



Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

INVESTMENT ALLOCATION FORM

FORM - VPS - 09

Date: _____ Please write in block letters using black ink

Section 1 - Participant's Details

(Full Name in Block Letters)																			
Title	Mr.		Mrs.		Ms.		Registration Number (Participant)												
Participant's Name							Employer's Code (if any)												
							NTN No.												
Distinctive Account Number											-					-		0	1

Section 2 - Details of Allocation

Investment Scheme				Convert Out	Convert In
Aggressive Life Cycle Allocation Scheme					
Progressive Life Cycle Allocation Scheme					
	Equity	Debt	Money Market		
High Volatility Allocation Scheme	80%	20%	NIL		
High Volatility Allocation Scheme	65%	35%	NIL		
Medium Volatility Allocation Scheme	50%	40%	10%		
Medium Volatility Allocation Scheme	35%	52%	13%		
Low Volatility Allocation Scheme	25%	60%	15%		
Low Volatility Allocation Scheme	10%	72%	18%		
Lower Volatility Allocation Scheme	NIL	60%	40%		
Lower Volatility Allocation Scheme	NIL	40%	60%		
Customized Allocation Scheme (between 0% - 100%)	_____ %	_____ %	_____ %		

Section 3 - Acknowledgement/Declaration

I hereby acknowledge having read and understood the relevant Trust Deed, Offering Document, Supplementary Offering Document and the Voluntary Pension System Rules, 2005 that govern this transaction. I further acknowledge that I have no objection to the investment/allocation policy determined by the Commission and I am fully aware of the risks associated with my policy.

I further declare that the information I have given on this Form is complete and correct in all respects.

Participant's Signature

Section 4 - For Official Use Only

Distributor's Information			
Distributor's Name	Distributor's Code	Transaction Code	Transaction Date
Name of the Authorised Person at Distribution Centre			Authorised Signatory

For Registrar Use Only		
Request Form Received On	Data Verified By	Data Input By

Remarks
