

Form: NBP Funds VPF-01 (Please also fill FATCA Compliance Form, CRS and Risk Profiling Form for account opening)

[illegible]

Date: _____

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

Name of Applicant - As per CNIC*: _____ Father's/Husband Name of Applicant - As per CNIC*: _____

* If title of account mismatch with CNIC, the name appearing on the CNIC will be considered for title of account

Mother's Name of Applicant: _____

CNIC/NICOP No. _____ CNIC Expiry Date _____ CNIC Issuance Date _____

Gender ☐ Male ☐ Female Date of Birth _____ Nationality _____ Religion _____

Residential Status ☐ Resident ☐ Non-Resident Education _____ Passport No. _____ Zakat Deduction ☐ Yes ☐ No
(Form - CZ50 is mandatory in case of "No")

Mailing Address**: _____ Nearest Landmark _____
 **In case of mailing address mismatch from CNIC kindly provide "Mailing Address Declaration".

City _____ Country _____ Email Address _____

Residential Phone _____ Office Phone _____ Mobile (Mandatory): _____

Occupation ☐ Service ☐ Self-employed ☐ Self Owned/Family Business ☐ Agriculture Income ☐ In case of Housewife/Student, specify dependency on _____ ☐ Other _____

Employer/Business Name (Mandatory) _____ Employer/Business Address _____

Holder of any Government Office, (MNA/MPA/Local bodies) ☐ Yes ☐ No Are you a family member or a close associate of any Public Figure / Politically Exposed Person*? ☐ Yes ☐ No

Expected monthly investment amount: ☐ Up to Rs. 50,000 ☐ Up to Rs. 50,000 to 1 Lac ☐ Up to Rs. 1 Lac to 2 Lacs ☐ Up to Rs. 2 Lacs to 3 Lacs ☐ More than Rs. 3 Lacs

Expected no. of investment transactions (monthly): _____

Source of Income ☐ Salary ☐ Home Remittance ☐ Inheritance ☐ Stocks/Investments ☐ Others (please specify) _____

Approximate Annual Income Rs: _____

Correspondence to be sent to ☐ Mailing Address ☐ Employer/Business Address

☐ Email Notification* ☐ Email & Post Notification* (Minimum Investment value of Rs. 100,000 statement by Post)

* If valid email address is not provided, the account statement will be sent through post.

2. INFORMATION ABOUT NEXT OF KIN

Name		
Relationship		
Address		
Mobile Number / Emergency Contact Number:	CNIC / Passport No.	

The "Next of Kin" shall only be Blood Relative i.e. (Spouse, Father, Mother, Brother, Sister, Son or Daughter). In case of the death of Participant, payment will be made to successor(s) in accordance with the succession certificate issued by the Court.

3. BANK ACCOUNT DETAILS (MANDATORY)

Bank Account No/ IBAN No. _____ Bank Account Title _____

Bank Name _____ Branch Name & Code _____ Bank Address & Phone _____

4. RETIREMENT AGE Range between 60 to 70 years or 25 years from the date of the first contribution (whichever is earlier)

Please specify expected retirement age _____ or expected date of retirement _____

5. ALLOCATION SCHEME DETAILS

Please select (any one) of the Allocation Schemes given below and specify the percentage (%) in the respective sub-funds. Please ensure that the percentage total adds up to 100%.

