# Investment Application Form for MFPF Plans and Takaful Coverage Details

Al Meezan mein Itminan hai.

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| Day | Month | Year |
|---|---|---|
| | | |

No.: AMIM 10-2025

| Portfolio No.: | |
|---|---|

**NOTE: ALL FIELDS IN THE FORM ARE MANDATORY**

## Principal Account Holder

| | |
|---|---|
| Name (as per CNIC) Mr. / Mrs./ Ms. / M/s: | |
| Contact No.: | |

## Selection of Plan (Please (✓) tick the appropriate Plan)

☐ Education Savings Plan ☐ Wedding Savings Plan ☐ Home Builder Plan ☐ Hajj Savings Plan

**Allocation Scheme** ☐ Aggressive ☐ Moderate ☐ Conservative

☐ **Plan Maturity and Term** (Term of Plan (min 3 years / max 18 years)

| Date of first investment | | Plan Maturity Date | | Sum of Assured/Covered Amount | |
|---|---|---|---|---|---|

## Investment Details Initial

| Investment Amount (Rs.) | | In words | |
|---|---|---|---|

| Date | Cheque Number | Bank Name | Branch |
|---|---|---|---|
| | | | |

**Frequency of payment** ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

**Mode of payment** ☐ Standing instruction from attached SIP ☐ Standing instruction to the employer to debit contribution from salary and credit in favor of scheme

### Cooling Off Rights for Investors

- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business days commencing from the date of issuance of Investment Acknowledgment Letter.
- Refund can be obtained by submitting written request at any Al Meezan office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.

**Note:**

- Please write your Portfolio No. (if any) or CNIC No. (In case of new investor) on the front of cheque.
- In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that day will be rejected.
- For Name and type of Funds please refer to the next page.
- Please prepare payment instrument - CDC Trustee (fund name/plan name)

| Risk Profile of CIS/Plans | Risk Profile | Risk of Principal Erosion |
|---|---|---|
| Meezan Paaidaar Munafa Plan(s) | Very Low | Principal at Very Low Risk |
| Meezan Cash Fund \| Meezan Rozana Amdani Fund \| Meezan Mahana Munafa Plan(s) | Low | Principal at Low Risk |
| Meezan Daily Income Plan-I \| Meezan Sovereign Fund \| Meezan Super Saver Plan \| Meezan Munafa Plan-I | Moderate | Principal at Moderate Risk |
| Meezan Capital Preservation Plan(s) \| Meezan Islamic Income Fund \| Meezan Strategic Allocation Fund (II) MFPF-Conservative Allocation \| MFPF-Moderate Allocation \| MFPF- Very Conservative Allocation | Medium | Principal at Medium Risk |
| Meezan Islamic Fund \| Al Meezan Mutual Fund \| KSE Meezan Index Fund \| Meezan Gold Fund Meezan Energy Fund \| Meezan Asset Allocation Fund \| MFPF-Aggressive Allocation Meezan Strategic Allocation Fund (III) \| Meezan Balanced Fund | High | Principal at High Risk |

### Declaration and Specimen Signature of Account Holder(s)

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of Al Meezan/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of Al Meezan before relying on the same to enter into any transaction. I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form.

I do hereby confirm that the investment being made is solely my own funds and that the funds beneficially owned by other person(s) will not be used

I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

Signature of Principal / Joint Account Holder(s) with rubber stamp in case of Institutional Clients

**For Office Use only**

## Information Regarding Takaful Coverage

| Takaful initiation date | Takaful coverage amount (Rs.) | Current applicable Takaful rate |
|---|---|---|

## Application Check List

☐ Account Opening Form for individual (for New Investor) ☐ Health Declaration Form

☐ Conversion Form (in case of conversion from other funds/plans) ☐ SIP Form

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# Investment Application Form for MFPF Plans and Takaful Coverage Details

| Form Received By | Name and Signatures of Reporting Agent | Order Authorized By |
|---|---|---|
| | | |
| **Signature and Stamp of Distributor** | **Reporting Date** | **Signature and Stamp of Transfer Agent** |
| | | |
| | **Order Number** | |
| | | |

