

Change of Allocation Scheme Form

Date: _____

*MANDATORY FEILDS

Select Pension Scheme: Faysal Islamic Pension Fund Faysal Pension Fund

PARTICIPANT INFORMATION:

* Name: _____

* Registration No: _____

* Date of last change of Allocation Scheme: _____

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 <small>(Please Specify)</small>	_____ <small>(0-100%)</small>	_____ <small>(0-100%)</small>	_____ <small>(0-100%)</small>

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 <small>(Please Specify)</small>	_____ <small>(0-100%)</small>	_____ <small>(0-100%)</small>	_____ <small>(0-100%)</small>

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

DECLARATION:

I hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I understand and agree that FAML has suggested me a specific Allocation scheme as per my risk profile. However, I reserve the discretion to invest in any other Allocation scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold FAML responsible for any loss which may occur as a result of my decision. I further confirm that I have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern this transaction.

Participant's Signature _____

Date _____

FOR OFFICIAL USE ONLY

Date (DD / MM / YYYY): _____ Time: _____ : _____ AM/PM

Branch / Distributor Name: _____ Form reviewed and checked by: _____

Data entered by: _____

Stamp & Signature of the Branch Manager / Authorized Official _____

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, Sharah-e-Faisal, Karachi.

U 92 21 111 329 725 W www.faysalfunds.com E customerservices@faysalfunds.com

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.