



Ds S.No. _____

Date: _____

Account Details (FILL IN BLOCK LETTERS)

Principal Account Holder's Name _____

Investor Account No.

Savings Plan

- Retirement Home Purchase Marriage Hajj & Umrah (Islamic Funds) Children Education Shuhada Savings - Growth / Income
(only for Armed & Paramilitary Forces)

Type of Plan

- Conventional (Income Fund - Value Equity Fund) Islamic (Islamic Income Fund - Islamic Equity Fund)

Plan Opted

- Low Volatility
 Medium Volatility
 High Volatility

| Sr.# | Schemes | Categories of Primus Fund | |
|------|-------------------|---------------------------|---------------------|
| | | PIML-IF / PIML-IIF | PIML-VEF / PIML-IEF |
| 1 | Low Volatility | 80% | 20% |
| 2 | Medium Volatility | 50% | 50% |
| 3 | High Volatility | 20% | 80% |

Payment Details

Amount (Rs.) _____ In words _____

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

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

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

Income Units (where applicable)

- Flexible Income Units (Income based on the performance of the unit)
 Fixed Income Units (Income based on requirement of the investor)
Please specify amount PKR _____

I authorize AWT Investments Limited to redeem my units and pay income at intervals based on the below marked instructions (where applicable)

- Monthly Quarterly Semi annually Annually

(Please note that in case of fixed income plan, if the income required exceeds income earned on the Fund, the principle invested may deplete over time)

Cooling off Rights

- (a) The unit holders have the right to obtain a refund of their first time investment (Cooling off) in a particular open end mutual fund.
(b) This right is available to individual unit holder only.
(c) The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.
(d) The cooling off right shall be exercised by the unit holder upon written request (referred to the concerned clause of redemption) to the AMC within the time specified in point (c).
(e) The refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date the cooling off right is exercised which is payable within six business days from the receipt of written request.
(f) AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable.

Others

1. I / We will not claim such 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.
2. I / We have read and understood the Trust Deeds and Offering Documents of the underlying Funds / respective Plans and the risk involved, together with the guidelines at the back of the form including maximum rate of sales load charge to me / us.
3. 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.
4. I / We agree to abide by the terms & conditions, rules and regulations of the respective plan.
5. I / We ratify that the information provided in this form is correct.
6. I / We understand that Investment in funds with an equity exposure carries relatively higher risk.
7. I / We understand that if investment form is received by AWT Investments and or Distributor/Facilitator after the cutt off time, that transaction will be processed on the next working day and that I / We would not hold AWT Investments responsible for any loss consequent to such processing of investment form on the next working day.

CNIC of Account Holder.

Date: _____

Signature (Principal Holder)

Signature (Joint Holder 1)

Signature (Joint Holder 2)

Signature (Joint Holder 3)

| Approached by | Client ID | Distributor / Facilitator / Name / Code | Signatures of Distributor / Facilitator | Transaction Date |
|------------------------------------|-----------|---|---|------------------|
| AWT Investments Sales Staff / Self | | | | |

| AWT Investments Referred - Name | Designation | CNIC | Emp. ID / Branch |
|---------------------------------|-------------|------|------------------|
| | | | |

For Registrar Use Only

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