

KYC QUESTIONNAIRE (Please describe if YES is selected)

- (i) Has any Financial Institution ever refused to open your account in Pakistan or abroad? Yes No
- (ii) Are you acting on behalf of any other person? Yes No
- (iii) Are you holding a senior position in any public office? Yes No
- (iv) Are you holding a senior position in any political party? Yes No
- (v) Do you deal in high value items such as Gold, Silver, Diamond etc.? Yes No
- (vi) Do you have any links to offshore tax haven countries? Yes No

Instructions & Guidelines

- This form is to be used for opening a Pension Fund account with NBP Funds.
- Applications by Non Resident Pakistanis shall be accepted subject to existing laws provided the subscription amount is paid by means of remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
- Application will be processed as per cut-off timings for the Fund.

Instructions of Allocation Scheme

- Applicant should select one of the Allocation Schemes mentioned in the Form.
- If an Allocation Scheme is not selected, the participant's contribution would be allocated in the Lifecycle Allocation Scheme, until such time the participant selects an Allocation Scheme.
- If sub-fund percentages are not specified within the selected Allocation Scheme, the Pension Fund Manager shall take minimum allocation in the participant's selected Allocation Scheme, while the remaining 15-20% (as the case may be) shall be allocated by the Pension Fund Manager at its discretion.
- Allocation Scheme can be changed on an annual basis subject to the terms and conditions specified in the Offering Documents of the Fund.

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay. In case of Zakat Exemption, Zakat Affidavit shall be provided for the participant. If not submitted, Zakat will be deducted at the time of withdrawal.

- Copy of CNIC/NICOP of participant Zakat Affidavit Copy of Pension Fund's Account Statement Business / Employment Proof
(Incase of exemption) (Incase of transfer from another Pension Fund Manager)
- Declaration of using Business Account FATCA Form CRS Form Sources/Proof of Fund
(Incase of Self Employed)

General Instructions

- Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
- Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable).
- It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, specially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document.
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- Applications completed in all respects and carrying necessary documentary attachments should be submitted at designated NBP Funds offices. Complete lists of NBP Funds offices are available on www.nbpffunds.com
- For assistance in filling this form or information about our products and services call our nationwide help line at 0800-20002.

I/We hereby further declare that

- I have carefully read, understood and, filled the Risk / Return Profiling Questionnaire to ensure suitability of the allocation scheme selected by me.
- My risk profiling may not be consistent with my overall investment objectives and needs which I have determined in my sole and independent discretion. At my sole risk, liability and discretion and despite the contrary advice that may have been given to me by NBP Fund Management Limited and/or its Staff / Representative / Distributor. Therefore, I may decide to choose to invest in allocation scheme which are not consistent with my risk profiling, and are more consistent with My own and independent investment objectives and needs.
- I understand that the allocation scheme I chose to invest may carry risks whereby the value of my investment /contribution may go below the initial investment / contribution amount.
- I understand that I am solely responsible for the self-assessment risk profiling, and its impact on the future value of my investments / contribution.
- I understand that my financial needs may change over time, and I shall be solely responsible for all my current and future contributions and re-allocations, even if these transactions are not in accordance with my risk / investment objectives and even if these transactions result in increase in my investment risk level.
- I understand that if my/our financial or personal circumstances change that may result in a change of my/our investment risk suitability / tolerance level, I / We will immediately approach "NBP Funds" to reassess my / our risk suitability / profiling, in order to evaluate if any changes are required in my / our investments.

Disclaimer

I have understood that the past performance in not necessarily an indicator of future results and there is no fixed or guaranteed return. It should be noted that there will be no dividend distribution by the sub-funds. The Units of the sub-funds of the Pension Fund are not bank deposits and are neither issued by, insured by, obligations of, nor otherwise supported by the Commission, the Stock Exchanges, any government agency, the Trustee or any of the sponsors, shareholders or employees of the Pension Fund Manager or any of the investors of the Seed Capital Units or any other Bank or financial institution. I understand that my withdrawals made from the Pension Fund, would be subject to Income Tax based on applicable Tax rates. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Commission and the Pension Fund Manager and I am fully aware of the risks associated with the investment policy and the allocation policy chosen by me. I also hereby authorize the Pension Fund Manager to deduct applicable premium charges (if Insurance Coverage is availed) from my contribution based on my selected Insurance Cover(s)/Rider(s) and pay the sum to the Insurance Company. I further understand that sub-allocation in sub-fund with equity exposure carries relatively high risk. For further details, please refer to the detailed risk disclosures and disclaimers contained in the Offering Documents, Supplementary Offering Documents and the latest Fund Manager Report available on our website or by calling or writing to us. The use of the name and logo of National Bank of Pakistan does not mean it is responsible for the liabilities/ obligations of the Company (NBP Fund Management Limited) or any investment scheme managed by it.

Date : _____ Participant's Signature: _____

6. FOR OFFICE USE ONLY				
Distributor/Facilitator Name/ Code	Date & Time	Form Received on (Date & Time)	Particulars Verified By Name & Signatures	Data Input By
7. NBP SALES REFERRED BY				
Name	CNIC No:	NBP Employee card No.	NBP Branch address & Code	