



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

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

Pure. Profit.

AMIM-01-2020

Day	Month	Year

Portfolio No.	
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PRINCIPAL ACCOUNT HOLDER

Name (as per CNIC) Mr./Ms./Mrs.:

Contact Number:

DETAILS OF NEW ALLOCATION PLAN

Allocation (Plans)	Select only one	Equity Sub Fund	Debt Sub Fund	Money Market Sub Fund	Gold Sub Fund	
High Volatility	<input type="checkbox"/>	65% to 80%	Min. 20%	Nil	Nil	
Medium Volatility	<input type="checkbox"/>	35% to 50%	Min. 40%	Min. 10%	Nil	
Low Volatility	<input type="checkbox"/>	10% to 25%	Min. 60%	Min. 15%	Nil	
Lower Volatility	<input type="checkbox"/>	Nil	Min. 40%	Min. 40%	Nil	
High Volatility with Gold	<input type="checkbox"/>	Min. 40%	Min. 20%	Nil	Max 25%	
Medium Volatility with Gold	<input type="checkbox"/>	Min. 20%	Min. 40%	Min. 10%	Max 15%	
Low Volatility with Gold	<input type="checkbox"/>	Min. 05%	Min. 60%	Min. 15%	Max 05%	
Variable	Equity Sub Fund	<input type="checkbox"/>	100%	Nil	Nil	
	Debt Sub Fund	<input type="checkbox"/>	Nil	100%	Nil	
	Money Mkt Sub Fund	<input type="checkbox"/>	Nil	Nil	100%	
	Gold Sub Fund	<input type="checkbox"/>	Nil	Nil	Nil	100%
Life Cycle	18-30 Years	<input type="checkbox"/>	80%	20%	Nil	Nil
	31-40 Years	<input type="checkbox"/>	65%	25%	10%	Nil
	41-50 Years	<input type="checkbox"/>	50%	30%	20%	Nil
	51-60 Years	<input type="checkbox"/>	40%	30%	30%	Nil
	61 years & above	<input type="checkbox"/>	10%	40%	50%	Nil

* The above allocation is subject to the discretion of Fund Manager as per the provision in Offering Document of MTPF.

** Re-balancing of Sub-funds as per the respective allocation is conducted at least once in a year in compliance with the regulatory requirements.

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 Portfolio ID is mandatory.
4. Participant is allowed to change his/her allocation plan two times in one fiscal year.
5. Without complete details and signature of Participant on form, the officer at distributor's office will not accept the form.

DECLARATION AND SPECIMEN SIGNATURE OF ACCONT HOLDER

I hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I understand and agree that Al Meezan Investment Management Limited (Al Meezan) has suggested me a specific Allocation scheme as per my risk profile. However, I reserve the discretion to invest in any other Allocation scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold Al Meezan responsible for any loss which may occur as a result of my decision. I further confirm that I have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern this transaction.

Signature of Principal Account Holder

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