Lucky Islamic Pension Fund Change of Allocation Plan



Day	Month	Year				Falia N		
						Folio N	0.:	
DRIVICIDA		LIGI DED						
PRINCIPAL ACCOUNT HOLDER								
Name(as per CNIC) Mr./Ms./Mrs.								
Contact N	lumber							
DETAILS	OF NEW ALL	OCATION PLAN						
Allocation (Plans)			Select only one	Equity Sub Fund	Debt Sub Fund	Money Market Sub Fund	Gold Sub Fund	
High Volatility				75%	25%	Nil	Nil	
Medium Volatility				40%	45%	15	Nil	
Low Volatility				15%	65%	20%	Nil	
Lower Volatility				Nil	50%	50%	Nil	
High Volatility with Gold				55%	25%	Nil	20%	
Medium Volatility with Gold				25%	45%	15%	15%	
Low Volatility with Gold				10%	65%	20%	5%	
(customer	ed allocation r can select 0- his choice	-100% in each s	ub-fund					
Life Cycle*		18-30 Years			75%	20%	5%	Nil
	_	31-40 Years			70%	25%	5%	Nil
	.e* 41-	41-50 Years			60%	30%	10%	Nil
		51-60 Years			50%	30%	20%	Nil
	61	61 years & above			0%	50%	50%	Nil
* Re-balancii * The Particip Guidelines 1. This for 2. Please 3. Informa	ing of Sub-funds a pant has an option s/Instructions orm is require make sure th ation about I	as per the respective on to invest up to 2 s: ed to be filled hat all informa Folio ID is man	e allocation 25% of the if partic ation me adatory.	n is conducted at exposure of Equ ipant decide entioned in t	es to change his/he	rpliance with the regulatory Fund or as allowed by the r current allocation provided correctly.	Commission from time to time.	orm.
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER								
Lucky Invi in any other for any los Deeds and	restments Lim er Allocation s ss which may d Supplement	nited (LIL) has s Scheme. I confi occur as a resu al Offering Doc	suggested rm that I Ilt of my uments t	d to me a spe am aware of decision. I fu that govern t	ecific Allocation sche associated risks with arther confirm that I hese transaction. I h	me as per my risk prointhis Allocation schem have read the Trust Dave no objection to the	of my knowledge. I understa file. However, I reserve the e and confirm that I will not h eeds, Offering Documents, S ie investment and allocation llocation policy chosen to in	discretion to invest nold LIL responsible Supplemental Trust policy determined
Signature of Principal Account Holder								
Form Received By			Name and Signature of Reporting Agent			Order Authorized By		
Signature and Stamp of Distributor			Reporting Date			Signature & Stamp of Transfer Agent		
					Order Number			