

# Account Opening Form - Voluntary Pension Scheme

Date \_\_\_\_\_ Registration No (For official use only): \_\_\_\_\_

## \*MANDATORY FIELDS

\*Select Pension Scheme:  Faysal Islamic Pension Fund  Faysal Pension Fund

## PARTICIPANT DETAILS: (TO BE FILLED IN CASE OF PARTICIPANT)

\* Participant's Name: \_\_\_\_\_

CNIC/NICOP:  -  -  Expiry Date: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_ NTN: \_\_\_\_\_

\* Father's/Husband's Name: \_\_\_\_\_ \* Mother's Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
(If Contribution is made via Employer)

\* Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female \* Marital Status:  Single  Married  Divorced  Widowed

\* Occupation:  Private Service  Self Employed  Government Service  Housewife  Student  Retired  Others (specify): \_\_\_\_\_

\* Source(s) of Income:  Salary  Business  Savings/Investments  Inheritance  Home Remittance  Others (specify): \_\_\_\_\_

Approx. Monthly Income: Rs. \_\_\_\_\_ \* Retirement Age: (Maximum 70 Years): \_\_\_\_\_

Zakat Deduction:  Yes  No (If no, please attach a copy of valid declaration)

## VALUE ADDED SERVICES

Online Access Yes  No  NAV SMS Subscription Yes  No

## BANK DETAILS OF PRINCIPAL ACCOUNT HOLDER: (MANDATORY)

Bank Account Title: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Branch Address: \_\_\_\_\_ IBAN: \_\_\_\_\_

## CONTRIBUTION DETAILS:

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

Initial Contribution Amount: Rs. \_\_\_\_\_ Amount in Words: \_\_\_\_\_ Front End Load (%): \_\_\_\_\_

Mode of Payment:  Cheque  Demand Draft  Pay Order  Other: \_\_\_\_\_ (Provide online/RTGS reference No. and receipt copy)

Cheque/DD/PO/Ref. No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Drawn On (If different from above mentioned bank): \_\_\_\_\_

Contribution Frequency:  Monthly  Quarterly  Half-yearly  Yearly

Periodic Contribution Amount: Rs. \_\_\_\_\_ Yearly Contribution Amount: Rs. \_\_\_\_\_

Note: In case of Employer / Third Party initial contribution, "Employer and Third Party contribution form" should be attached with details.

## TRANSFER DETAILS (IN CASE OF TRANSFER FROM ANOTHER PENSION FUND):

Name of Scheme/Fund: \_\_\_\_\_ Name of Pension Fund Manager/Company: \_\_\_\_\_

Amount being Transferred: Rs. \_\_\_\_\_ In Words. \_\_\_\_\_

Account Information (No./Folio/Scheme etc.): \_\_\_\_\_

Note: In case of transfer from another pension fund, "Change of Pension Fund Manager form" should be attached with details.

## ASSET ALLOCATION DETAILS

### Faysal Islamic Pension Fund

Allocation Scheme	Islamic Equity Sub-Fund	Islamic Debt Sub-Fund	Islamic Money Market Sub-Fund
<input type="checkbox"/> High Volatility	Min 65%	Min 20%	Nil
<input type="checkbox"/> Medium Volatility	Min 35%	Min 40%	Min 10%
<input type="checkbox"/> Low Volatility	Min 10%	Min 60%	Min 15%
<input type="checkbox"/> Lower Volatility	Nil	Min 40%	Min 40%
<input type="checkbox"/> Customized (Please Specify)	_____ (0-100%)	_____ (0-100%)	_____ (0-100%)

### Faysal Pension Fund

Allocation Scheme	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund
<input type="checkbox"/> High Volatility	Min 65%	Min 20%	Nil
<input type="checkbox"/> Medium Volatility	Min 35%	Min 40%	Min 10%
<input type="checkbox"/> Low Volatility	Min 10%	Min 60%	Min 15%
<input type="checkbox"/> Lower Volatility	Nil	Min 40%	Min 40%
<input type="checkbox"/> Customized (Please Specify)	_____ (0-100%)	_____ (0-100%)	_____ (0-100%)

If Participant does not select any allocation scheme, his / her contribution would be allocated as defined in the Offering Document of the Fund.

