NBP FUNDS
Managing Your Savings

Aitemaad اعتماد

سود سے پاک

Islamic Savings

اسلامک سیونگز

NBP AITEMAAD WEDDING PLAN

NBP AITEMAAD EDUCATION PLAN

NBP AITEMAAD RETIREMENT PLAN

NBP AITEMAAD WEALTH PLAN

NAFA ISLAMIC SAVING PLANS

APKAY ROSHAN MUSTAQBIL KA ZAMIN

Account Opening Booklet

Account Number:

Applicant Name:

FOR OFFICE USE ONLY

DISTRIBUTOR / FACILITATOR INFORMATION

Approached by	Client ID	Distributor / Facilitator Name / Code	Signatures of Distributor/ Facilitator	Transaction Date
☐ NBP Funds Sales Staff ☐ Self				

NBP Referred - Name	CNIC	Designation

Branch Name	Branch Manager Name	CNIC

FOR REGISTRAR USE ONLY

Form received on (Date & Time)	Date and attachments verified by	Data Input by	Transaction No.

For Investment & Information

NBP FUND MANAGEMENT LIMITED

AM1
Rated by PACRA

0800-20002 | INVEST to 9995 | info@nbpfunds.com | www.nbpfunds.com | /nbpfunds

Ref # : 1,734, Date :14 June 2019

CHOOSE YOUR SAVING PLAN

(FORM: S-01# (Please see guidelines before completing this form)

NBP FUNDS Managing Your Savings | Aitemaad اعتماد | Islamic Savings اسلامک سیونگز

NBP Funds Account Number | DATE D D M M Y Y Y Y

APPLICANT DETAILS

Name of Applicant: *(As per CNIC)*

Date of Birth: D D M M Y Y Y Y Age Gender: ☐ Male ☐ Female

CHOOSE YOUR SAVING PLAN TYPE (Select One)

Plan Type: ☐ NBP Aitemaad Education Plan ☐ NBP Aitemaad Wedding Plan

☐ NBP Aitemaad Retirement Plan ☐ NBP Aitemaad Wealth Plan

PLAN BENEFICIARY

Plan for: ☐ Son ☐ Daughter ☐ Family ☐ Self ☐ Others _____

Name of Beneficiary:

Plan Tenure: ☐ 5 years ☐ 10 years ☐ Others: (Please Specify) _____ years

For Wealth Plan Select goal

☐ House ☐ Car ☐ Vacation

☐ Hajj ☐ Wealth Generation

INVESTMENT DETAILS

Initial Investment: In Amount (Minimum Rs. 100,000) In Words

Regular Investment Frequency: ☐ Monthly ☐ Quarterly ☐ Biannual ☐ Annual

Regular Investment: In Amount (Minimum of Rs. 5,000) In Words

QUESTIONNAIRE RISK / RETURN PROFILE (Based on your Risk / Return Profile please choose the suitable Saving Plan)

Q 1: PLAN TENURE

Option	Years	Score	Tick One
A	1 - 2 years	3	☐
B	3 - 5 years	6	☐
C	5 - 10 years	9	☐
D	> 10 years	12	☐

Q 2: INVESTMENT PREFERENCE

Option	Risk	Expected Profit	Final Value of 10 Lac in 10 years	Score	Tick One
A	Low	8%	22 Lacs	4	☐
B	Low-Medium	10%	26 Lacs	8	☐
C	Medium-High	12%	31 Lacs	12	☐

Total Score: Score of Q1. _____ + Score of Q2. _____ = **Total Score:** _____

DECLARATION: *I/We hereby declare that I/We have read and understood this entire Risk/Return Profiling Questionnaire and I/We have decided on the below fund. I/We may change my/our investment decision going forward.*

SELECT YOUR SAVING PLAN AS PER THE ABOVE PROFILING

Category No	Category	Risk Profile/ Objective	Underlying NBP Funds: NAFA Riba Free Savings Fund	Underlying NBP Funds: NAFA Islamic Asset Allocation Fund	Total Score	Tick One
1	Islamic Surmaya Tahaffuz Plan **(ISTP)**	**Low** (Preservation of Capital)	100%	0%	7 - 11	☐
2	Islamic Mutawazan Surmaya Plan **(IMSP)**	**Low to Moderate** (Balanced Growth)	50%	50%	12 - 17	☐
3	Islamic Surmaya Izafa Plan **(ISIP)**	**Moderate to High** (Capital Growth)	0%	100%	18 - 24	☐

