



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

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

Pure. Profit.

AMIM-02-2019

Day	Month	Year

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

DETAILS OF NEW ALLOCATION PLAN	
New Plan: (Please select any one of the following)	
<input type="checkbox"/> High Volatility	<input type="checkbox"/> Medium Volatility
<input type="checkbox"/> High Volatility- with Gold	<input type="checkbox"/> Medium Volatility- with Gold
<input type="checkbox"/> 100% Debt	<input type="checkbox"/> 100% Equity
<input type="checkbox"/> Low Volatility	<input type="checkbox"/> Low Volatility- with Gold
<input type="checkbox"/> Low Volatility- with Gold	<input type="checkbox"/> 100% Money Market
<input type="checkbox"/> Lower Volatility	<input type="checkbox"/> Life Cycle Plan
<input type="checkbox"/> Life Cycle Plan	<input type="checkbox"/> 100% Gold

Guidelines / Instructions:

1. This Form is required to be filled if Participant decides to change his/her current allocation plan.
2. Please make sure that all information mentioned in the form has been provided correctly.
3. Information about Registration ID, CNIC and NTN number is mandatory.
4. Participant is allowed to change his/her allocation plan two times in one year.
5. Without complete details and signature of Participant on form, the officer at distributor's office will not accept the form.
6. 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.

DECLARATION AND SPECIMEN SIGNATURE OF ACCONT HOLDER(S)
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 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;"/> Signature(s) of Principal Account Holder

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	