

Voluntary Pension Scheme Account Opening Form (1 of 2)

Date: _____

Section 1: Account Holder Details

Name (Mr/ Mrs/ Ms): _____
 Father's/Husband's Name: _____ Mother's Maiden Name: _____
 CNIC/ Passport No.: _____ CNIC Issue Date: _____ CNIC Expiry Date: _____ Expected Retirement Age/ Date: _____
 Date of Birth: _____ Place of Birth: _____ Religion: _____ Marital Status: Married Single Nationality: _____ Resident: Yes No
 Mailing Address: _____ Province: _____
 Mobile No.: _____ Phone No.: _____ Email Address: _____

Section 2: Nominee Details

Name (Mr/ Mrs/ Ms): _____ Share (in nomination %): _____
 Father's/ Husband's Name: _____ Mother's Maiden Name: _____
 CNIC/ Passport No.: _____ CNIC Issue Date: _____ CNIC Expiry Date: _____ Date of Birth: _____ Relationship: _____
 Mailing Address: _____ Province: _____
 Mobile No.: _____ Phone No.: _____ Email Address: _____

2. Name (Mr/ Mrs/ Ms): _____ Share (in nomination %): _____
 Father's / Husband's Name: _____ Mother's Maiden Name: _____
 CNIC/ Passport No.: _____ CNIC Issue Date: _____ CNIC Expiry Date: _____ Date of Birth: _____ Relationship: _____
 Mailing Address: _____ Province: _____
 Mobile No.: _____ Phone No.: _____ Email Address: _____

* Declaration for assigning Nominees: I, hereby, nominate the above _____ (mention number) person(s) to receive the balance held in my name according to their share in the event of my death. I understand that any issue of succession will be solely determined in accordance with the laws of Pakistan. I hereby agree and accept that nomination(s) shall not be binding upon Management Company and the Trustees, who may at their discretion, demand for Succession Certificate or any other mandate from a court or lawful authority.

Section 3: Bank Details (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title: _____ Bank Name: _____
 Bank Account/ IBAN No.: _____ Branch Name: _____ Branch Code: _____
 Bank Address: _____

Section 4: Selection of Pension Fund | Type of Account | Allocation Scheme

Select Pension Fund: JS Pension Savings Fund (JSPSF) JS Islamic Pension Savings Fund (JSIPSF)
 Type of account: Normal VPS Account Provident-Fund linked VPS Account

| Allocation Scheme (Select only one) | | Sub-Fund Allocation (Specify % in increments of five) | | | Total (Ensure total is 100%) | |
|--|--------------------------|--|---------------|---------------|---------------------------------|-------------|
| | | Debt | Equity | Money Market | | |
| High Volatility | <input type="checkbox"/> | 20-35 _____ % | 65-80 _____ % | Nil | 0 _____ % | 100 _____ % |
| Medium Volatility | <input type="checkbox"/> | 40-55 _____ % | 35-50 _____ % | 10-25 _____ % | _____ % | 100 _____ % |
| Low Volatility | <input type="checkbox"/> | 60-75 _____ % | 10-25 _____ % | 15-30 _____ % | _____ % | 100 _____ % |
| Lower Volatility | <input type="checkbox"/> | 40-60 _____ % | Nil | 0 _____ % | 40-60 _____ % | 100 _____ % |
| Customized Asset Allocation* | <input type="checkbox"/> | 0-100 _____ % | 0-100 _____ % | 0-100 _____ % | _____ % | 100 _____ % |

You may change your selected Allocation Scheme on an annual basis as per details provided in the Offering Document.

* Customized Asset Allocation Scheme shall have the choice of investing up to 100 percent (i.e. between 0-100%) in any Sub-Fund.

Section 5: Individual Contribution & Payment Details

Initial Contribution Amount (Figures): _____ Initial Contribution Amount (Words): _____
 Payment mode: Cheque Pay Order Bank Draft Online Transfer Instrument No: _____ Front-end Load: _____ %
 Bank Name: _____ Branch Name: _____ Branch Code: _____
 Expected Annual Contribution* (Figures): _____ Expected Annual Contribution (Words): _____
 Contribution Frequency: Monthly Quarterly Semi-Annually Annually
 * Optional. However, regular contributions to Pension savings are recommended.

Authorized Signature _____

Witness Name (1): _____

Witness Name (2): _____

CNIC No: _____

CNIC No: _____

Note: In case of thumb impression/ shaky/ immature signature, please submit a photograph (which may be a digital photograph). In all such cases two witnesses are required to sign the form.

