

* Mandatory Fields

Select Pension Scheme: AGHP Islamic Pension Fund AGHP Pension Fund

PARTICIPANT INFORMATION: Please write in **BLOCK LETTERS** using black ink

*Name: _____ *CNIC/NICOP / Passport No.

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*Participant Registration No.

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*Date of last change of Allocation Scheme: _____

ASSET ALLOCATION DETAILS:

- Convert-In**
- High Volatility Scheme:** Equity: 70% Debt: 30% Money Market: NIL
 - Medium Volatility Scheme:** Equity: 50% Debt: 40% Money Market: 10%
 - Low Volatility Scheme:** Equity: 10% Debt: 70% Money Market: 20%
 - Lower Volatility Scheme:** Equity: NIL Debt: 50% Money Market: 50%
 - Customized Scheme:** Equity: _____% Debt: _____% Money Market: _____%
- (0 - 100%) (0 - 100%) (0 - 100%)

Convert-Out will be considered from the allocation scheme, where participant holds the balance.

DECLARATION:

I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.

Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only)
	Name: _____ CNIC: _____ Signature: _____	Name: _____ CNIC: _____ Signature: _____

Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name	Code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					Distributor's Stamp with date and time
Branch Name	City	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

Investor Services / Registrar Details (For Office Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

Note: Please note that Allocation Scheme selected at the time of filling in the Participant Registration Form can be changed only twice in a year, through this form.