	Tick One	Allocation Scheme	Equity Sub-Fund	Debt Sub-Fund	Money Market Sub-Fund	Total
1		High Volatility	Allocation _____ % (Minimum Allocation: 65%)	Allocation _____ % (Minimum Allocation: 20%)	Nil or Allocation 0%	100%
2		Medium Volatility	Allocation _____ % (Minimum Allocation: 35%)	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 10%)	100%
3		Low Volatility	Allocation _____ % (Minimum Allocation: 10%)	Allocation _____ % (Minimum Allocation: 60%)	Allocation _____ % (Minimum Allocation: 15%)	100%
4		Lower Volatility	Nil or Allocation 0%	Allocation _____ % (Minimum Allocation: 40%)	Allocation _____ % (Minimum Allocation: 40%)	100%
5		Customized Allocation	Allocation _____ % (between 0% - 100%)	Allocation _____ % (between 0% - 100%)	Allocation _____ % (between 0% - 100%)	100%
6		Lifecycle Allocation	Starting with a higher equity investment allocation for an individual aged 18 years, the equity allocation is gradually reduced and transferred to Debt and Money Market Funds as an individual reaches the age 60 years.			
		Age: 18 – 30 years	Allocation 75%	Allocation 20%	Allocation 5%	100%
		Age: 31 – 40 years	Allocation 70%	Allocation 25%	Allocation 5%	100%
		Age: 41 – 50 years	Allocation 60%	Allocation 30%	Allocation 10%	100%
		Age: 51 – 60 years	Allocation 50%	Allocation 30%	Allocation 20%	100%
		Age: 61 years and above	Nil or Allocation 0%	Allocation 50%	Allocation 50%	100%

Declaration & Signature

I have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I hereby undertake to promptly inform the company of any changes to the information provided. I certify that the company and its authorized representatives have read and understood the above and the fee and the fee authorized herein shall continue until any written notice of a modification or termination. I hereby accept that the company may at any time in the future require verification before processing my requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by the company, I waive and discharge the company fully from any delay due to breakdown or malfunction of such services, breakdown and reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of its services completely or partially without any notice to me. I fully understand and understand the terms of the Mutual Fund Investments are not an insurance policy and the company does not insure any person. The company and its authorized representatives are not responsible for any loss to investor, resulting from the operations of any CIS launched to be launched by AMC (in future) unless otherwise mentioned.

I/We hereby agree and give consent to NBP Fund Management Limited for performing Know-Your-Customer related verification, including but not limited to Identity Verification (NABOR system), Bank account verification (IBAN and account Number verification) and/or any other verification that may be required pursuant to regulatory requirements (s) either on its own or in conjunction with a third party service provider. I/We also give consent to be contacted by NBP Funds through any of the above mentioned channels (where applicable). By accepting these Declarations, the Unit Holder hereby gives consent to NBP Funds to share notifications, latest promotional messages and/or other updates regarding their account details/products and services on Unit Holder's registered contact details (mobile number and email address) through its different marketing channels (SMS, Email and WhatsApp etc.). Accordingly, NBP Funds shall consider such User(s) as 'Opt-in Subscriber' for notifications, promotional activities and/or other updates.

I have carefully read, understood and accept the terms and conditions given in the Trust Deed, Offering Document and/or Supplementary Offering Documents. I understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I undertake to access the company website to keep myself updated before every company account opening. I understand, agree, acknowledge and accept that the portfolio of the Sub-Fund is subject to market risks and a target return in equity investments cannot be guaranteed. I clearly understand, agree, acknowledge and accept that the portfolio of the Sub-Fund is subject to market risks and a target return in equity investments cannot be guaranteed. I clearly understand, agree, acknowledge and accept that the portfolio of the Sub-Fund is subject to market risks and a target return in equity investments cannot be guaranteed. The risks emanate from various factors which include, but are not limited to, market risks, government regulation risks, credit risks, liquidity risks, settlement risks, redemption risks, Shari'ah non-compliance risks, and changes in risks associated with trading volumes, liquidity and settlement systems in equity and debt markets.

Date : _____ Participant's Signature: _____

KYC QUESTIONNAIRE (Please describe if YES is selected)

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

Instructions & Guidelines

1. This form is to be used for opening a Pension Fund account with NBP Funds.
2. Applications by Non Resident Pakistanis shall be accepted subject to existing laws provided the subscription amount is paid by means of remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
3. Application will be processed as per cut-off timings for the Fund.

Instructions of Allocation Scheme

1. Applicant should select one of the Allocation Schemes mentioned in the Form.
2. If an Allocation Scheme is not selected, the participant's contribution would be allocated in the Lifecycle Allocation Scheme, until such time the participant selects an Allocation Scheme.
3. If sub-fund percentages are not specified within the selected Allocation Scheme, the Pension Fund Manager shall take minimum allocation in the participant's selected Allocation Scheme, while the remaining 15-20% (as the case may be) shall be allocated by the Pension Fund Manager at its discretion.
4. Allocation Scheme can be changed on an annual basis subject to the terms and conditions specified in the Offering Documents of the Fund.