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____
 Relationship Manager: _____ Comments: _____

Voluntary Pension Scheme Account Opening Form (2 of 2)

Section 6: Expected Employer Contribution

Contribution Frequency: Monthly Quarterly Semi-Annually Annually

Expected Annual Contribution (Figures): _____ Expected Annual Contribution (Words): _____

Registered Company Name: _____

Address: _____

Section 7: In Case of Transfer from another Pension Fund Manager

Pension Fund Name: _____ Pension Fund Manager: _____

Address: _____

Contact Person: _____ Contact No.: _____

Amount of Transfer (approx): _____ Date of Joining: _____

Section 8: Operating and Contact Instructions

1. Zakat Deduction: Yes No* (*kindly provide Zakat Exemption Affidavit)

2. Value Added Services: a) Web Portal / Mobile App: Yes No b) Daily NAV: Email SMS c) Other Updates / Notifications: Email SMS

3. Contact instructions: Would you like to receive: Postal Mail: Yes No Emails: Yes No SMS: Yes No

Send Account Statements via: Email Postal Mail Send Transaction Statements via: Email SMS Send Fund Manager's Report: Email Do not send

Section 9: Know Your Customer (KYC) Details for Account Holder

| | | |
|--|-----|----|
| 1) Are you a resident/national of any country other than Pakistan? (If "Yes", please fill point #2 below): | Yes | No |
| Do you belong to a country that is not part of FATF (Financial Action Task Force*): | Yes | No |
| Do you have any business relationship or transactions in/ from offshore Tax Haven countries? | Yes | No |
| Has any Financial Institution ever refused to open your account? | Yes | No |
| Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.? | Yes | No |
| | Yes | No |

* FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

Source of Income: Salary Business Inheritance Savings/Investments Remittance Other, Please specify: _____

Occupation: Private Service Govt. Service Self-Employment Homemaker Student Retired Other, Please specify: _____

In case of House maker/ Student, please specify dependency on: _____

Monthly Income: Under Rs. 100,000 Under 500,000 Under 1,000,000 Over 1,000,000

Expected Investment: Under Rs. 100,000 Under 500,000 Under 1,000,000 Over 1,000,000

Is your total investment in JS Investments more than Rs. 25 million? Yes No

Do you hold a high profile position i.e. Sports or Media Personality? Yes No

Are you a domestic or foreign "Politically Exposed Person" (PEP)? Foreign Domestic Neither

Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)? Foreign Domestic Neither

Section 10: Checklist of documents to be submitted

- Copy of Passport/ CNIC^ (for Residents)
- Copy of Passport/ NICOP/ POC (for Non-Residents)
- Detail of Business / Employment Proof
- Zakat Exemption Affidavit (if applicable)

Section 11: Declaration

I hereby acknowledge that I have been informed of the general risks of investment, and also confirm that JS Investments Limited, through its authorized representatives and distribution agents, has fully disclosed the specific risk factors associated with investments in JS Pension Fund or JS Islamic Pension Savings Fund to my complete satisfaction. I fully understand that past performance does not necessarily indicate future performance.

I also undertake that I am fully aware of the Allocation schemes offered by JS Investments and have selected the Allocation Scheme after fully understanding the risks and returns associated with each of the Allocation schemes as disclosed in the offering document.

I hereby acknowledge that I have fully understood all the reference notes, the provisions of the Trust Deed and Offering Document and hereby ratify that the information provided on this Form is correct.

Authorized Signature

Witness Name (1): _____

Witness Name (2): _____

CNIC No: _____

CNIC No: _____

Note: In case of thumb impression/ shaky/ immature signature, please submit a photograph (which may be a digital photograph). In all such cases two witnesses are required to sign the form.

Reference Notes:

- All transactions are subject to levies, duties, charges, etc as applicable in accordance with the relevant statutes enforced for the time being in Pakistan
- Front-end fee of up to 3% (excluding duties and charges) shall be applied to all contributions to individual pension accounts. However, no Front-end Fee shall be charged on transfer of Pension Fund Accounts from other Pension Fund Managers.
- Pension Fund Manager or the Trustee has the right to reject application for want of any document(s) / evidence required to be submitted by Participant.
- Bearer instruments and Cash will not be accepted.
- Contribution may be subject to a minimum level as determined by the Pension Fund Manager in accordance with the Rules and the Trust Deed.
- The retirement age for the Participant shall be between sixty and seventy years, or twenty-five years since the age of first contribution to a Pension Fund. A notice shall be sent to the Pension Fund Manager at least thirty days before chosen date of retirement.
- ^ In case CNIC does not contain photograph, please provide a photograph duly attested by officer of JSIL, who shall also attest a copy of CNIC without photograph;
- Passport number in case of foreigner only.

