



Investor Account Opening Form for Individual

Life ko Plan karo...
Aaj se!

Pure. Profit.

For Office use only

No. AMIM-01-11-2018

Day	Month	Year

Customer ID	
Portfolio No.	

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY IF MENTIONED OTHERWISE . ANNEXURE I MUST BE FILLED BY EVERY INVESTOR

TYPE OF ACCOUNT:	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Minor	<input type="checkbox"/> MTPF
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PRINCIPAL ACCOUNT HOLDER

Name (as per CNIC) Mr. / Mrs./Ms. / M/s:	
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Father/ Husband's Name:	
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CNIC/NICOP/Passport:	CNIC Expiry Date:
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<input type="checkbox"/> Single	<input type="checkbox"/> Married	Nationality :	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim	Date of Birth:
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Address:	
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City:	Country:	Email:
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CONTACT DETAILS (Provide at least one)

Tel-Res:	Office:	Mobile:
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In case of minor account	Relationship with Principal
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Name of Guardian:	
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Guardian CNIC:	CNIC Expiry Date:
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BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS

Bank Account No. :	Bank:
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Branch:	City:
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JOINT ACCOUNT HOLDERS (For Joint Account)

Joint Holder 1	Relation with Principal:	Customer ID (if any):
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Name:	
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CNIC/NICOP/Passport:	
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Joint Holder 2	Relation with Principal:	Customer ID (if any):
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Name:	
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CNIC/NICOP/Passport:	
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ACCOUNT OPERATING INSTRUCTION (for Joint Account Only)

<input type="checkbox"/> Principal Account Holder Only	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly by any two	<input type="checkbox"/> Jointly by all
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DIVIDEND MANDATE

Cash Dividend:	<input type="checkbox"/> Re-invest	OR	<input type="checkbox"/> Provide Cash	Stock Dividend:	<input type="checkbox"/> Issue bonus units	OR	<input type="checkbox"/> Encash bonus units
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DETAIL ABOUT MEEZAN TAHAFUZZ PENSION FUND (MTPF) ACCOUNT (For MTPF Account)

Expected Retirement Age:	
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Please select any one Allocation Scheme of your choice

<input type="checkbox"/> High Volatility	<input type="checkbox"/> Medium Volatility	<input type="checkbox"/> Low Volatility	<input type="checkbox"/> Lower Volatility	<input type="checkbox"/> Life Cycle Plan
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<input type="checkbox"/> Variable Volatility (please select one)	<input type="checkbox"/> 100% Debt	<input type="checkbox"/> 100% Equity	<input type="checkbox"/> 100% Money market	100% Gold
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_____	_____	_____
Principal Account Holder	Joint Account Holder 1	Joint Account Holder 2



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NOMINATION DETAIL (Optional)		(For Single and MTPF Account)
NOMINEE 1		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
NOMINEE 2		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
NOMINEE 3		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER		(Mandatory for compliance with regulatory requirements)
Occupation: <input type="checkbox"/> Government Services <input type="checkbox"/> Private Services <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student		
Source of Income: <input type="checkbox"/> Business/ Self-owned <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Inheritances <input type="checkbox"/> Remittances <input type="checkbox"/> Savings <input type="checkbox"/> Stocks/Investment		
Name of Employer/ Business (if Applicable):		
Please describe if Yes is selected		
Has any Financial Institution ever refused to open you account? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you acting on behalf of any other person? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you holding a senior position in any government institution? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you holding a senior position in any political party? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Do you deal in high value items such as Gold, Silver, Diamond etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Where did you hear about us (Optional): <input type="checkbox"/> News paper / Advertising <input type="checkbox"/> Email / SMS <input type="checkbox"/> Team Member of Al Meezan <input type="checkbox"/> Social Media <input type="checkbox"/> Telemarketing <input type="checkbox"/> Distributors <input type="checkbox"/> Web Site <input type="checkbox"/> Others: Please specify _____		
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)		
I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.		
<p>_____</p> <p>Signature of Principal / Joint Account Holder(s)</p>		
APPLICATION CHECK LIST		(to be filled by Sales Officer)
Individual: <input type="checkbox"/> Copy of CNIC(s) <input type="checkbox"/> Business / Employment proof <input type="checkbox"/> Zakat Declaration (where applicable) <input type="checkbox"/> Others <input type="checkbox"/> Copy of Form B <input type="checkbox"/> Health Questionnaire (where applicable) <input type="checkbox"/> FATCA Form		
Risk Category: <input type="checkbox"/> High <input type="checkbox"/> Low		
Sales Person Name and Code	Reporting Date & Person	Stamp of Distributor
	Remarks	Transfer Agent
Note :		
MTPF offers free takaful coverage for customers (Conditions apply). To avail free Takaful you have to fill health questionnaire form . For more details ask your Sales or Customer Services officer or call 0800-42525.		
Al Meezan Investments offers wide range of Value added Services, including Mobile Transaction Alert Services, E-Transactions Member Services Area, Internet Banking Services, Meezan Easy Cash, ATM Facility, Email Services and SMS Services. For details please visit www.almeezangroup.com or Call 0800-42525.		

