



**MEEZAN TAHAFUZ PENSION FUND  
CHANGE OF ALLOCATION PLAN**

*Life ko Plan karo...  
Aaj se!*

**Pure. Profit.**

Day	Month	Year

Portfolio No.	
---------------	--

<b>PRINCIPAL ACCOUNT HOLDER</b>	
Name (as per CNIC) Mr./Ms./Mrs./M/s:	
Contact Number:	

<b>DETAILS OF ALLOCATION PLAN</b>	
<b>Existing Plan: (Please Select Current Allocation)</b> <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 <input type="checkbox"/> Volatility Allocation Scheme <input type="checkbox"/> 100% Debt <input type="checkbox"/> 100% Equity <input type="checkbox"/> 100% Money Market   100% Gold	<b>New Plan: (Please Select One of the Following)</b> <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 <input type="checkbox"/> Volatility Allocation Scheme <input type="checkbox"/> 100% Debt <input type="checkbox"/> 100% Equity <input type="checkbox"/> 100% Money Market   100% Gold

<b>DECLARATION AND SPECIMEN SIGNATURE OF ACCONT HOLDER(S)</b>
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.
<hr style="width: 30%; margin: 0 auto;"/> Signatures of Principal Account Holder

<b>Form Received By</b>	<b>Name and Signatures of Reporting Agent</b>	<b>Order Authorized By</b>
<b>Signature and Stamp of Distributor</b>		
	<b>Reporting Date</b>	<b>Signature &amp; Stamp of Transfer Agent</b>
	<b>Order Number</b>	



Pure. Profit.

## GUIDELINES FOR COMPLETING FORM FOR CHANGE OF ALLOCATION PLAN

This Form is required to be filled if Participant decides to change his/her current allocation plan.

### INFORMATION ABOUT PARTICIPANT

1. Please make sure that all information mentioned in the form has been provided correctly.
2. Information about Registration ID, CNIC and NTN numbers is mandatory.

### DETAILS OF ALLOCATION PLAN

1. Please mention the current allocation plan.
2. Select one plan for future allocation

Maximum Allocation			
Annual Returns	Equity Sub-Fund	Debt Sub Fund	Money Market Sub-Fund
High Volatility	80%	20%	Nil
Medium Volatility	50%	40%	10%
Low Volatility	25%	60%	15%
Lower Volatility	Nil	60%	40%
Life Cycle Plan	Meezan Life Cycle Plan (MLCP) is an allocation scheme allowing participants to allocate their contributions according to a planned asset allocation table as per their age.		

### OTHER INSTRUCTIONS

1. Participant is allowed to change his/her allocation plan two times in one year.
2. Without complete details and signature of Participant on form, the officer at distributor's office will not accept the form.
3. In case the Participant is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by two witnesses.

**If you have any questions or need additional information,  
please call: 0800-42525 (0800- HALAL) or [info@almeezangroup.com](mailto:info@almeezangroup.com)**