TAKAFUL COVERAGE

Coverage	Death due to any reason
Sum Covered	Rs. 5 Million or the investment value whichever is lower
Eligibility for Takaful Coverage	Min age of 18 years or max age of 65 years
	Minimum investment balance of Rs. 80,000

Signature-Principal Applicant | Signature-Joint Applicant -1 | Signature-Joint Applicant -2 | Signature-Joint Applicant -3

CHOOSE YOUR SAVING PLAN

(FORM: S-01# (Please see guidelines before completing this form)

NBP FUNDS Managing Your Savings | Aitemaad اعتماد | Islamic Savings | اسلامک سیونگز

WE DO NOT ACCEPT CASH, THEREFORE YOU ARE ADVISED TO PAY ONLY THROUGH THE UNDER MENTIONED PAYMENT MODES. ہم نقد رقم سے ادائیگی نہیں لیتے اس لئے صرف مندرجہ ذیل طریقے سے ادائیگی کریں

I / We apply for opening of account with NBP Funds subject to the provisions of the Trust Deeds & Offering Documents of the respective underlying Funds of the Plans.

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (FILL IN BLOCK LETTERS)

Name of Applicant: *(As per CNIC)*

Father's /Husband's Name:

Mailing Address:

Permanent Address:

Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female Marital Status:

CNIC: Nationality:

CNIC Issue Date: D D M M Y Y Y Y CNIC Expiry Date: D D M M Y Y Y Y

Country: City: Telephone:

Mobile Fax: Email:

Occupation/Profession: NTN / TIN : Zakat Deduction: ☐ Yes ☐ No

Job Title / Nature of Business: Source of Income: ☐ Salary ☐ Home Remittance ☐ Inheritance ☐ Stocks/Investments

Self-owned/Family Business: *(please specify)* Others: *(please specify)*

Name & Address of Employer/ Business:

JOINT ACCOUNT HOLDERS DETAILS (Beneficiary of the Plan)

1	Name:		CNIC:	Share %
	Father's /Husband's Name		Address:	
2	Name:		CNIC:	Share %
	Father's /Husband's Name		Address:	
3	Name:		CNIC:	Share %
	Father's /Husband's Name		Address:	

ACCOUNT OPERATING INSTRUCTIONS

☐ Principal Account Holder Only ☐ Jointly (any two signatories) ☐ Jointly (All) ☐ Either or Survivor ☐ Other Instructions (Attached)

BANK ACCOUNT FOR TRANSACTION AND PAYMENTS

Account Title: Name of Bank:

Account No: Branch & Code:

IBAN No:

INSTRUCTIONS FOR DELIVERY OF ACCOUNT STATEMENTS / INVESTMENTS

☐ Send by email ☐ Send by post (Subject to Account Balance / Investment value of Rs. 1,000,000 or more) ☐ Hold both email & Post

Please note that if no option is selected the account statements and transaction alerts will be sent through email (Provided email Address available)

DIVIDEND PAYOUT INSTRUCTIONS

Would you like to opt for the dividend re-investment option (after deduction of Tax) ☐ Yes ☐ No

(If investor has not selected any option, the dividend will be re-invested)

PAYMENT DETAILS (Instrument to be in the name "CDC Trustee NAFA Funds")

☐ Cheque ☐ Pay Order ☐ Demand Draft No. Drawn on (Bank & Branch)

☐ Cheque ☐ Pay Order ☐ Demand Draft No. Drawn on (Bank & Branch)

☐ Transfer of Funds from NBP Funds Mutual Fund Account Folio No Fund Name

Post-dated cheque for regular investment submitted? ☐ Yes ☐ No (In case of yes please fill post-dated cheque form)

HOW DID YOU HEAR ABOUT US?

Meeting at ☐ NBP Funds Representative ☐ NBP Representative ☐ Others (Specify): _____

ADDITIONAL KYC QUESTIONNAIRE (Please describe If YES Is selected)

(i) Has any Financial Institution ever refused to open your account?	☐ No	☐ Yes	
(ii) Are you acting on behalf of any other person?	☐ No	☐ Yes	
(iii) Are you holding a senior position in any public office?	☐ No	☐ Yes	
(iv) Are you holding a senior position in any political party?	☐ No	☐ Yes	
(v) Do you deal in high value items such as Gold, Silver, Diamond etc.?	☐ No	☐ Yes	
(vi) Do you have any links to offshore tax haven countries?	☐ No	☐ Yes	

TAKAFUL DECLARATION

I understand, accept and acknowledge that the Takaful Cover provided to me by Takaful Company is based on my unconditional acceptance of the above Terms and Conditions.

