



Conversion Application Form for Takaful Product

Al Meezan mein Itminan hai.

AMIM-01-2023

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Day	Month	Year

Portfolio No.:	
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PRINCIPAL ACCOUNT HOLDER												
Name(as per CNIC) Mr. /Mrs. /Ms.												
Contact No.								CNIC No.:				

CONVERSION DETAILS					
Process in :	<input type="checkbox"/> Amount	<input type="checkbox"/> Unit	Order: Amount/Unit _____ or _____ %		
Convert From			Convert To		Share%
Name of Fund	Type of Fund	Name of Fund	Type of Fund		

- NOTE:**
- Applicable Zakat / CGT will be deducted from investor's account in addition to the conversion amount
 - Conversion can only be made from one fund. However amount may be converted into multiple funds. In this case, share % must be mentioned
 - In case of units in CDS form, print-out of "Withdrawal Request Report" (to be extracted from CDS System by your Broker / Participant) showing "Meezan Bank Ltd." (Participant ID: 00580) as the counterpart must be submitted to process conversion
 - Attach physical certificates (if issued) at the time of conversion
 - In case available amount in a fund is less than the amount requested in this form, the entire amount will be converted

Name of Funds	Risk Profile	Risk of Principal Erosion	Recommended Investment Duration	Account Payee Title	Sales Load
• Meezan Islamic Income Fund (MIIF) (Type-Growth T, T Monthly Income)	Medium	Principal at Medium Risk	1-2 year(s) & above	CDC Trustee Meezan Islamic Income Fund	3.00%
• Meezan Daily Income Plan (MDIP-I)* (Type-Growth T, TS Plan)	Moderate	Principal at Moderate Risk	1-2 year(s) & above	CDC Trustee Meezan Daily Income Fund - MDIP-I	3.00%

*Minimum Investment in Meezan Daily Income Plan-I is Rs. 200, 000/- NAV will be allocated on realization of funds.
- Government Taxes to be applied where applicable.

<p>Declaration and Specimen Signature of Account Holder(s)</p> <p>I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of Al Meezan/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of Al Meezan before relying on the same to enter into any transaction. I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified above. Takaful contribution will be charged on Monthly basis on month end balance.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Principal / Joint Account Holder(s)</p>



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CUSTOMER INFORMATION

Customer Name:

Date:

CNIC No:

TERMS & CONDITIONS FOR TAKAFUL POLICY

The Management Company has arranged Life Takaful coverage for the investors as stated in the Offering Documents of the funds. The cost of premium is to be borne by the investor. Such premium cost is to be deducted from the unit holder's investment on a monthly basis and deposited with the Takaful Operator by the Management Company as per the terms and conditions of the Takaful coverage defined in the Takaful policy document signed between the Takaful Operator and Management Company. The Takaful Operator may change the premium rates in the future. New premium rates will be applicable automatically.

Investors, who have attained the minimum age of 18 years and are below the age of 65 years, are eligible for Takaful subject to maintaining a cumulative minimum investment balance (From PKR 100,000 to PKR 5,000,000) and the coverage shall expire as soon as the member attains 65 years.

1. The takaful cover will be valid as long as the investor remains invested with a minimum balance of Rs. 100,000 and will cease the day the balance falls below that amount.
2. An insured cannot be enrolled simultaneously for more than one Takaful Cover under the policy.
3. The takaful coverage will not be valid if:
 - (a) The Master Policy is cancelled
 - (b) The person covered reaches his/her 65th birthday
 - (c) The person no longer meets the eligibility criteria of the Takaful/Insurance
 - (d) The Individual covered is engaged in or takes part in any naval, military or air force activities.
4. I also understand, agree and accept that if any of the clause of Termination of Individual Member mentioned in offering document are invoked, my Takaful 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.
5. I hereby agree to "Other Instructions" and to pay front end load as mentioned in this form to avail Takaful Coverage.
6. Takaful (%): Gross Monthly Rate - 0.013%

No Takaful Death benefit will be payable under this Supplementary Takaful Plan if death occurs in the following instances:

- i. Suicide or,
- ii. By execution of a judicial capital sentence or,
- iii. The death of the participant was directly caused by a crime or an intentional offence of which the Participant was the perpetrator or co-perpetrator.

No benefit of Accidental Disability will be payable in an event caused or extended either directly or indirectly by:

- i. War or warlike activities, which include invasion, act of foreign enemy, hostilities (whether war declared or not), civil war rebellion, terrorist activities, revolution, insurrection, military or usurped power.
- ii. Illnesses of any kind, fits, hernia, bacterial infections, or infection with the Human Immunodeficiency Virus (HIV) or variants (including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)
- iii. Pregnancy or confinement and related complications
- iv. Unreasonable failure to seek or follow medical advice, where aware about medical condition.
- v. Drinking of alcohol or taking of drugs otherwise than under the direction of a registered medical practitioner
- vi. Suicide or attempted suicide or intentional self-injury while sane or insane
- vii. Unlawful act, the hand or justice or willful exposure to unnecessary danger except in the attempt to save human life
- viii. State of unsound mind
- ix. Heatstroke or sunstroke
- x. Exposure to or intake of poison, gas or fumes voluntary or involuntary
- xi. Taking part in any hazardous activity
- xii. Traveling on a non-commercial airline
- xiii. Military service
- xiv. Radiation or contaminated by radioactivity
- xv. Assault murder/assassinations
- xvi. Physical or mental defect or infirmity existing at the membership inception/reinstatement date
- xvii. Racing of all kinds other than foot or bicycle
- xviii. Engaging in commando or bomb disposal duties/training. Active military duties such as maintenance of civil order, engagement in hostilities, whether war is declared or not and travel by military aircraft of waterborne vessel.