## DECLARATION:

Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]  Yes  No

Are you holding a senior position in any Govt./public office or political party? [If yes, please provide details]  Yes  No

Do you have any financial connections to offshore tax havens? [If yes, please provide details]  Yes  No

Are you dealing in high value items (e.g precious metals/stones)? [If yes, please provide details]  Yes  No

Has any financial institution ever refused to open your account? [If yes, please provide details]  Yes  No

## RISK PROFILE FORM (MANDATORY)

(Please fill the below form so we can provide you customized options for your Investment goals)

A Age (In Yrs.)		B Marital Status		C Number of Dependents					
<input type="checkbox"/>	Below 40	6	<input type="checkbox"/>	Single	6	<input type="checkbox"/>	Zero	6	
<input type="checkbox"/>	41-50	3	<input type="checkbox"/>	Married	2	<input type="checkbox"/>	Below four	3	
<input type="checkbox"/>	51-60	1	<input type="checkbox"/>	Divorced/widow	0	<input type="checkbox"/>	Four to seven	1	
<input type="checkbox"/>	Above 60	0				<input type="checkbox"/>	Above seven	0	
D Occupation		E Qualification		F Your Risk Appetite					
<input type="checkbox"/>	Retired / Unemployed	0	<input type="checkbox"/>	Matriculation or below	0	<input type="checkbox"/>	Very high	12	
<input type="checkbox"/>	Housewife/Student	1	<input type="checkbox"/>	Intermediate	1	<input type="checkbox"/>	High	10	
<input type="checkbox"/>	Salaried	3	<input type="checkbox"/>	Graduate	2	<input type="checkbox"/>	Moderate	6	
<input type="checkbox"/>	Self Employed / Business	6	<input type="checkbox"/>	Post Graduate	3	<input type="checkbox"/>	Low	4	
			<input type="checkbox"/>	Doctorate	4	<input type="checkbox"/>	Very Low	0	
G Your Investment Objective		H Your Investment Horizon		I Your current level of investment knowledge					
<input type="checkbox"/>	Capital preservation	4	<input type="checkbox"/>	Short term (Less than 1 year)	4	<input type="checkbox"/>	Little or no knowledge	0	
<input type="checkbox"/>	Capital preservation & income	8	<input type="checkbox"/>	Medium term (1 to 5 years)	6	<input type="checkbox"/>	Some knowledge	2	
<input type="checkbox"/>	Income and long-term growth	12	<input type="checkbox"/>	Medium to long term (5 to 10 years)	10	<input type="checkbox"/>	Both knowledgeable & experienced in investing	4	
<input type="checkbox"/>	Capital growth	14	<input type="checkbox"/>	Long term (More than 10 years)	12				
J Your current financial position: in a year or so? How sure do you feel your finances will be?									
<input type="checkbox"/>	Very secure	0							
<input type="checkbox"/>	Somewhat secure	-2							
<input type="checkbox"/>	Not sure	-4							
<input type="checkbox"/>	Likely worse	-8							

Now, please add scores to your choices and find your ideal investment fund based on your total score.

Question No.	A	B	C	D	E	F	G	H	I	J	Total
Your Score											

Risk Profile	Scores	Investor Portfolio	Allocation Scheme
High	50+	Aggressive	High Volatility
Medium	36 - 50	Stable	Medium Volatility
Low	0 - 35	Conservative	Low Volatility or Lower Volatility

Note: I agree that as per my Risk Profile FAML has suggested me above allocation scheme but I can/ may invest in any other allocation scheme as per my discretion.

### DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I declare that I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am / We are aware that my financial needs may change over time depending on my personal and situational objectives. I also understand that this questionnaire does not constitute, in any manner, advice given by the Company. 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, I will not hold the Company liable or responsible for these transactions in any manner. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Date: \_\_\_\_\_

Participant's Signature \_\_\_\_\_

### NOMINEE FORM:

\* Participant Name:

\* Registration No ( For official use only):

### NOMINATION DETAILS:

I hereby nominate the following person(s) to receive proceeds from my Individual Pension Account according to their share in the event of my death. I agree and fully understand that the nomination(s) mentioned below, shall not be binding upon the Trustee, the Pension Fund Manager or the Registrar, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Individual Pension Account to my nominee(s). I also understand that in any such event, the legal heirs determined by an appropriate court shall be final and conclusive and no claim of the nominees below (if different from the legal heirs determined by the Court) would be entertained by the Trustee and/or the Pension Fund Manager. I further agree that the Trustee, the Registrar and/or the Pension Fund Manager shall not be liable for any issues/disputes amongst my legal heirs and/or the nominee(s) arising out of this nomination.

S.No.	*Name of Nominee	*Relationship	*Share %	*CNIC/NICOP/ B Form No. (For Minors)	Contact Information		Details of Bank Account (if available)
					Residential Address	Telephone No.	
			100 %				

**NOTE:** The share must total to 100%. This nomination can be cancelled or amended upon with written request to Faysal Funds at any time. Please update my nominee(s) status account to above mentioned details and cancel all details provided earlier, if any.