1. I hereby certify that I have no health condition or illness that will invalidate my acceptance of the Terms and Conditions mentioned overleaf .
2. I hereby certify that I do not pursue any hazardous or dangerous occupation or evocation and that I only perform normal routine activities.
3. I hereby certify that I do not have enmity or personal, family or tribal feud or animosity of any kind.
4. I hereby certify that all the Exclusions are unconditionally acceptable to me.
5. I also understand, agree and accept that if any of the clause of Termination of Individual Member mentioned in offering document are invoked, my Insurance Cover will immediately terminate. Furthermore, I understand that I may not be required to undergo any medical examination unless the Company considers necessary and deems otherwise.
6. I hereby authorize NBP Funds to deduct insurance premium from my balance in the savings plans. Such premium cost is to be deducted via redemption of units from my outstanding investment balance on a monthly basis and deposited with the takaful company by NBP Funds. In case of redemption before month end the premium amount is to be deducted on a prorate basis by redeeming the units from my outstanding investment balance on a monthly basis and deposited with the takaful company by NBP Funds.
7. I understand Principal Covered account holding will be the only person Covered under Takaful.

FATCA DETAILS

	Principal Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Documentation Required
(1) Country of tax residence other than Pakistan	☐NONE ☐OTHER ☐USA	☐NONE ☐OTHER ☐USA	☐NONE ☐OTHER ☐USA	☐NONE ☐OTHER ☐USA	Nil
(2) Specify place of birth (City / state / country)					Nil
(3) Do you have tax residency other than Pakistan?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	If yes, Please provide country name /residency # /Tax ID below.
(4) Are you a US Citizen?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	
(5) Are you a US Resident?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	If yes, Please provide Form W-9.
(6) Do you hold a US Permanent Resident Card (Green Card)?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	
(7) Were you born in USA?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	If yes, Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
(8) Standing instructions to transfer funds to an account maintained in USA?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	If yes, Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
(9) Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	
(10) Do you have US residence/ mailing/ Sole Hold Mail address?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	If yes, Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
(11) Do you have US telephone number?	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	

This section must be filled by any individual who mark(s) any of the item number 7, 8, 9, 10 & 11 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I /We _____ declare that I/We have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I/We further certify that I/We am/are not a US Person/s and will provide Form W-8BEN within 30 calendar days if required by IRS through NBP Funds. I/We undertake to notify NBP Funds within 30 calendar days if this certification becomes incorrect.

FATCA Declaration:

I/We hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I/We hereby consent for NBP Funds to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my /our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that NBP Funds may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I/We undertake to notify NBP Funds within 30 calendar days if there is a change in any information which I/We have provided to NBP Funds.

I/We will indemnify and hold harmless NBP Funds from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by NBP Funds in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities. I/We further agree to and accept that the terms and conditions as contained herein shall form part and parcel of the account opening form and the terms and conditions of the account opening form as well as other documentation shall remain in force full effect.

US Taxpayer Identification Number (in case of US Persons): _____

DECLARATION

1. I / We will not claim Repatriation from Pakistan of Dividends and sales proceeds of the units except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan.
2. I / we have read and understood the Trust Deeds, Offering documents of the respective Fund and the risks involved, together with the guidelines at the back of the form including maximum rate of sales load charge to me / us and I am relying only on the information provided in these Constitutive documents which supersedes any other information or communication.
3. I / We agree to abide by the Terms & Conditions, Rules and Regulations of the respective Fund(s).
4. Dividend (if any) will be re-invested automatically (Net of Tax) unless opted otherwise.
5. I / We hereby declare that I / We have read, understood and completed Risk / Return Profiling Questionnaire or completed the online Risk Profiling Questionnaire on NBP Funds website.
6. I / We ratify that the information provided in this form is correct.
7. I / We uderstand that investment in funds with an equity exposure carries relatively higher risk.
8. I / We understand that if Investment form is recieved by NBP Funds and or Distributor/Facilitator after the cut off time, that transaction will be processed on the next working day and that I / We would not hold NBP Funds responsible for any loss consequent to such processing of Investment form on the next working day.
9. I / We understand that 3% load is applicable on all investments.