DECLARATION AND AUTHORIZATION

- I understand, accept and acknowledge that the Takaful coverage provided to me by the Takaful Company is based on my unconditional acceptance of Terms and Conditions and Exceptions to the policy/scheme.
- I hereby certify that all the Exclusions Takaful Facility are unconditionally acceptable to me.
- I hereby authorize Al Meezan Investments to deduct premium/contribution as per my month end balance and credit the amount to Takaful provider. The premium once deducted shall not be refundable.
- I understand that Principal account holder will be the only person Covered under the Takaful coverage.
- I understand that in case I redeem my investment from this fund then no Takaful benefit will be covered.

Authorization by Customer

I/We hereby declare that the information provided in the form are true and complete to the best of my/our knowledge, belief, and record. I also hereby authorize TPL LIFE INSURANCE LIMITED-WTO in order to seek information from any doctor, hospital, laboratory, my employer, any other organization or person that has any record information or acknowledge of my health/treatment and from my life Assurance/Takaful office to which a proposal on my life has any time been made, and the giving of such information.

Signature of Principal / Joint Account Holder(s)

Disclaimer: Al Meezan Investments Management Ltd. is only responsible for the distribution of Takaful product, whereas the product is owned by TPL LIFE INSURANCE LIMITED having responsibilities of providing services & settlement related to the insurance claims.



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CUSTOMER INFORMATION

Customer Name:	Date:
CNIC No:	

AVOCATION DETAILS

(Please provide detail to any of the below question marked as "YES" / "No")

1) Have you ever in the past been, or currently, involved in any Legal, Religious and Political Activity or are you engaged or ever had any involvement in any Civil or Criminal Litigation or Police case?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2) Are you involved or intend to involve in any of the dangerous / hazardous activities?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3) Does your travelling involve exposure to high risk areas as defined by local and international authorities?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4) Has any Insurance/Takaful proposal on your life ever been postponed or declined?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

HEALTH & MEDICAL DETAILS

(Please provide detail to any of the below question marked as "YES")

Height _____ (Feet / Inches) Weight _____ (Kgs / Lbs)

Have you noticed any weight change in last 12 months? If 'Yes', please give variation with reason.

Do you Use _____
Tobacco Yes / No Alcohol Yes / No Drugs / Medicines Yes / No

If yes, please specify quantity: _____

1. Are you presently in good health?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	v. Liver disease (Hepatitis A, B, C, D, E, Jaundice etc.)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. Are you suffering or have you ever suffered from any of the following?		vi. Disease of Kidney (Stone, Infection, Dialysis etc.), any disorder related to Genito- Urinary System?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. High Blood Pressure, Diabetes Mellitus, any endocrine disease?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	vii. Disease of eye, ear, nose and throat?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
ii. Heart ailments (Angina, Chest pain, Heart attack, Coronary Artery or Valvular disease etc.)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	viii. Any form of tumor, growth, cancer etc.?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iii. Respiratory disease (Asthma, Tuberculosis, Chronic respiratory or lung disease etc.)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	ix. Any hereditary/ congenital / autoimmune disease etc.?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iv. Disease of nervous system and mental disorder (Epilepsy, Alzheimer, Anxiety, Depression, Chronic Headache, Paralysis, Stroke etc.)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	x. Any serious infection/ Sexually Transmitted Disease (STD), Human Immuno-Deficiency Virus (HIV), Acquired Immuno-Deficiency Syndrome (AIDS) etc.?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. Have you ever suffered from any physical or mental illness/medical ailment (Pre-existing condition) or any Deformities?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	For Females only:	
4. Have you consulted any doctor in the last 3 years for any reason other than routine health check-up with normal results, seasonal illnesses or flu?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	1. Are you pregnant? (If yes, please specify duration in months)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		2. Do you have or ever had any obstetrical / Gynecological disease?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5. Have you ever suffered from any illness, injury, operation of any kind not mentioned above?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

DETAILS: (Injury/Disease, Date, Duration & Name of hospital visited)

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Risk Profile Form

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TO BE FILLED BY INVESTOR

AMIM-05-2022

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Help us understand your financial needs better. Kindly fill the form below to give you a customized solution for your investment goals. Circle the below responses as per your choices:

Name:	
Portfolio No.:	

