

NBP FULLERTON ASSET MANAGEMENT LIMITED

NAFA INVESTMENT FORM - SAVINGS PLAN

Form: NAFA - 02 (B) (Please see guidelines overleaf before completing this form)



NBP Fullerton
Asset Management Ltd.
A Subsidiary of
National Bank of Pakistan

NAFA Account No. _____

WE DO NOT ACCEPT CASH, THEREFORE YOU ARE ADVISED TO PAY ONLY THROUGH THE UNDER MENTIONED PAYMENT MODES.

Date: _____

ہم نقد رقم سے ادائیگی نہیں لیتے اس لئے صرف مندرجہ ذیل طریقے سے ادائیگی کریں

1. ACCOUNT DETAILS (FILL IN BLOCK LETTERS)

Principal Account Holder's Name _____

2. (A) MODE OF INVESTMENT

Please select any one:

Fresh Investment Transfer of Funds from NAFA Mutual Fund Account Folio No. _____ Fund Name _____

2. (B) INVESTMENT DETAILS

Please select any one:

- Low Volatility Plan (LVP)
 Medium Volatility Plan (MVP)
 High Volatility Plan (HVP)
 Customized (You Select) Plan (C-YSP)
(Please specify allocation percentages)
 NAFA Stock Fund (NSF)

Underlying NAFA Funds				
Plan Code	NAFA MONEY MARKET FUND	NAFA SAVINGS PLUS FUND	NAFA ASSET ALLOCATION FUND	NAFA STOCK FUND
LVP	20%	65%	15%	Not Applicable
MVP	5%	50%	45%	
HVP	0%	20%	80%	
C-YSP	___%	___%	___%	
NSF				

3. PAYMENT DETAILS

Amount (Rs.) _____ In words _____

Mode of Payment: Cheque Pay Order Demand Draft Transfer from other Account

Cheque / Pay Order / Demand Draft No. _____ drawn on (Bank & Branch) _____

Cheque / Pay Order / Demand Draft No. _____ drawn on (Bank & Branch) _____

4. UNIT TYPE

1. Growth 2. Income, If income please specify type _____ & interval _____.

If Fixed income, please specify the amount _____ (See overleaf for details)

5. DETAILS FOR LIFE INSURANCE COVERAGE

To avail Life Insurance (both accidental and natural) up to the Sum Covered, please fill the section below. The age limit for Life Insurance is 18-65 years and the sum covered would equal the amount of net investment provided. However, the maximum sum covered will be upto Rs. 3 million per investor. Please read the applicable terms and conditions on the back.

I would like to avail the Life Insurance Coverage. Yes No

BENEFICIARY DETAILS :

Name	1.	2.
Relation with Account Holder	Share	%
Address		
CNIC Number		
Phone Number		
Mobile Number		
Email Address		

6. DECLARATION AND SIGNATURE

INSURANCE

Declaration : I understand, accept and acknowledge that the Insurance Cover provided to me by Jubilee Life Insurance Company Limited is based on my unconditional acceptance of the above Terms and Conditions.

- I hereby certify that I have no health condition or illness that will invalidate my acceptance of the Terms and Conditions mentioned overleaf.
- I hereby certify that I do not pursue any hazardous or dangerous occupation or evocation and that I only perform normal routine activities.
- I hereby certify that I do not have enmity or personal, family or tribal feud or animosity of any kind.
- I hereby certify that all the Exclusions mentioned overleaf are unconditionally acceptable to me.
- I also understand, agree and accept that if any of the clause of Termination of Individual Member mentioned in offering document are invoked, my Insurance Cover will immediately terminate. Furthermore, I understand that I may not be required to undergo any medical examination unless the Company (Jubilee Life Insurance Company Limited) considers necessary and deems otherwise.

OTHERS

- I / We will not claim Repatriation from Pakistan of Dividends and Sales proceeds of the units excepts as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan.
- I / We have read and understood the Trust Deeds and Offering Documents of the underlying Funds / respective Plans and the risks involved, together with the guidelines at the back of the form including maximum rate of sales load charge to me / us.
- I / We, understand that as a result of switching of my existing investments from mutual fund to Savings Plan; my / our risk / return characteristics may change significantly.
- I / We agree to abide by the terms & conditions, rules and regulations of the respective Plan.
- I / We ratify that the information provided in this form is correct.
- I / We understand that Investment in funds with an equity exposure carries relatively higher risk.
- I / We understand that if Investment form is received by NAFA and or Distributor/Facilitator after the cut off time, that transaction will be processed on the next working day and that I / We would not hold NAFA responsible for any loss consequent to such processing of investment form on the next working day.