FATCA Form – Individual Account

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Al Meezan Investment Management Ltd. (Al Meezan) is required to request certain taxpayer information from certain persons who maintain an account at Al Meezan (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill Al Meezan's requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

(1) This section must be completed by any individual who wish to open an account.

(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

A. Title of Account (IN BLOCK LETTERS): _____

B. CNIC# _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: None USA Other _____

E. Place of Birth: City _____ State _____ Country _____

Please tick 'V' to appropriate check box		Documentation Required
1. Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
2. Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you hold a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
5. Standing instructions to transfer funds to an account maintained in USA.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have US residence/ mailing/ Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
8. Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

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

Signature: _____

Declaration:

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

Subject to applicable local laws, I hereby consent for Al Meezan to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that Al Meezan may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify Al Meezan within 30 calendar days if there is a change in any information which I have provided to Al Meezan.

I will indemnify and hold harmless Al Meezan 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 Al Meezan in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____ Signature: _____



RISK PROFILE FORM

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To be filled by investor:

Name	
Portfolio No.	

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:

Age(in yrs):	1. Above 60	2. 50-60	3. 40-50	4. Below 40
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Risk- Return Tolerance Level 1. Lower Risk, Lower Returns 4. Medium Risk, Medium Returns 8. Higher Risk, Higher Returns	Monthly Savings: 2. Rs. 25,000- Rs. 150,000 3. More than Rs. 150,000	Occupation: 1. Retired 2. Housewife/ Student 3. Salaried 4. Business/ Self-employed
Investment Objective: 2. Cash Management 4. Monthly Income 8. Capital Growth/ Long term savings/ Retirement	Your level of knowledge of Investments and Financial markets? 2. Limited/Basic/Average 3. Good/Excellent	Investment Horizon: 2. Less than 6 months 4. Less than 1 year 6. 2- 3 years 8. More than 3 years

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

	Scores	Investor Portfolio	Fund
Calculate your Ideal Portfolio	33-38	Aggressive	Equity
	24-32	Balance	Balanced
	15-23	Stable	Income
	11-14	Conservative	Money Market

NOTE:
I understand and agree that as per my Risk Profile Al Meezan Investments has Suggested me above fund category but I can/may invest in any other fund category as per my discretion.

نوٹ: میں اس بات کو سمجھتا/سمجھتی ہوں اور متفق ہوں کہ لمیز ان نے مندرجہ بالا فنڈ کی نگہ میری رسک پروفائل کے مطابق تجویزی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کی نگہ میں انویسٹمنٹ کر سکتا/کر سکتی ہوں۔

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and 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.

Signature of Principal / Joint Account Holder(s)

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



CRS Form for Tax Residency Self Certification For Individuals, Joint Accounts (CRS-I)

Customer ID
(For Official Use Only)

Please read these instructions carefully before completing the form

Chapter XIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require Al Meezan Investment Management Limited to collect and report certain information about each person's tax residency. If your tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms in the Glossary of Terms provided at page 3 of this form.

Please complete this form if you are an individual, a sole trader or sole proprietor. Please use a separate form for each individual of a Joint Account. In case of Minor Account, guardian should complete this form on behalf of account holder i.e. minor.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

PART 1 ACCOUNT HOLDER INFORMATION	
Name of Investor	Date of Birth
Place of Birth	City: Country:
Current Residence Address	Mailing Address (Complete only if different from current address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City:	City:
Province/State:	Province/State:
Country:	Country:

PART 2 CRS – DECLARATION OF TAX RESIDENCY <i>(Please refer to Appendix – I for your tax residency status)</i>
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I am tax resident of Pakistan or/and USA **ONLY**.

- Yes (Proceed to Part 4)
- No (Proceed to Part 3)



CRS Form for Tax Residency Self Certification For Individuals, Joint Accounts (CRS-I)

PART 3 COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. . Please refer to the OECD website for more information on tax residency <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

If Tax Identification Number (TIN) is not available, please tick (✓) the appropriate box with reason **A, B or C** as defined below and provide Supporting Evidence:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (*Please provide reasons if this is selected*)

Reason C - No TIN is required. (Note: Only select this reason, along-with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

	Country(ies) of Tax Residence	TIN or Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	Reason C
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Reason B selected, please explain in the following box(es) why you are unable to obtain a TIN or Functional Equivalent

1	
2	
3	

PART 4 DECLARATION 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 Al Meezan Investment Management Limited setting out how Al Meezan Investment Management Limited 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 declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

