

Please Select One:

- Atlas Monthly Pension Plan
(An Income Payment Plan offered under APF)
- Atlas Islamic Monthly Pension Plan
(An Income Payment Plan offered under APIF)



CHANGE OF ALLOCATION SCHEME

PARTICIPANT DETAILS

Name: _____ Date of Change: _____

Individual Income Payment Account No: _____

Date of last change of allocation Scheme: _____

ASSET ALLOCATION DETAILS

I wish to change my existing Allocation Scheme to the Allocation Scheme as marked below:

Please read the Details of Allocation Schemes Form before selecting your Allocation Scheme.

Allocation Scheme: (please select one box only)

i) Life Cycle Allocation Scheme:

AGE RANGE	EQUITY SUB FUND	DEBT SUB FUND	MONEY MARKET SUB FUND
Between 60-65 years	15%	40%	45%
Between 65-70 years	5%	45%	50%
Between 70-75 years	0%	40%	60%

ii) Customized Allocation Scheme:

AGE RANGE	EQUITY SUB FUND	DEBT SUB FUND	MONEY MARKET SUB FUND
Between 60-75 years	Range (0%-100%) _____%	Range (0%-100%) _____%	Range (0%-100%) _____%

YOUR DECLARATION AND CONFIRMATION

1. I agree to be bound by, and to comply with the provisions of the Trust Deed dated June 08, 2007 establishing the Atlas Pension Fund (APF) or Trust Deed dated August 31, 2007 establishing the Atlas Pension Islamic Fund (APIF), the Offering Document/Supplementary Offering Documents of APF & APIF and the Voluntary Pension Rules, 2005 governing the Pension Fund and the Income Tax Ordinance, 2001 governing the taxation matter for the Pension Fund.

2. I have read the respective Offering Document/ Supplementary Offering Documents and fully understand the investment objective, strategies i.e. investment policy and risk factors applicable to the various Sub-Funds and Allocation Scheme.

3. I have read and understood the Allocation Policy and I have selected the Allocation Scheme after assessing the risk/ return factors of each Allocation Scheme and I understand the risk associated with the Allocation Scheme selected by me.

4. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Pension Fund Manager and am full aware of the risk associated with my selection of the Allocation Scheme.

5. I understand that I can change my allocation scheme Twice in a financial year or as allowed by the Commission from time to time and that my entire accumulated balance of my individual Income Payment Plan Account shall be rebalanced inline with my new selected allocation scheme.

Your Signature _____

Your Name (in full) _____

Date of Signing _____

PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Atlas Monthly Pension Plan Atlas Islamic Monthly Pension Plan

Received from Mr./Mrs./Ms.:	Date:	Authorized Branch: (Distributor Code) (Stamp)
Application for Change of Allocation Scheme:	Time:	
New Allocation Scheme Selected:	Distributor:	
Effective Date:	(Name & Signature)	

Missing Information (if any) _____

For office use only:

Sales Agent Information

Sales Agent's Name	Sales Agent's Code	Date & Time of Receiving Form	Authorized Signature & Stamp

Distributor's Information

Distributor's Name	Distributor's Code	Code	Transaction Date & Time

Name of the Authorized Person at Distribution Centre	Authorized Signature & Stamp

For Registrar Use Only

Request Form Received On (Date & Time)	Date Verified By	Data Input By

Authorized Signature