

NBP FULLERTON ASSET MANAGEMENT LIMITED

FORM FOR SWITCHING OF SAVINGS PLAN / ISLAMIC SAVINGS PLAN

(FORM: NAFA - 06 B) (Please see guidelines overleaf before completing this form)



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

NAFA Account Number

Date: _____

I / We, being the registered holder(s) of under mentioned Plan(s), apply for the Switching of Plan(s) as specified below in accordance with the provisions of the Trust Deeds & Offering Documents of the underlying Funds.

Name (Principal Account Holder) _____

1. TRANSFER FROM

Name of Plan _____ Plan Code: _____

(Please see Plan names and codes mentioned overleaf)

Amount to be Transferred: (Rs.) _____ Amount In Words (Rs.) _____

Certificates Issued No Yes (In case of certificates issued, kindly attach the issued certificate(s), without which transfer of amount to the other Plan(s) will not be processed)

2. TRANSFER TO

Name of Plan _____ Plan Code: _____

(Please see Plan names and codes mentioned overleaf)

3. DECLARATION

- I / We confirm having filled and signed this application form after having read and understood all the reference notes and the provisions of the Trust Deeds and Offering Documents, the Supplemental Documents of the underlying funds, the risks involved, Supplementary Offering Documents of NAFA Savings Plan and supplementary Offering Documents of NAFA Islamic Savings Plan.
- I / We ratify that the information provided in this form is correct.
- I / We understand that by switching to another Plan, my / our risk / return characteristics may change significantly.
- I / We understand that if switching of Plan 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 switching of Plan form on the next working day.

Signature by Principal Account Holder

Name(s) and Signature(s) of Account Holder(s)

(All Joint Holders shall sign unless the first named is authorized to sign singly)

Name(s)	Signature	Verification (For Official use only)

4. 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	

8. FOR REGISTRAR USE ONLY

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

5. FOR REGISTRAR USE ONLY

Form Received on (Date & Time)	Signature Verified By (Name & Signatures)	Certificates Verified & Defaced By	Redemption Rate	Date Input By



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Guidelines for Completing Switching of Plan Form (NAFA 06 B)

NAFA SAVINGS PLAN NAMES & CODES

Plan Name	Plan Code	Plan Name	Plan Code
Low Volatility Plan	LVP	Hight Volatility Plan	HVP
Medium Volatility Plan	MVP	Customized Plan (You Select Plan)	C-YSP

NAFA ISLAMIC SAVINGS PLAN NAMES & CODES

Plan Name	Plan Code	Plan Name	Plan Code
NAFA Islamic Surmaya Tahaffuz Plan	NISTP	NAFA Islamic Surmaya Izafa Plan	NISIP
NAFA Islamic Putawazan Surmaya Plan	NIMSP	NAFA Islamic Customized Plan (you select Plan)	NI_CYAP

Note: Management Fee is to be charged according to the relevant fund(s)

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER / TRANSFEROR

1. The Account Holder would need to state his/ her/ Account Title and NAFA A/c No. allotted at Account opening stage.
2. The Account Holder would need to mention the Amount to be transferred to other Savings Plan.
3. In case of certificates if issued; kindly attach the issued certificate(s), without which Switching to other plan(s) will not be processed.