



Date: \_\_\_\_\_

**Head of Customer Services**

Al Meezan Investment Management Limited  
Ground Floor, Block B, Finance & Trade Centre,  
Shahrah-e-Faisal,  
Karachi 74400, Pakistan

**Instructions Regarding Maturity of Meezan Asset Allocation Plan - IV (MAAP-IV)**

This is with reference to the completion of maturity period of Meezan Asset Allocation Plan-IV (MAAP-IV), which is due on July 24, 2018. I /We the undersigned hereby instruct Al Meezan Investment Management Limited to proceed in the following manner with respect to my/our investments:

| Transaction Type  | Fund Name | Amount | <b>OR</b> | Percentage  |
|-------------------|-----------|--------|-----------|-------------|
| Conversion (to)   | MCCP-VI   |        |           |             |
| Conversion (to)   |           |        |           |             |
| Redemption (from) | MAAP-IV   |        |           |             |
| <b>Total</b>      |           |        |           | <b>100%</b> |

Note: The total of amount should be equal to the total of accumulated balance in MAAP-IV. Only instructions placed in the above tabular data will be entertained. Altered instructions would not be considered.

**Instructions regarding Redemption Proceeds (tick anyone)**

- Credit my Bank Account as per detail provided earlier in portfolio
- Credit my other bank account (Please provide Complete Details)

| Bank Name | Account Number | Branch Name/Code |
|-----------|----------------|------------------|
|           |                |                  |

**Disclaimer:** I hereby confirm having read and understood the Trust Deed, Offering Document, Supplemental Trust Deeds and supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risk involved in Mutual Funds Investment. Furthermore, I also confirm having the Knowledge of applicable taxes and load percentages.

**Portfolio #** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal/Joint Account Holder(s)**  
*(With rubber stamp in case of Institutional Clients)*

**Official Use Only:**

| Received By           | Name and Signature of Reporting Agent | Name and Signature of Reporting Agent          |
|-----------------------|---------------------------------------|--|
|                       |                                       |  |
| <b>Order Number</b>   |                                       |  |
|                       | <b>Order Authorized by</b>            | <b>Signature &amp; Stamp of Transfer Agent</b> |
| <b>Reporting Date</b> |                                       |  |
|                       |                                       |  |