Signature-Principal Applicant	Signature-Joint Applicant -1	Signature-Joint Applicant -2	Signature-Joint Applicant -3

CRS SELF CERTIFICATION FORM FOR INDIVIDUAL CLIENTS (Please fill CRS self certificate for joint account applicant also)

Name as per CNIC (Mr/ Mrs/ Ms):

Father/ Husband Name: CNIC Number:

Date of Birth: City of Birth: Country of Birth:

Mailing Address: Country

Permanent Address: Country

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents;
Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
Reason C - No TIN is required for that country/ jurisdiction.

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
(If the Account Holder is tax resident in more than three countries please use a separate sheet)

1	
2	
3	

PART 3 – DECLARATIONS AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with NBP Funds setting out how NBP Funds may use and share the information supplied by me.
I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
I certify that I am the Account Holder (or i am authorized to sign for the Account Holder) of all the account(s) to which this form relates.
I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
I undertake to advise NBP Funds within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide NBP Funds with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature Date Print Name Capacity

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

DECLARATION / UNDERTAKING ON SOURCE OF INCOME

Further to my request for account opening with NBP Fund Management Limited for purchase of unit(s) for investments in open

I, Mr / Mrs / Ms. _____ bearing CNIC # do hereby declare I have no regular that source of income. My investment(s) within the funds of NBP Funds are purely based on; [Please tick the relevant option]

☐ Inheritance ☐ Personal Savings ☐ Proceeds from Stock Investments ☐ Retirement

I, undertake that information contained in the declaration is true to the best of my knowledge. I understand that any misstatement might have legal implications on me.

Name: Signature: Address:

PROVISIONAL ACKNOWLEDGEMENT RECEIPT

Applicant Name:

Amount: Plan Name:

Date of Receipt: Received by:

Signature

NBP FUNDS Managing Your Savings Aitemaad اعتماد
Islamic Savings اسلامک سیونگز

SPECIMEN SIGNATURE CARD

NBP Funds Account Number

DATE D D M M Y Y Y Y

Name of Principal Applicant:

Signature for NBP Funds Record

Signature as per CNIC

Name of Joint Applicant 1

Signature for NBP Funds Record

Signature as per CNIC

Name of Joint Applicant 2

Signature for NBP Funds Record

Signature as per CNIC

Name of Joint Applicant 3

Signature for NBP Funds Record

Signature as per CNIC

FOR NBP FUNDS USE ONLY

ACCOUNT OPERATING INSTRUCTIONS

1.) Single

2.) Joint

3.) Either / Survivor

4.) Other (Please Specify)

NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds NBP Funds

NBP FUND MANAGEMENT LIMITED

POST-DATED CHEQUE FORM - NAFA ISLAMIC SAVING PLANS

NBP Funds Account Number

DATE D D M M Y Y Y Y

WE DO NOT ACCEPT CASH, THEREFORE YOU ARE ADVISED TO PAY ONLY THROUGH THE UNDER MENTIONED PAYMENT MODES. ہم نقد رقم سے ادائیگی نہیں لیتے اس لئے صرف مندرجہ ذیل طریقے سے ادائیگی کریں

APPLICANT DETAILS

Name of Applicant:
(As per CNIC)

Gender: ☐ Male ☐ Female

PLAN OPTION & SPECIFICATION

Plan Type: ☐ NBP Aitemaad Education Plan ☐ NBP Aitemaad Wedding Plan

☐ NBP Aitemaad Retirement Plan ☐ NBP Aitemaad Wealth Plan

DETAILS OF CHEQUE SUBMITTED

S.No	Cheque date	Amount	Instrument No	Bank	Branch
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

DECLARATION AND SIGNATURE

1. I understand that NBP Funds will present the above mentioned cheques to the bank for clearance on due date. If due date is a non-business day the cheque will be presented to the bank on next working day.
2. I will ensure that due amount will be available in my account for clearance of cheque.
3. I authorize NBP Funds to issue me the units on the date of deposit of cheque.
4. I understand that if cheque is dishonored or returned unpaid, NBP Funds has right to cancel my investment.
5. I authorized NBP Funds to represent the cheque if required and issue me fresh units on the date of revised cheque deposit date

Signature-Principal Applicant | Signature-Joint Applicant -1 | Signature-Joint Applicant -2 | Signature-Joint Applicant -3

Ref # : 1,209, Date :16 Aug 2018

GUIDELINES FOR COMPLETING THIS FORM

- Please fill the forms in BLOCK LETTERS and in legible handwriting to avoid errors.
- Fill the forms yourself or get it filled in your presence **(Do not sign and submit blank forms)**
- If any alteration is made, a counter sign is mandatory.