Already Provided: No change in previous details

Age (in yrs)	<input type="checkbox"/> 1. Above 60	<input type="checkbox"/> 2. 50-60	<input type="checkbox"/> 3. 40-50	<input type="checkbox"/> 4. Below 40
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Risk-Return Tolerance Level
<input type="checkbox"/> 1. Lower Risk, Lower Returns
<input type="checkbox"/> 4. Medium Risk, Medium Returns
<input type="checkbox"/> 8. Higher Risk, Higher Returns

Monthly Savings
<input type="checkbox"/> 2. Rs. 1,000-Rs. 25,000
<input type="checkbox"/> 3. Rs. 25,000-Rs. 50,000
<input type="checkbox"/> 4. Above Rs. 50,000

Occupation
<input type="checkbox"/> 1. Retired
<input type="checkbox"/> 2. Housewife/Student
<input type="checkbox"/> 3. Salaried
<input type="checkbox"/> 4. Business/Self Employed

Investment Objective
<input type="checkbox"/> 2. Cash Management
<input type="checkbox"/> 4. Monthly Income
<input type="checkbox"/> 8. Capital Growth/Long Term Saving/ Retirement

Your level of knowledge of investments and Financial Markets?
<input type="checkbox"/> 2. Limited/Basic/Average
<input type="checkbox"/> 3. Good/Excellent

Investment Horizon
<input type="checkbox"/> 2. Less than 6 months
<input type="checkbox"/> 4. 6 months to 1 year
<input type="checkbox"/> 6. 1 to 3 years
<input type="checkbox"/> 8. More than 3 years

Now, please add the scores corresponding to your selected choices & calculate in the below table to find your ideal investment fund.

	Scores	Investor Portfolio	Funds
Calculate your Ideal Portfolio	33-39	Aggressive	Equity
	24-32	Balance	Balanced
	15-23	Stable	Income
	11-14	Conservative	Money Market

NOTE:

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in Mutual Funds. Further, I/We declare to have understood and completed this entire Risk/Return Profiling Questionnaire.

I/We understand and agree that as per my/our Risk Profile, Al Meezan Investments has suggested the above fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion.

نوٹ:

میں/ہم بذریعہ پڑا تصدیق کرتا کرتی کرتے ہوں/ہمیں کہ اس فارم میں فراہم کی جانے والی تمام معلومات میرے/ہمارے علم کے مطابق سچ اور درست ہیں۔ میں/ہم یہ بھی تصدیق کرتا کرتی کرتے ہوں/ہمیں کہ میں/ہم نے ٹرسٹ ڈیڈز، آفرنگ دستاویزات اور ضمنی آفرنگ دستاویزات کو بھی پڑھا اور سمجھا لیا ہے اور مزید یہ تسلیم کرتا کرتی کرتے ہوں/ہمیں کہ میں/ہم نے میچنگ فنڈز متوقع خطرات سے بھی واقف ہوں/ہمیں۔ مزید یہ کہ میں/ہم یہ بھی اقرار کرتا کرتی کرتے ہوں/ہمیں کہ میں/ہم نے خطرات اور بیڑن پر وفا کے سوالنامے کو اچھی طرح سمجھ کر مکمل کیا ہے۔

میں سمجھتا ہوں/ہم سمجھتے ہیں اور اس سے متفق ہوں/ہمیں کہ الیز ان انویسٹمنٹ نے مجھے/ہمیں فنڈ کی مندرجہ بالا کٹیگری میرے/ہمارے ریسک پروفائل کے بنیاد پر تجویز کی ہے لیکن میں/ہم اپنی صوابدید پر کسی اور فنڈ کی کٹیگری میں سرمایہ کاری کر سکتا ہوں/کر سکتے ہیں۔

Signature of Principal/Joint Account Holder(s)

Name of Sales Person	Name of Manager
Signature of Sales Person	Signature of Manager



TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in _____ Fund and the risk level of this fund is mentioned in the table given below. I/We confirm that I/We will not hold Al Meezan responsible for any loss which may occur as a result of my decision. I/We further agree that Al Meezan Investment Management Limited (Al Meezan) has advised us to select a specific fund category as per my/our risk profile. However, I/We reserve the direction to invest in any other fund category. I/We further confirm that I/We have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کر رہے ہیں اور اس فنڈ کے ریسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم ال میزان کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہو سکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ ال میزان انویسٹمنٹ مینجمنٹ لمیٹڈ (ال میزان) نے میرے/ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ کیٹیگری کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ مینجمر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، ضمیمہ ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

Risk Profile of CIS/Plans	Risk Profile	Risk of Principal Erosion
Meezan Daily Income Plan-I	Moderate	Principal at Moderate Risk
Meezan Islamic Income Fund	Medium	Principal at Medium Risk

Dated

Signature of Principal / Joint Account Holders(s)

Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

1. 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 investor can lose money
3. I have not made or implied any guarantee with respect to return or investment amount
4. I have not quoted any fixed return percentage or amount to the investor
5. I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

Name & Signature of Sales Agent

Name & Signature of Immediate Supervisor

Date

Date