CNIC of Principal Account Holder _____ - _____ - _____ Date: _____

(Principal Account Holder's Signature) _____

Signature _____

Signature _____

Signature _____

7. DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)

Approached by	Client ID	Distributor / Facilitator Name / Code	Signatures of Distributor / Facilitator	Transaction Date
<input type="checkbox"/> NAFA Sales Staff <input type="checkbox"/> Self				
NBP Referred - Name	Designation	CNIC	Emp. ID / Branch	

9. FOR REGISTRAR USE ONLY

Form received on (Date & Time)	Date and attachments verified by	Data Input by



PLAN NAMES, CODE & SALES LOAD

Plan Name	Plan Code	Sales Load
Low Volatility Plan	LVP	3%
Medium Volatility Plan	MVP	3%
NAFA Stock Fund	NSF	3%

Plan Name	Plan Code	Sales Load
High Volatility Plan	HVP	3%
Customized (You Select Plan)	C-YSP	3%

General Instructions

1. This form is for use by participants who want to make Investment in Savings Plan NAFA.
2. 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.
3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
4. Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable).
5. 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, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document of Savings Plan and the underlying funds.
6. If acknowledgement of the investment is not received within 7 working days, the investor should contact nearest NAFA branch or call our Toll-Free helpline at 0800-20001.
7. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.

Payment Instruction / Guidelines

1. Payment can be made in the form of cheque, demand draft, pay order or online account transfer, Cash will not be accepted.
2. Payment shall be made in favor of "CDC Trustee NAFA Funds"
3. Minimum contribution amount as per details provided in the Offering Document Fund / Savings Plan is Rs. 100,000 for new account and Rs. 5,000 for an existing Account.
4. If payment instrument is returned, the unpaid application will be rejected.
5. Front-end fee (sales load) shall be applied to all investment as per the Offering Document of the Plan.
6. Application will be processed as per cut-off timings for the Fund / Savings Plan.

Unit Type

Unit Type: 1. Growth 2. (a) Fixed Income 2. (b) Flexible Income

1. Please note that if in case of fixed income units, the income required exceeds income earned on the Fund, the principal invested may deplete over time.
2. Interval can be Monthly, Quarterly, Half Yearly or Annually.
3. I authorize NAFA to redeem my units to pay my requested amount at regular intervals based on the above instructions.

Insurance Terms and Conditions

1. Pre-existing conditions

Any Pre-Existing Conditions are defined as;

- a. Condition for which treatment, or medication or advice or diagnosis has been sought or received or was foreseeable prior to the commencement of the insurance coverage for the Insured concerned; or
- b. Condition which originated or was known by the Policyholder or the Insured, to exist prior to the commencement of the insurance coverage whether or not treatment, or medication, or advice or diagnosis was sought or received.

2. Exclusion under Insurance Cover

Insurance Cover under this Policy does not cover death of the Insured resulting directly or indirectly, intentionally or unintentionally, from any of the following causes:

- i. suicide; or
- ii. pregnancy, miscarriage, childbirth or any non-malignant disease occurring in or in connection with the female reproductive organs.
- iii. mental or Psychosomatic disorder or
- iv. self-destruction or self-inflicted injury, while sane or insane, or any attempt thereat; or
- v. over-speeding, racing on the ground, water or air, or engaging in any hazardous past-time or sport; or such as motorcycling, hunting, steeple chasing, mountaineering, winter sport and diving.
- vi. war, declared or undeclared, or any act of war or insurrection, or as a result of a strike, riot, civil commotion or service in any military, naval or air force, or performing police duty as a Insured of any military or naval organization; or
- vii. Enmity or personal, family or tribal feud or animosity of any kind; or
- viii. While under the influence of or as a result of alcohol, drugs (other than on medical advice), or other intoxicants; or
- ix. the commission or attempted commission of an act which would subject the person to civil or criminal penalties, or the contravention of any law; or
- x. service, travel or flight in any kind of aircraft or aerial vehicle except as a fare-paying passenger in an aircraft operated on a regular schedule by an incorporated common carrier for passenger service over its established air route; or
- xi. complications arising from an attempt of murder, homicide, manslaughter, assault, assassination, terrorism, slaying or any malicious or criminal act, whether intentional or unintentional, premeditated or spontaneous, random or targeted, resulting in the death or disability of the insured
- xii. failing to reasonably seek or follow medical advice.
- xiii. any medical condition associated with the Human Immune deficiency Virus (HIV) or its mutations.
- xiv. death occurring due to non-accidental means during Waiting Period.
- xv. any Pre-Existing Condition as defined in the Policy's General Provisions.

- a. for which treatment, or medication or advice or diagnosis has been sought or received or was foreseeable prior to the commencement of the insurance coverage for the Insured concerned; or
- b. which originated or was known by the Policyholder or the Insured, to exist prior to the commencement of the insurance coverage whether or not treatment, or medication, or advice or diagnosis was sought or received.

In the event of ambiguity and/or conflict between the Policy or these Terms and Conditions, the provisions of the Policy in its entirety shall prevail.