Investor's Signature _____

Date _____



Group Family Takaful Scheme Health Questionnaire

To be completed by Depositor



Section 1: PERSONAL INFORMATION

Mr. Mrs. Miss Name: _____

Date of Birth: _____ CNIC Number: _____ Contact No: _____

Residential Address: _____

Title of Business: _____ Office Telephone: _____ Fax No: _____

Designation: _____ Exact Daily Duties: _____ Email Address: _____

Office Address: _____

Account Opening Date: _____ Account Number: _____ Customer ID: _____

Type of Allocation Plan: MFPP - Aggressive MFPP - Moderate MFPP - Conservative

Type of Investment Account:

<input type="checkbox"/> Hajj Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Education Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Home Builder Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Wedding Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____

Height: _____ feet / _____ inch Weight: _____ Kg / _____ Lbs Do you use tobacco or alcohol? No Yes _____ Specify quantity

Section 2: MEDICAL DECLARATION (to be completed by proposed investor).

Before returning this form to your bank, please fold and staple the bottom half of the form to this line to conceal your answers to the medical questions below.

Provide details for any "Yes" answers below. Use a separate sheet if necessary.

1 Have you had any injury, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five years? Yes No

2 Have you ever had:

A. High Blood Pressure, Heart Disease, or Arteriosclerosis? Yes No

B. Mental Illness, Stroke, or Epilepsy? Yes No

C. Cancer, Diabetes, or Nephritis? Yes No

D. Any problem with the back or spine? Yes No

E. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or an immune system disorder? Yes No

3 Are you now unable to work full time because of any disorder or disease? Yes No

4 Do you take regular medication for Treatment or Control of any condition or ailment? Yes No

5 Do you contemplate any operation or visit to a doctor for an existing injury or ailment? Yes No

6 During the last 2 years, have you been involved in any type of hazardous occupation or avocation? Yes No

For Females only: Are you pregnant, or have you ever had any gynecological, obstetrical or breast disease / medical condition? Yes No

	Injuries, Disease, Disorders & Operation	Month, Year	Duration	Result	Name and Address of Health Care Providers consulted
Example. 	Road Traffic Accident	January, 2001	3 days hospitalization	Fracture	Dr. Saleem, AKUH, Karachi

Authorization and Declaration - Please read and sign below:

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.

For Underwriting and claim purposes, I give my permission to: Any physician or other medical practitioner, hospital, clinic, other medical or medically related facility, takaful/ insurance company, or employer to give Pak-Qatar Family Takaful Limited or its authorized representative ALL INFORMATION on my behalf including copies of records with reference to any sickness, accident disability, treatment, examination medical investigation, advise or hospitalization underwent.

I hereby apply for the Family Takaful coverage under the terms and conditions of the master Participant Membership Document. In case, if the basis of coverage is Contributory, I certify that I shall pay the contribution mentioned above to the participant discontinuation of which terminates my takaful cover automatically. In case however, if the basis of coverage is Non-Contributory, I certify and know that the discontinuance of Takaful Contribution by the participant on my behalf to the Takaful Company will terminate my Family Takaful over automatically.

A photocopy of this form will be as valid as the original.

Date of Statement: _____ / _____ / _____ Investor's Signature _____

Please affix your signature as on CNIC.

Declaration by the Policyholder/Financer/Employer

I/We hereby confirm that the information provided above is true to the best of our knowledge, belief and record. I/We also confirm having read and understood the terms of Master Participant Membership Document (PMD), and also understand that such benefits are payable subject to and in accordance with the terms of the Master Participant Membership Document (PMD), where applicable.

Date of Statement: _____ / _____ / _____ AMI's Representative Signature _____

Please affix official stamp/seal with signature



For MFPF Plans and Takaful Coverage Details

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Day	Month	Year

Portfolio No.	
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NOTE: ALL FIELDS IN THE FORM ARE MANDATORY

Name (as per CNIC) Mr. / Ms. / M/s:	
Contact No.:	

Selection of Plan (Please tick the appropriate Plan)

Education Savings Plan
 Wedding Savings Plan
 Home Builder Plan
 Hajj Savings Plan

Allocation Scheme

Aggressive
 Moderate
 Conservative

Plan Maturity and Term

Date of first investment		Term of Plan (min 3 years / max 18 years)
Plan Maturity Date		

Investment Details

Initial Investment amount		Investment amount in words
Date	Cheque Number	Bank Name
		Branch
Subsequent Investment amount		Investment amount in words

Frequency of payment
 Monthly
 Quarterly
 Semi-annually
 Annually

Mode of payment

Standing Instruction from attached (SIP)
 Standing instruction to the employer to debit contribution from salary and credit in favor of scheme
 Post dated cheques based on frequency of contribution

Number of cheques		Amount per cheque (Rs.)	
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Declaration And Specimen Signature of Account Holder.