## TITLES FOR AL MEEZAN FAMILY OF FUNDS

## NOTE: DETAILS OF NAME OF FUNDS, TYPE OF FUNDS AND ACCOUNT PAYEE TITLE

| Meezan Financial Planning Fund of Funds-Plans | Allocation Scheme | | Account Payee Title |
|---|---|---|---|
| | MIF (Equity) | MSF (Income) | |
| Meezan Financial Planning Fund of Funds (MFPF) Aggressive Allocation Plan | 65%* | 25%* | CDC Trustee MFPF Aggressive Allocation Plan |
| Meezan Financial Planning Fund of Funds (MFPF) Moderate Allocation Plan | 45%* | 45%* | CDC Trustee MFPF Moderate Allocation Plan |
| Meezan Financial Planning Fund of Funds (MFPF) Conservative Allocation Plan | 20%* | 70%* | CDC Trustee MFPF Conservat ive Allocation Plan |
| Meezan Financial Planning Fund of Funds (MFPF) Very Conservative Allocation Plan | 0%* | 100%* | CDC Trustee MFPF Very Conservative Allocation Plan |

*Minimum Allocation

## TAKAFUL RATE

Takaful premium Monthly contribution rate shall be 0.0092% (monthly) of outstanding Sum Covered for all eligible enrolled members. The contribution rate will be applicable to all Covered Members and is annually reviewable. Any revision in rates will automatically be applicable to all existing and new Members.

Note: Applicable from July 2019 onwards

Adamjee Life Assurance Co. Ltd.
Window Takaful Operations
Registered Office: Office No. 505, 5th Floor,
ISE Towers, 55-B, Jinnah Avenue, Blue Area, Islamabad.
Principal Office: 3rd and 4th Floor, Adamjee House,
I.I.Chundrigar Road, Karachi - 74000.

## Employee Health Questionnaire for Group Assurance

Name of Employer _____ Group Plan No. _____

Name of Investor/Participant_____ Date of Birth _____

Present Occupation _____ C.N.I.C NO: _____

TEL: (RES) _____ TEL: (OFFICE) _____ TEL: (CELL) _____

Height _____ Weight _____ Gain or Loss past Year _____

Personal Physician (Name and Address) _____

Sum of assured/covered amount _____

Terms (no of year's b/w 3 to 18 _____

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| | Yes | No |
|---|---|---|
| 1) Have you ever had or been diagnosed with any of the following: | | |
| a) High blood pressure, chest pain, stroke or any heart or circulatory trouble? | ☐ | ☐ |
| b) Enlarged glands or any form of cancer, tumour or disorder of the blood? | ☐ | ☐ |
| c) Diabetes mellitus or any disorder of the kidneys, liver or bladder? | ☐ | ☐ |
| d) Any disorder of the stomach or bowels? | ☐ | ☐ |
| e) Any disorder of the joints or vertebral column? | ☐ | ☐ |
| f) Shortness of breath, asthma, bronchitis or any disorder of the lungs? | ☐ | ☐ |
| g) Epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown? | ☐ | ☐ |
| h) Any illness, injury or disability not mentioned above? | ☐ | ☐ |
| If so, please give details (date, duration, treatment, name/address of physicians) on the back signed by yourself. | | |
| 2) a) Are you presently taking medication of any kind? | ☐ | ☐ |
| b) Have you ever been counselled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease? | ☐ | ☐ |
| If so, please give full particulars on the back signed by yourself | | |
| 3) Have any of your natural parents, brothers, sisters died or suffered before age 60 from diabetes mellitus, heart diseases, cancer, stroke, multiple sclerosis, mental or neurological disorders? | ☐ | ☐ |
| If so, please give details (age if living, present state of health, age/cause of death) on the back signed by yourself. | | |
| 4) a) Have you any life assurance or accidental death, disability, critical illness covers in force? | ☐ | ☐ |
| b) Have you applied for any other cover with another company at the time being? | ☐ | ☐ |
| c) Have any application for life, accidental death, disability, critical illness covers ever been declined or modified in plan or rate? | ☐ | ☐ |
| If so, please give details (sum assured, duration, reason for loading, policy interest) on the back signed by yourself. | | |
| 5) Do you smoke? | ☐ | ☐ |
| If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe: | | |
| _____ | | |
| 6) Do you drink Alcohol? | ☐ | ☐ |
| If so, what is your normal weekly consumption of alcohol (please state also whether beer, wine or spirits): | | |
| _____ | | |
| 7) Have you ever taken drugs other than those prescribed by a doctor? | ☐ | ☐ |
| If so, please give details (date, duration, type of drugs) on the back signed by yourself. | | |
| 8) Do you participate or intend to participate in any hazardous pursuits or activities (e.g. diving, motor racing, aviation)? | ☐ | ☐ |
| If so, please give details (e.g. diving depth, type of vehicle, type of aircraft) on the back signed by yourself. | | |

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I.I.Chundrigar Road, Karachi - 74000.

