Initial Investment Application Form Voluntary Pension Scheme only



| Kindly Avoid Cast payment | n Transactio | n, the | erefore | please | make | the | | | | | | | | | | | | | ریں. | ز کریں ادائنگی ک | ، پرہیر ریعے ا | بے ہے مرکے ف | تم د . انسف | بد رف الائن ٹر | بانی نقس بک یا آک | ہسر سچَ | برائے م لہذاکراس |
|---|---|---|--|--|---|---|--|---|---|--|---|--------------------------------|--|--|---|---|--|---|---|--|--|--|--|---|---|--|-----------------------------------|
| Day | Month | | Year | | | | | | | | | | Г | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Fol | 1 oi | 10.: | | | | | | | | | | | |
| PRINCIPAL A | ACCOUNT | HOL | DER | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(as per CNI /Mrs. /Ms. /Ms | C) Mr. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investment Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Fund | | | | | | Ту | Type Amount in Rs. | | | | | Amount in Words | | | | | | Front End Load to be charged | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Instrument Details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Cheque No. / Online Transfer | | | | | | | Bank Name | | | | | | Branch | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DETAIL ABOUT LUCKY ISLAMIC PENSION FUND (LIPF) ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Retirement Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select any one Allocation Scheme as per Risk Profile. For Allocation proportion and related details, visit our website. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High Volatility Medium Volatility Low Volatility Lower Volatility Life Cycle Plan High Volatility with Gold Medium Volatility with Gold Low Volatility with Gold | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ High Volatility with Gold ☐ Medium Volatility with Gold ☐ Low Volatility with Gold ☐ Customized Allocation Scheme ☐ (0%-100%) Debt ☐ (0%-100%) Equity ☐ (0%-100%) Money Market ☐ (0%-100%) Gold | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Units Mode Holdings (Optional) Account Statement Physical Units CDS Account (mention details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDS Informat | ion: Partic | ipant | /IAS ID |): | | | | | | | | | | Client | : / H | ouse | / Inv | esto | or A/ | c #: | | | | | | | |
| Cooling Off Rights for Investor Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes. Cooling off period shall be three business day commencing from the date of issuance of Investment Acknowledgment Letter. Refund can be obtained by submitting written request at any of LIL office/branch. The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days. Note: Please write your Portfolio No. (if any) or CNIC No. (In case of new investors) on the front of cheque. In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that will be rejected. For Name and type of Funds please refer to the next page. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration a | nd Specime | en Sig | nature | e of Ac | count l | Holder(| s) | | | | | | | | | | | | | | | | | | | | |
| I/We hereby con and risks of the pi of any and all ac decision. I/We fi I/We have been for any loss to in specified on pag of my knowleds | roduct, and I/ Ivice and/or a urther confirm fully informed vestors result e 2 of this for | we have recommend that and under the contract of the contract | re unders mendation I/We had understar orn the operation | stood the ons of Li ve read nd that i peration edge tha | ese featur IL before the Trus nvestmer as of any at I have | es and rist relying of t Deeds, nt in unite CIS launce read th | sks in which on the sar Offering I s of mutua thed/to be | th I/we had to en Documer al funds/e launch | nave agree nter into nts, Suppl /CIS is no ed by AM | ed to invalued to invalue training to invalue the invalue training to invalue training to invalue training trai | vest. I/W nsaction. al Trust I deposit, ss otherv | I/We leeds not i | ee tha e will and s guara nentic | t I/we s not hol supplem nteed a ned. I/ | shall ld LII nent nd n We a | assum resp al Off ot issu also co | e sole onsible ering [ued by onfirm | respo e for Docur any havii | onsibili any lo ments persor ng the | ity for oss whi that g n. Shar knowl | deter ich m goverr ehold ledge | rmining nay oc n these ders of e of ap | g the modern cur as e Investigation AMCs opticab | nerits a res stmen are n le loa | or su sult of nt trans not resp ad perc | itabil my/c actio oonsil entag | lity our ons. ble ges |
| | | | | Signa | ture of Pri | ncipal / Jo | oint Account | Holder(s) |) with rubb | er stamp | in case of | Institu | utional | Clients | | | | | | | | - | | | | | |
| Signature of Principal / Joint Account Holder(s) with rubber stamp in case of Institutional Clients Form Received By Name & Signature of Reporting Agent Signature and Stamp of Distributor | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Order Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | | | | | | | | Trade Authorized by | | | | Signature and Stamp of Transfo | | | | | | nsfer A | fer Agent | | | | | | | | |
| Order Authorized | ру | | | | | | $\neg \mid$ _ | | | | | | | | | | | | | | | | | | | | |
| DECLARATION I/We have read a | | | | | | | | | | | l of the | inve | sted | fund a | s me | ention | ed ab | oove | | | | | | | | | |