I/We hereby confirm to all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplement Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual fund. I give my consent to the deduction of Takaful premium through redemption from my MFPF account every month or at a frequency mutually agreed between Al Meezan Investments and the Takaful Company. Further, I consent to rate revisions by the Takaful Company in view of internal company policies or changes in market dynamics.

Signatures of Principal Account Holder

Note: Takaful coverage is subject to applicable terms & conditions and submission of all required documents. Further, coverage shall initiate subsequent to the clearance by the Takaful Company as per their underwriting criteria.

For Office Use only

Information Regarding Takaful Coverage

Takaful initiation date	
Takaful coverage amount (Rs.)	Current applicable Takaful rate

Application Check List
 Account Opening Form for individual (for New Investor)
 Health Declaration Form

Conversion Form (in case of conversion from other funds/plans)
 SIP Form



For MFPF Plans and Takaful Coverage Details

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Form Received By	Name and Signatures of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	Reporting Date	Signature & Stamp of Transfer Agent
	Order Number	

TITLES FOR AL MEEZAN FAMILY OF FUNDS

NOTE: DETAILS OF NAME OF FUNDS, TYPE OF FUNDS AND ACCOUNT PAYEE TITLE

Meezan Financial Planning Fund of Funds-Plans	Allocation Scheme		ACCOUNT PAYEE TITLE
	MIF (Equity)	MSF (Income)	
Meezan Financial Planning Fund of Funds (MFPF) Aggressive Allocation Plan	65%*	25%*	CDC Trustee MFPF Aggressive Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Moderate Allocation Plan	45%*	45%*	CDC Trustee MFPF Moderate Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Conservative Allocation Plan	20%*	70%*	CDC Trustee MFPF Conservative Allocation Plan

*Minimum Allocation

TAKAFUL RATE SCHEDULE

Below is the applicable age-based Takaful Schedule according to which Takaful deductions shall be made from the investor's account:

Age-band	Rate per 1,000 of Takaful Sum
18 - 25	0.56
26 - 30	0.80
31 - 35	1.11
36 - 40	1.59
41 - 45	2.45
46 - 50	4.38
51 - 55	9.98



STANDING INSTRUCTIONS FORM For subscribing of MFPF Savings Plan (SIP)



Meezan Bank
The Premier Islamic Bank

Pure. Profit.

Day	Month	Year

Portfolio No.	
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PRINCIPAL ACCOUNT HOLDER				
Name (as per CNIC) Mr. / Ms. / M/s:				
CNIC/NICOP Number		Contact Details		
DEBIT INSTRUCTIONS DETAILS FOR MEEZAN BANK LTD				
Bank Account Number	Branch Code	Branch Name	Amount Rs.	Amount in Words
<p>I/we herby authorize Meezan Bank Limited to debit by /our account with aforementioned amount and credit the respective collection account of the funds mentioned below on the 10th of every month if its a working day , or on subsequent working day and credit the amount as per the details given below</p> <p>DECLARAION : (with rubber stamp in case of Corporate Client) I/We herbyconfirm that all information provided in this form is true and correct to the best of my knowledge . I also confirm having read and understood the Trust Deeds,Offering Documents,Supplement Trust Deeds and Supplemental Offering Documents that govern the transaction and further acknowledge understanding of the risk involved in mutual funds.</p> <p style="text-align: center;"> _____ _____ _____ Principal Account Holder Joint Account Holder 1 Joint Account Holder 2 </p>				

CREDIT INSTRUCTION / INVESTMENT DETAILS			
Name of Beneficiary of Investment		Portfolio No. of Beneficiary of Investment	
Fund	Fund Collection Account Number	Contribution Amount (Rs.)	Contribution In Words
MFPF -Aggressive	0103-0101163925		
MFPF -Moderate	0103-0101163956		
MFPF Conservative	0103-0101163951		
Name of Savings Plan <input type="checkbox"/> Hajj Plan <input type="checkbox"/> Wedding Plan <input type="checkbox"/> Education Plan <input type="checkbox"/> Home Plan			
Frequency of Debit <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual			

NOTE:

- The form needs to be verified from the respective branch of Meezan Bank
- If the funds are not received within 3 working days then NAV of above date will not be entertained
- All the payments will be executed on the 10th of each period and accordingly offer prices of that date will apply . In case of holiday or closed period on that date the offer prices of the first subscription date of the respective fund shall apply .
- The unit Holder may unsubscribe by filling an application

Branch Use Only		Authorized Person at Branch		Reporting Date	Signatures and Stamp of Distributor
Distributor Branch					
TA and WMO Use Only		STO Authorized By		STO MBL Input	STO MBL Authorized
STO Input By					

Remarks