☐ ☐

9) Do you perform any hazardous occupational activities or foreign travels, stays?
If so, please give details (e.g. exact type of hazard, name/region of the country) on the back signed by yourself.

I hereby declare that the foregoing statements and answers are full, complete and true. I agree that they shall be the basis of the issuance of assurance for me under the Group Policy, and the ……. Assurance Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements.

I authorize any physician, nurse, hospital official or employee to disclose to the ……. Assurance Company any and all information regarding my medical history.

| _____ | _____ | _____ |
|---|---|---|
| Place | Date | Signature of Investors/Participant |

**COVID-19 Questionnaire** – This questionnaire should be completed by the applicant.

**Application Number:** ……

**Full name of the proposed participant:** ……..

**Date of birth:** ……..

PLEASE ANSWER FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. Do you currently have or have you had any of the following **symptoms** in the past 14 days?
   - Fever
   - Sore throat
   - Dry cough
   - Myalgia/arthralgia
   - Headache
   - Shortness of breath
   - Fatigue
   - Dysgeusia (distortion of the sense of taste)
   - Anosmia (loss of the sense of smell)

   If yes, please provide further details i.e. dates, duration, treatment, results of investigations (if any), name and address of treating doctor/clinic/hospital.

   ……

   ……

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2. Have you been tested for Covid-19? Yes No

   If Yes: Date of the test: ……

   Result of the test:

   - Covid-19 positive
   - Covid-19 negative

Have you made a complete recovery with no sequelae? Yes No

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3. Within the past 14 days have you had any contact with someone confirmed as infected with the virus ? Yes No

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4. Have you been issued any notice or directive to self-quarantine or stay home (excluding as part of altered employment arrangement) ? Yes No

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**COVID-19 Questionnaire** – This questionnaire should be completed by the applicant.

5. Are you currently residing outside your usual country of residence or have you returned to your usual country of residence within the last 4 weeks? Yes No

   If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

   ……

   ……

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6. In the next three months, do you intend to travel outside your usual country of residence ? Yes No

   If yes, please provide information: Country / City / Date of Travel / Intended Duration

   ……

   ……

I hereby declare that the foregoing statements and answers are true and that no fact has been withheld. I agree that they shall constitute part of my application for life assurance. I understand and accept that failure to disclose a fact or giving false information may invalidate the contract or may result in non-payment of a claim.

Date : …….. Place : …….

Signature of proposed participant:

# Risk Profile Form

Al Meezan mein Itminan

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TO BE FILLED BY INVESTOR

AMIM-06-2023

Help us understand your financial needs better. Kindly fill the form below to give you a customized solution for your investment goals. Circle the below responses as per your choices:

| | |
|---|---|
| Name: | |
| Portfolio No.: | |

Already Provided: ☐ No change in previous details

| | |
|---|---|
| Age (in yrs) | ☐ 1. Above 60 ☐ 2. 50-60 ☐ 3. 40-50 ☐ 4. Below 40 |

**Risk-Return Tolerance Level**

- ☐ 1. Lower Risk, Lower Returns
- ☐ 4. Medium Risk, Medium Returns
- ☐ 8. Higher Risk, Higher Returns

**Monthly Savings**

- ☐ 2. Rs. 1,000-Rs. 25,000
- ☐ 3. Rs. 25,000-Rs. 50,000
- ☐ 4. Above Rs. 50,000

**Occupation**

- ☐ 1. Retired
- ☐ 2. Housewife/Student
- ☐ 3. Salaried
- ☐ 4. Business/Self Employed

**Investment Objective**

- ☐ 2. Cash Management
- ☐ 4. Monthly Income
- ☐ 8. Capital Growth/Long Term Saving/ Retirement

**Your level of knowledge of investments and Financial Markets?**

- ☐ 2. Limited/Basic/Average
- ☐ 3. Good/Excellent

**Investment Horizon**

- ☐ 2. Less than 6 months
- ☐ 4. 6 months to 1 year
- ☐ 6. 1 to 3 years
- ☐ 8. More than 3 years

Now, please add the scores corresponding to your selected choices & calculate in the below table to find your ideal investment fund.

| | Scores | Investor Portfolio | Funds |
|---|---|---|---|
| **Calculate your Ideal Portfolio** | 33-39 | Aggressive | Equity |
| | 24-32 | Balance | Balanced |
| | 15-23 | Stable | Income |
| | 11-14 | Conservative | Money Market |

**NOTE:**

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in Mutual Funds. Further, I/We declare to have understood and completed this entire Risk/Return Profiling Questionnaire.