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay. In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Copy of CNIC/NICOP of participant | <input type="checkbox"/> Zakat Affidavit
(In case of exemption) | <input type="checkbox"/> Copy of Pension Fund's Account Statement
(In case of transfer from another Pension Fund Manager) | <input type="checkbox"/> Business / Employment Proof |
| <input type="checkbox"/> Declaration of using Business Account
(In case of Self Employed) | <input type="checkbox"/> FATCA Form | <input type="checkbox"/> CRS Form | <input type="checkbox"/> Sources/Proof of Fund |

General Instructions

1. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
2. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
3. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
4. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, specially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document.
5. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
6. Applications completed in all respects and carrying necessary documentary attachments should be submitted at designated NBP Funds offices.
7. Complete lists of NBP Funds offices are available on www.nbpffunds.com.
For assistance in filling this form or information about our products and services call our nationwide help line at 0800-20002.

I/We hereby further declare that

- I have carefully read, understood and, filled the Risk / Return Profiling Questionnaire to ensure suitability of the allocation scheme selected by me.
- My risk profiling may not be consistent with my overall investment objectives and needs which I have determined in my sole and independent discretion. At my sole risk, liability and discretion and despite the contrary advice that may have been given to me by NBP Fund Management Limited and/or its Staff / Representative / Distributor. Therefore, I may decide to choose to invest in allocation scheme which are not consistent with my risk profiling, and are more consistent with My own and independent investment objectives and needs.
- I understand that the allocation scheme I chose to invest may carry risks whereby the value of my investment /contribution may go below the initial investment / contribution amount.
- I understand that I am solely responsible for the self-assessment risk profiling, and its impact on the future value of my investments / contribution.
- I understand that my financial needs may change over time, and I shall be solely responsible for all my current and future contributions and re-allocations, even if these transactions are not in accordance with my risk / investment objectives and even if these transactions result in increase in my investment risk level.
- I understand that if my/our financial or personal circumstances change that may result in a change of my/our investment risk suitability / tolerance level, I / We will immediately approach "NBP Funds" to reassess my / our risk suitability / profiling, in order to evaluate if any changes are required in my / our investments.

Disclaimer

I have understood that the past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. It should be noted that there will be no dividend distribution by the sub-funds. The Units of the sub-funds of the Pension Fund are not bank deposits and are neither issued by, insured by, obligations of, nor otherwise supported by the Commission, the Stock Exchanges, any government agency, the Trustee or any of the sponsors, shareholders or employees of the Pension Fund Manager or any of the investors of the Seed Capital Units or any other Bank or financial institution. I understand that my withdrawals made from the Pension Fund, would be subject to Income Tax based on applicable Tax rates. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the investment policy and the allocation policy chosen by me. I also hereby authorize the Pension Fund Manager to deduct applicable premium charges (if Insurance Coverage is availed) from my contribution based on my selected Insurance Cover(s)/Rider(s) and pay the sum to the Insurance Company. I further understand that sub-allocation in sub-fund with equity exposure carries relatively high risk. For further details, please refer to the detailed risk disclosures and disclaimers contained in the Offering Documents, Supplementary Offering Documents and the latest Fund Manager Report available on our website or by calling or writing to us. The use of the name and logo of National Bank of Pakistan does not mean it is responsible for the liabilities/ obligations of the Company (NBP Fund Management Limited) or any investment scheme managed by it.

Date : _____ Participant's Signature: _____

6. FOR OFFICE USE ONLY

Distributor/Facilitator Name/ Code	Date & Time	Form Received on (Date & Time)	Particulars Verified By Name & Signatures	Data Input By

7. NBP SALES REFERRED BY				
Name	CNIC No:	NBP Employee card No.	NBP Branch address & Code	