

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)

PARTICIPANT REGISTRATION FORM FOR INCOME PAYMENT PLAN

(To be completed by Pension Fund Manager)

Date of Joining: _____ Individual Pension Account No. _____

You are required to fully complete all sections below and sign the declaration.

YOUR DETAILS

Name: _____ Gender: Male Female

Name of Father/Husband: _____ Date of Birth: _____
(DD) (MM) (YY)

Mailing Address: _____ Nationality: Pakistani Non-Resident Pakistani

City: _____ Country: _____

Permanent Residential Address: _____
City: _____ Country: _____

Telephone: _____ Mobile: _____ Email: _____ NTN: _____

INVESTMENT DETAILS

Date of Investment: _____ Investment Amount Rs. _____ Rupees in words: _____

INCOME PAYMENT PLAN DURATION

The monthly income from IPP shall be exempted from income tax under clause 23B of Part 1 of the second schedule of the Income Tax Ordinance, 2001, provided that the IPP is constituted for a minimum of ten years.

 Ten Years Fifteen Years If any other, please specify: _____
ASSET ALLOCATION DETAILS

Please select the allocation scheme according to which your contribution shall be allocated in the sub-funds of Income Payment Plan offered under Atlas Pension Fund/Atlas Pension Islamic Fund.

Please read the relevant Offering Document and the details of each allocation scheme provided separately to fully understand the risk/return profile of that scheme.

Any one of the below mentioned scheme for allocation of your contributions can be selected. Please tick the box corresponding to your chosen allocation scheme and fill in the percentages.

 Option - 1

Total balance will be invested and paid in installments during the selected period of Income Payment Plan. The allocation available under this option are:

Allocation Scheme	Atlas Pension Fund				Atlas Pension Islamic Fund		
	Equity Sub Fund	Gold Sub Fund*	Debt Sub Fund	Money Market Sub Fund	Equity Sub Fund	Debt Sub Fund	Money Market Sub Fund
Customized Allocation Scheme	Up to 50% _____	Up to 25% _____	Up to 75% _____	Up to 100% _____	Up to 50% _____	Up to 75% _____	Up to 100% _____

*Provided that the total of allocation between Equity Sub Fund and Gold Sub Fund remains within 50%

 Option - 2

(a) 80% out of the total balance will be invested in Money Market Sub Fund

(b) The remaining 20% balance will be invested according to the investor's desired risk exposure, within the prescribed allocation limits. The allocation options available under the plan are:

 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 66-70 years	5%	45%	50%
Between 71-75 years	0%	40%	60%

 ii) Customized Allocation Scheme:

Plan Duration	EQUITY SUB FUND	DEBT SUB FUND	MONEY MARKET SUB FUND
Up to Fifteen years	Range (0%-100%) _____	Range (0%-100%) _____	Range (0%-100%) _____

Note: If the Participant does not choose any allocation scheme, his investment would be allocated according to profile and age of the participant in life cycle allocation scheme until such time the participant selects any allocation scheme.**PAYMENT INSTRUCTIONS** Please send the cheque for the monthly pension payment/Withdrawal at my registered address

Full Address with Postal Code: _____

 Please send directly to the Bank as per following particulars:

Account Title: _____ Account No.: _____

Name of Bank: _____ Bank Address with Postal Code: _____



PREVIOUS PENSION ARRANGEMENT

Have you ever previously been a member of any voluntary pension fund established under Voluntary Pension System Rules, 2005.

Yes No

If yes, please provide the following details:

Name of Pension Fund Manager: _____

Individual Pension Account #: _____

Date of Joining: _____

Are you still a member:

Yes No

If no, Date of Leaving: _____

For more than one accounts with multiple fund managers, please give details separately.

NOMINATION FORM

Please fill and attach the Nomination Form.

YOUR DECLARATION AND CONFIRMATION

- 1 I agree to be bound by, and to comply the provisions of the Trust Deed dated June 8, 2007 establishing the Atlas Pension Fund (APF) OR Trust Deed August 31, 2007 establishing Atlas Pension Islamic Fund (APIF), the Offering Document/Supplementary Offering Document of APF or APIF and the Voluntary Pension System Rules, 2005 governing the Pension Fund/ Income Payment Plan and the Income Tax Ordinance, 2001 governing the taxation matter for the Pension Fund.
- 2 I have read the respective Offering Document/Supplementary Offering Document and fully understand the investment objectives, 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 scheme policy and I have selected the allocation scheme after fully 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 I am fully aware of the risks associated with my selection of the Allocation Scheme.
- 5 I understand that my withdrawals made from the Income Payment Plan under APF or APIF prior to the end of the plan will result in tax incidence as per existing tax laws.
- 6 I understand that there will be no dividend distributions from the Atlas Monthly Pension Plan/Atlas Islamic Monthly Pension Plan.
- 7 I understand that the units in the sub-funds shall be issued only after my Contribution amount has been realized.
- 8 I understand that it is my responsibility to provide all information at the time of redemption and will not hold Atlas Asset Management liable for any delay caused due to my not providing the information.

I have read over the replies to all the questions in this application form and to the best of my knowledge and behalf, all information given is correct and complete. I understand it is my sole responsibility to keep you updated and will advise/inform Atlas Asset Management Limited of any change of my particulars/ circumstances/ personal details within 30 days of their occurrence.

Your Signature: _____ Your Name (in full): _____ Date of Signing: _____

Documents to be submitted along with form:

Copy of CNIC[National Identity Card(s)]/ NICOP Copy of CNIC/NICOP/ B-Form of nominees (as applicable) | Zakat Affidavit (Where applicable)

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

For Registrar Use Only

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

PARTICIPANT PROVISIONAL RECEIPT (Please take this duly filled in receipt from the Distribution Company before leaving)

Atlas Monthly Pension Plan Atlas Islamic Monthly Pension Plan

Received from Mr./Mrs./Ms.:	Sale No.	Authorized Branch: (Distributor Code) (Stamp)
Total Amount Invested (Rs.)	Date:	
Amount in Word:	Time:	Distributor:
		(Name & Signature)

Along with following documents

Copy of CNIC [National Identity Card(s)]/ NICOP Copy of CNIC/ NICOP/ B-Form for all nominees
 Zakat Affidavit (where applicable) Other _____