I/We understand and agree that as per my/our Risk Profile, Al Meezan Investments has suggested the above fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion.

نوٹ:

میں/ہم بذریعہ ہذا تصدیق کرتا/کرتی/کرتے ہوں/ہیں کہ اس فارم میں فراہم کی جانے والی تمام معلومات میرے/ہمارے علم کے مطابق سچ اور درست ہیں۔ میں/ہم یہ بھی تصدیق کرتا/کرتی/کرتے ہوں/ہیں کہ میں/ہم نے ٹرسٹ ڈیڈز، آفرنگ دستاویزات اور ضمنی آفرنگ دستاویزات کو بھی پڑھا اور سمجھ لیا ہے اور مزید یہ تسلیم کرتا/کرتی/کرتے ہوں/ہیں کہ میں/ہم نے میوچل فنڈز متوقع خطرات سے بھی واقف ہوں/ہیں۔ مزید یہ کہ میں/ہم یہ بھی اقرار کرتا/کرتی/کرتے ہوں/ہیں کہ میں/ہم نے خطرات/ریٹرن پروفائل کے سوالنامے کو اچھی طرح سمجھ کر مکمل کیا ہے۔

میں سمجھتا ہوں/ہم سمجھتے ہیں اور اس سے متفق ہوں/ہیں کہ المیزان انویسٹمنٹ نے مجھے/ہمیں فنڈ کی مندرجہ بالا کیٹیگری میرے/ہمارے رسک پروفائل کے بنیاد پر تجویز کی ہے لیکن میں/ہم اپنی صوابدید پر کسی اور فنڈ کی کیٹیگری میں سرمایہ کاری کر سکتا ہوں/کر سکتے ہیں۔

Signature of Principal/Joint Account Holder(s)

| | |
|---|---|
| **Name of Sales Person** | **Name of Manager** |
| **Signature of Sales Person** | **Signature of Manager** |

# Risk Disclosure Statement

AMIM-07-2025

## TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in_____ Fund and the risk level of this fund is mentioned in the table given below. I/We confirm that I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further agree that Al Meezan Investment Management Limited (Al Meezan) has advised us to select a specific fund category as per my/our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کررہے ہیں اوراس فنڈ کے رِسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم المیزان کوکسی بھی نقصان کیلئے ذمّے دارنہیں ٹھہرائیں گے جو میرے/ ہمارے فیصلے کے نتیجے میں ہوسکتا ہے۔میں/ہم مزید اتفاق کرتے ہیں کہ المیزان انویسٹمنٹ مینجمنٹ لمیٹڈ (المیزان) نے میرے/ ہمارے رِسک پروفائل کے مطابق ایک مخصوص فنڈ کیٹگری کی تجویز پیش کی ہے۔تاہم، مجھے/ ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔میں/ ہم مزید تصدیق کرتے ہیں کہ میں/ ہم نے فنڈ مینجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکومنٹ کو پڑھا ہے۔

| Risk Profile of CIS/Plans | Risk Profile | Risk of Principal Erosion |
|---|---|---|
| Meezan Paaidaar Munafa Plan(s) | Very Low | Principal at Very Low Risk |
| Meezan Cash Fund \| Meezan Rozana Amdani Fund<br>Meezan Mahana Munafa Plan(s) | Low | Principal at Low Risk |
| Meezan Daily Income Plan-I \| Meezan Sovereign Fund \| Meezan Super Saver Plan<br>Meezan Munafa Plan-I | Moderate | Principal at Moderate Risk |
| Meezan Capital Preservation Plan(s) \| Meezan Islamic Income Fund<br>Meezan Strategic Allocation Fund (II) \| MFPF-Moderate Allocation<br>MFPF-Conservative Allocation \| MFPF-Very Conservative Allocation | Medium | Principal at Medium Risk |
| Meezan Islamic Fund \| Al Meezan Mutual Fund \| KSE Meezan Index Fund<br>Meezan Gold Fund \| Meezan Energy Fund \| Meezan Asset Allocation Fund<br>MFPF-Aggressive Allocation \| Meezan Strategic Allocation Fund (III) \| Meezan Balanced Fund | High | Principal at High Risk |

Dated

Signature of Principal / Joint Account Holders(s)

## Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

1. I have explained the risk of the fund being sold to investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
3. I have not made or implied any guarantee with respect to return or investment amount
4. I have not quoted any fixed return percentage or amount to the investor
5. I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

Name & Signature of Sales Agent

Name & Signature of Immediate Supervisor

Date

Date