Participant's Signature \_\_\_\_\_

### FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST

#### US Status Information

Name of Applicant

As per instructions given in Customer Type Section

1. Are you a US Citizen, a US Green Card Holder or a US Resident?  Yes  No

If Yes: Provide

From W-9 and proceed to declaration & Signature(s).

If No: Proceed to Next Question.

2. Were you born in the US?  Yes  No

If Yes: Provide From W-9 and proceed to declaration & Signature(s).

If Yes: But you claim being a non-US person,

Please provide (i) Certificate/Written Explanation of Revocation of US Nationality (ii) A non-US passport (iii) Signed from W-8BEN;

3. Do you have a US address or telephone Number?  Yes  No

4. Are you assigning a signatory authority/mandate to a person with a US address?  Yes  No

5. Are you aware of any other information that may indicate US links?  Yes  No

Including US source of funds/income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

For Questions 3,4 and 5 above:

If Yes and you accept being a US person:

Provide Form W-9 and proceed to declaration & Signature(s).

If Yes and you claim being a non-US person:

Provide an ID Document (CNIC/SNIC/NICOP) showing your permanent

address (which should not be a US address),

OR

Provide Form W-8BEN & proceed to declaration & Signature(s).

If No: No FATCA documentation required, proceed to declaration & Signature(s).

\* A person may be a US resident if the person was present for the period of 183 days or more during the current and last two preceding years.

For further details, please refer to Tactful Questioning guidelines under the FATCA policy & procedure manual.

### DECLARATION & SIGNATURE(S): MANDATORY

1. I represent that I am not a minor. I agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matter of the Pension Fund and abide by the terms, conditions, rules, regulations and other statutory requirements applicable to Faysal Funds and respective Funds.

2. I have read the respective Offering Document and fully understand the investment objectives, strategies i.e. investment policy and risk factors applicable to the various Sub-Funds and Allocation Schemes. I confirm that I have understood the details of sales load (if any) including taxes.

3. I have read and understood the Allocation Policy and selected the Allocation Scheme after fully assessing the risk/return factors of each allocation scheme and understand the risks associated with the Allocation Scheme.

4. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Pension Fund Manager and I am fully aware of the risks associated with my selection of the Allocation Scheme.

5. I understand that I am entitled to a tax credit under Section 63 of the Income Tax ordinance, 2001 on my contribution in any one tax year for which I shall have to provide documentary evidence to my employer to adjust from the tax payable from my salary or to make a claim at the time of filing of my income tax returns every year.

6. I understand that my withdrawals made from the Faysal Islamic Pension Fund/Faysal Pension Fund, prior to retirement will result in a tax penalty /withholding tax.

7. I understand that any withdrawals in excess of the allowable lump sum benefit at retirement will be subject to withholding tax/ tax penalty.

8. I understand that unless otherwise mentioned, my membership will start when my application is accepted along with receipt of my first contribution.

9. I understand that there will be no dividend distributions from the Faysal Islamic Pension Fund/Faysal Pension Fund.

10. I understand that the Units in the Sub-Funds shall be issued only after my contribution amount has been realized.

11. I understand that due to market factors or other reasons, my Individual Pension Account performance may be affected.

12. I understand that it is my responsibility to provide all information at the time of withdrawal and will not hold Faysal Funds liable for any delay caused due to non-provision of any such information.

13. I understand and agree that representatives of Faysal Funds may contact me for follow-up on my regular contributions in accordance with the information provided in this application Form.

14. I hereby authorize Faysal Funds to disclose, share, remit in any form, mode or manner, all/any of the information provided by me relating to the respective Funds in which I may transact/have transacted including all changes, updates to such information as and when provided by me/us if such is required to be submitted under the laws.

15. I hereby agree to provide any additional information/documentation that may be required by Faysal Funds, in connection with this form and understand that it is my sole responsibility to keep Faysal Funds updated and advise/inform Faysal Funds of any change of my particulars/circumstances/personal details.

Participant's Signature/ Left Hand Thumb Impression	Attestation of Branch Manager	Witness (Adult Male Persons only)
		Name: _____  CNIC: _____  Signature: _____
		Name: _____  CNIC: _____  Signature: _____

## DOCUMENTS REQUIRED: (MANDATORY)

- Copy of Valid CNIC/NICOP/Passport
- Copy of Nominee(s) Valid CNIC/NICOP
- Zakat Affidavit (In case of Zakat exemption)
- Business Proof (Registration Certificate/NTN of business/Request on business letterhead)
- Employment Proof (Employer Certificate / Employment Card Copy /Salary Slip Copy)

## DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

Distributor Name:	Code:	Distributor's Stamp with date and time
Branch Name:	City:	

## 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

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**Risk Disclosure:** All investment in mutual funds are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.