Signature of Principal / Joint Account Holder(s) (with rubber stamp in case of Institutional Clients)

Risk Disclosure Statement (for Individual)



| Name of Funds | Risk Profile | Recommended Investment Duration | Account Payee Title | Sales Load (Up to) |
|----------------------------|-------------------------|---|--|--------------------|
| Lucky Islamic Pension Fund | Allocation Dependent | Minimum 60 years of age or 25 years of contribution | CDC Trustee Lucky Islamic Pension Fund | 3.00% |

| I O BE FILLEL | D BY INVESTOR |
|--|--|
| hold LIL responsible for any loss which may occur as a result of my/our decision. I/W | rel of this fund is mentioned in the table given above. I/We confirm that I/We will not /e further agree that LIL has advised us to select a specific fund category as per my/our ory. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, ents that govern these investment transaction. |
| ہے ہیں اوراس فنڈ کے رسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ ہم اس بات کی تصدیق کرتے ہیر | میں/ ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہمفنڈ میں سر ماریکاری کرر_ |
| ، ے/ ہمارے فصلے کے نتیجے میں ہوسکتا ہے۔ میں/ہم مزیدا تفاق کرتے ہیں کہ لکی نے میرے/ ہمارے | میں/ہم اس بات کی تقعد میں کرتے ہیں کہ میں/ہمفنڈ میں سر ماریکاری کرر۔ کہ میں/ہم لکی انویسٹمنٹ لمیٹڈ (لکی) کوئی بھی نقصان کیلئے ذیے دار نہیں تھہرائیں گے جو میر رسک پروفائل کےمطابق ایک مخصوص فنڈ کینگری کی تبویز پیش کی ہے۔تا ہم، جھے/ ہمارے پاس کسی بھے |
| رفید کردم رمین سریار کاری کر زگی صواید بدیر مین از تیم مزید تقد بق کر تزین کا مین ارتیم | رسک بر و فائل کرم طالق ایک مخصوص فیڈ کینگری کی تھے مزیش کی سریتا ہم، مجھے کیار سریاس کسی بھے |
| عد الريوسية | نے میں پرون سے مطابق میں موسلے ہیں۔ موسلے میں اور پر بایں اسے دیا ہے۔ فنڈ منیجر کی ریورٹ ،ٹرسٹ ڈیڈ، آفرنگ ڈاکومنٹ جنمنی ٹرسٹ ڈیڈاور خنمی آفرنگ ڈاکومنٹ کو پڑھا ہے۔ |
| | فند ميجر كى رپورٹ، ترسٹ ۋیتر، آخرنگ ۋالومنٹ، سمی ترسٹ ۋیتراور سمی آفرنگ ۋالومنٹ کو پڑھا ہے۔ |
| | |
| | |
| | |
| | |
| Dated | Signature of Principal / Joint Account Holder(s) |
| | |
| Declaration and Specimen Signature of the Sales Pers | on |
| I,, hereby confirm the | following: |
| I have explained the risk of the fund being sold to investor | • |
| 2. I have explained that the principal is at risk (in case of high risk funds) and the investigation | stor can lose money |
| 3. I have not made or implied any guarantee with respect to return or investment an | nount |
| 4. I have not quoted an fixed return percentage or amount to the investor | |
| 5. I have shown all the relevant material before finalizing the investments (i.e. FMR, \hbar | Narketing Material etc) |
| | |
| | |
| | |
| Name & Signature of Sales Agent | Name & Signature of Immediate Supervisor |
| | |
| | |
| Date | Date |