Risk Profiling Questionnaire (RPQ)

For Individual/ Retail Clients

Name of applicant: _____

Date: _____

Q. 01 Please select your age range?

- A. Over 60 years or below 18 years
 B. Between 50 and 60 years
 C. Between 30 and 50 year
 D. Between 18 and 30 year

Q. 02 How do you consider your capital market experience and knowledge, as an investor?

- A. Basic
 B. Average
 C. Above Average/ Good
 D. Very Good

Q. 03 What are you looking for in terms of your investment objective?

- A. Capital preservation and regular income with very low risk investments avenues
 B. Capital preservation and regular income with low risk investment avenues
 C. Capital growth and regular income with medium risk investment avenues
 D. Capital appreciation and returns with high risk investment avenues

Q. 04 Please select your average monthly income?

- A. Less than PKR 100,000
 B. Between PKR 100,000 and PKR 500,000
 C. Between PKR 500,000 and 1000,000
 D. More than PKR 1000,000

Q. 05 What levels of fluctuation in your investment would you generally accept?

- A. Less than PKR 5%
 B. Between 5% to 10%
 C. Between 10% to 20%
 D. More than 20%

How to Score your Risk Profile

- Each option has points associated with it. Score the answers in ascending order (A = 1, B = 2, C = 3, and D = 4).
- Please select one option under each question given
- Calculate all the scores given to each question in below table;

| Question No. | Your Points |
|--------------------|-------------|
| 01 | |
| 02 | |
| 03 | |
| 04 | |
| 05 | |
| Total Score | |

The level of risk mentioned below is driven after ascertaining general risk factors applicable to the Mutual Funds industry;

| Total Score | Risk Level | General Description |
|-------------|------------|--------------------------|
| 1 - 6 | Low | Principle at Low risk |
| 7 - 13 | Medium | Principle at Medium risk |
| 14 - 20 | High | Principle at High risk |

Declaration:

This RPQ has been filled to the best of my knowledge and I agree that this questionnaire only provides some indication of my risk profile, which may or may not exactly reflect my ability to take risk and/ or risk tolerance level. Moreover, JSIL has provided all the necessary advice about the Fund(s), under its management. I agree that any misleading or inaccurate information provided herein may give wrong outcome of the recommendation made. Further, JSIL will not be held liable for any financial consequences.

I hereby declare that -please tick () the box;

- I wish to proceed with the recommended Fund as per the Risk Profiling Questionnaire
 I have decided to purchase other Fund(s) that is not recommended as per Risk Profile Questionnaire and I understand the risk associated with the Fund(s) of my choice

1. _____ 2. _____ 3. _____

Applicant's Signature _____

Disclaimer: All investments in mutual funds are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Documents to understand the investment policies and the risks involved.

Foreign Account Tax Compliance Act (FATCA) Checklist

For Institutions, Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

| S# | Particulars | Principal Applicant |
|----|--|--|
| 1 | Full Name | First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> |
| 2 | Country of Residence: | <input type="text"/> |
| 3 | Country of Birth: | <input type="text"/> |
| 4 | CNIC/ POC/ NICOP: | <input type="text"/> |
| 5 | Country of Incorporation (For entities) | <input type="text"/> |
| 6 | Are you a U.S. Resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Are you a U.S. Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | Do you hold a U.S. Permanent Resident Card (Green Card)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Are you a Resident/ Citizen of any other country? (Please specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 10 | Are you Dual National (Please specify what nationality do you hold) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 11 | Are you a Resident of any country other than Pakistan? (Please specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 12 | Do you have any tax obligation in a country other than Pakistan? <small>(Note: If "YES" then please specify the list of countries along with its respective tax number, social security number, or local equivalent.)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 13 | Are you a U.S. Owned Entity/ any other country? (Please specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 14 | Have you a given Power of Attorney to any Person residing overseas? Please provide Attorney's Address: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> |
| 15 | W8BEN/ W9 Forms/ W8BENE Submitted with date of submission. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |

I/We hereby confirm the information provided above is true, accurate and complete.

I/We hereby provide my/our consent to JS Investments Limited (JSIL) or any of its affiliates to disclose and furnish and share information pertaining to my/ our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/ We also authorize JSIL to deduct withholding tax from my/ our account when required to do so by domestic or overseas regulators or tax authorities or pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We shall indemnify and hold JSIL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of disclosing, furnishing and sharing any information with any domestic or overseas regulators or tax authorities.

I/We agree and undertake to notify the JSIL within thirty (30) calendar days if there is a change in any information which we have provided above.

Principal /Authorized Signature