Tel. (Res.)	Tel. (Off.)		Fax					
E-mail(s)		Mobile						
New Employer/Business Address								
Correspondence to be sent to Residence Employer/Business Address								
Apply / Withdraw Hold Mail Instructions								
I would like to (tick one)  Apply for the 'Hold Mail' facility								
Withdraw my current 'Hold Mail' facility								
Change in Zakat Status  I would like to change my Zakat Status as follows (tick one)  Applicable								
I would like to change my Zaka	at Status as follows (tick offe)	Applicable		aration Forms)				
Change of Retirement Age		Not Applic	cable (Attach Zakat Decl	aration form)				
Please specify expected retirement	age	or expected of	date of retirement					
NOTE:								
Expected retirement age can be be	tween to	years						
Change in Bank Details								
Bank Account Title		Ac	ccount No.					
Bank Name and Branch		Со	ontact No.					
Addition / Deletion of Nominee D	)etails							
Mr./Mrs./Ms. Add Delete		CNIC/NICOP No.						
Residential Address								
Contact No.	Relation		% Allocat	ion				
Mr./Mrs./Ms. Add Delete		CNIC/NICOP No.						
Residential Address								
Contact No.	Relation		% Allocat	ion				
NOTE: In case of more than two nominees, please attach a separate sheet with details mentioned above								

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

	Allocation of Investment (tick one)	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund	Total			
1	High Volatility	Allocation % (Minimum Allocation: 65%)	Allocation % (Minimum Allocation: 20%)	Nil or Allocation 0%	100%			
2	Medium Volatility	Allocation % (Minimum Allocation: 35%)	Allocation % (Minimum Allocation: 40%)	Allocation % (Minimum Allocation: 10%)	100%			
3	Low Volatility	Allocation % (Minimum Allocation: 10%)	Allocation % (Minimum Allocation: 60%)	Allocation % (Minimum Allocation: 15%)	100%			
4	Lower Volatility	Nil or Allocation 0%	Allocation % (Minimum Allocation: 40%)	Allocation % (Minimum Allocation: 40%)	100%			
5	Lifecycle Allocation	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	Allocation% ( 0-100% )	Allocation% ( 0-100% )	Allocation% ( 0-100% )	100%			
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.  Change of Regular Contribution Details  I would like to make regular investments in my account as per the instructions given below.								
Frequency of Regular Contribut		tion Monthly	Quarterly	ni-Annual Annual				
	Contribution Amount (Rs.)	E	xpected Annual Contribution Ar	nount (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								
Declaration & Signature  I confirm that the details provided by me/us are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I authorise HBL Asset Management Limited to make the additions and/or changes requested in this form in my investment account as stated and to complete all the necessary alterations pertaining to the account. I certify that the authorisations hereon shall continue until any written notice of a modification or termination. I hereby accept that the company may at any time require verification before processing the requested information in this form, the verification procedures may include telephonic verifications, requiring certain identifying information before acting upon instructions and sending written confirmations.								
	Date d d /	mm/yyyy		Signature of Participant				

Distributor Name

Distributor Code

Application Processed by

Purchase ID.

User ID.

Official Use Only