REQUIRED DOCUMENTS

Please attach the following attested documents with this Account Opening Booklet.

1 - Copy of valid CNIC (Both principal and Joint wherever applicable)	☐
2 - Copy of valid CNIC from Third Party and Third Party Declaration Form, in case of use of third party bank account for investment.	☐
3 - Declaration of using business bank account by individuals **(applicable in case of sole propritership only)**	☐
4 - Business / Employment Proof / Source of income	☐
5 - Copy of Zakat Affidavit **(only in case of No Zakat deduction)**	☐

DETAILS OF INVESTMENT & PAYMENTS

1. Cash shall not be accepted.
2. Payment in the form of cheque/PO/Draft should be made in favor of **"CDC Trustee NAFA Funds"** crossed **"Payee Account only".**
3. If the Cheque is returned unpaid, the application will be rejected.
4. Acnowlegment of investment will be dispatched at the registered mailing address of the principal account holder within 48 hours of realization of funds. If acknowledgement of the investment is not received within 7 working days, the investor should contact **NBP Fund Management Limited.**

COOLING OFF RIGHTS

(a). The unit holders have the right to obtain a refund of their first time investment (Cooling off) in a particular open end mutual fund.

(b). This right is available to individual unit holder only.

(c). The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.

(d). The cooling off right shall be exercised by the unit holder upon written request (referred to the concerned clause of redemption) to the AMC within the time specified in point # (c).

(e). The refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date the cooling off right is exercised which is payble within six business days from the receipt of written request.

(f). AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable.

OTHER INSTRUCTIONS

1. Principal account holder/all joint account holders must sign in the space meant for the purpose.
2. In case of incomplete details and signatures on the form, the form will not be accepted.
3. In case the investor can not sign the form, then he/she will be required to submit clear copy of CNIC with one recent passport size photograph duly authenticated by his/her banker.
4. Before purchasing units of the respective Fund for the first time Investor must open an account with NBP Funds.

TERMS & CONDITIONS FOR TAKAFUL POLICY

Investors, who have attained the minimum age of 18 years and are below the age of 65 years, are covered for the Takaful subject to maintaining a cumulative minimum investment balance.

The Takaful policy does not cover any loss or expense caused to the investors by or resulting from the following:

a. Suicide; or
b. Self-destruction or self-inflicted injury, while sane or insane, or any attempt there at; or
c. Complications arising from an attempt of murder, homicide, manslaughter, assault, assassination, terrorism, slaying or any malicious or criminal act, whether intentional or unintentional, premeditated or spontaneous, random or targeted, resulting in the death of the Investor.
d. Over-speeding, racing on the ground, water or air, or engaging in any hazardous past time or sport; or
e. War, declared or undeclared, or any act of war or insurrection, or as a result of a strike, riot, civil commotion or service in any military, naval or air force, or performing police duty as a borrower of any military or naval organization; or
f. While under the influence of or as a result of alcohol, drugs (other than on medical advise), or other intoxicants; or
g. The commission or attempted commission of an act which would subject the person to civil or criminal penalties, or the contravention of any law; or
h. Failing to reasonably seek or follow medical advice.
i. Service, travel or flight in any kind of aircraft or aerial vehicle except as a fare-paying passenger in an aircraft operated on a regular schedule by an incorporated common carrier for passenger service over its established air route; or
j. Pregnancy, miscarriage, childbirth or any non-malignant disease occurring in or in connection with the female reproductive organs; or
k. Mental or psychosomatic disorder; or
l. Any medical condition associated with the Human Immune Deficiency Virus (HIV) or its mutations.
m. Enmity or animosity of any kind; or
n. Any Pre-existing condition as defined in the policy's general provision

- For which treatment or medication or advice or diagnosis has been sought or received or was foreseeable prior to the commencement of insurance for the Employee concerned or;
- Which originated or was known by the policy holder or the Employee, to exist prior to the commencement of insurance for the Employee whether or not treatment, or medication, or advice or diagnosis was sought or received.

Signature-Principal Applicant	Signature-Joint Applicant -1	Signature-Joint Applicant -2	Signature-Joint Applicant -3

Disclaimer: All investments in Mutual Funds and Pension Funds / Plans are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Documents of the Fund to understand the investment policies and risk involved.