

# Fund Conversion Form



Lucky Investments

Please read the "Guidelines" overleaf before filling this form.

Date: \_\_\_\_\_ Folio No. \_\_\_\_\_

## PRINCIPAL ACCOUNT HOLDER DETAIL

Account Title \_\_\_\_\_ CNIC/NICOP/NTN 

|  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|
|  |  |  |  |  |  | - |  |  |  |  |  |  | - |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|

## DETAILS OF CONVERSION

| Convert From Fund / Plan |                                          | Convert To Fund / Plan |
|--------------------------|------------------------------------------|------------------------|
| No.                      | Name of Fund                             | Name of Fund Plan      |
| 1.                       |                                          |                        |
| 2.                       |                                          |                        |
| 3.                       |                                          |                        |
| 1.                       | Conversion Amount (Rs./Units / %): _____ | Amount in words: _____ |
| 2.                       | Conversion Amount (Rs./Units / %): _____ | Amount in words: _____ |
| 3.                       | Conversion Amount (Rs./Units / %): _____ | Amount in words: _____ |

Certificates Issued ☐ No ☐ Yes Certificate No: \_\_\_\_\_ is/are attached with this Form.

## COOLING - OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Investors have a right to obtain a refund of their first time investment (cooling-off right) in a Collective Investment Scheme (CIS) managed by Lucky Investments Limited (LIL). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of initial Statement of Account (cooling-off period). The cooling-off right shall be exercised by the unit holder upon written request to the LIL within the time specified. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder be an amount equal to NAV per unit applicable on the date the cooling-off right exercise which is payable within six (6) business days of receipt of written request from the Unit Holder. 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, in accordance with the Direction No. 31 of 2016 issued by Securities and Exchange Commission of Pakistan.

## DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/we confirm having files & signed this application form after having read and understood the relevant Trust Deed(s), Offering Document(s) and all supplemental of the respective underlying Fund(s)/ Plan and further acknowledge the risk involved in mutual funds. 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. I/we confirm that I have understood the details of Sales Load to be deducted including taxes & all investment in mutual fund are subject to market risk which could result in loss of principle investment. I/we have understand that conversion (either in part or full) is liable to capital gain tax / Zakat, if any

Applicant / Guardian's Signature \_\_\_\_\_

Joint Applicants / Authorized Signature(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Date: \_\_\_\_\_

\*Rubber stamp required in case of Institutional Clients

## DISTRIBUTOR DETAILS ( FOR OFFICE USE ONLY )

Distributor / Facilitator name \_\_\_\_\_ Conversion date \_\_\_\_\_

Distributor / Facilitator code \_\_\_\_\_ Authorized signature \_\_\_\_\_

## REGISTRAR DETAILS ( FOR OFFICE USE ONLY )

Particulars verified by (Name & Signature) \_\_\_\_\_ Conversion date \_\_\_\_\_

Data input by \_\_\_\_\_ Form No \_\_\_\_\_ Certificates verified and defaced by \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_ Authorized Signature \_\_\_\_\_

## INVESTOR RECEIPT ( TO BE FILLED BY DISTRIBUTOR / FACILITATOR )

Date \_\_\_\_\_ Account Title \_\_\_\_\_

Conversion From \_\_\_\_\_ Conversion To \_\_\_\_\_ Amount in PKR \_\_\_\_\_

Authorized Name & Signature \_\_\_\_\_

# Risk Disclosure Statement (for Individual)



Lucky Investments

| Name of Funds                       | Risk Profile         | Recommended Investment Duration                     | Account Payee Title                                   | Sales Load (Up to) |
|-------------------------------------|----------------------|-----------------------------------------------------|-------------------------------------------------------|--------------------|
| • Lucky Islamic Stock Fund          | High                 | 3-5 years & above                                   | CDC Trustee Lucky Islamic Stock Fund                  | 3.00%              |
| • Lucky Islamic Energy Fund         | High                 | 3-5 years & above                                   | CDC Trustee Lucky Islamic Energy Fund                 | 3.00%              |
| • Lucky Islamic Dividend Yield Fund | High                 | 3-5 years & above                                   | CDC Trustee Lucky Islamic Dividend Yield Fund         | 3.00%              |
| • Lucky Islamic Income Fund         | Moderate             | 1-2 year(s) & above                                 | CDC Trustee Lucky Islamic Income Fund                 | 3.00%              |
| • Lucky Islamic Fixed Term Fund     | Low - Medium         | Term Based                                          | CDC Trustee Lucky Islamic Fixed Term Fund <Plan Name> | Not Applicable     |
| • Lucky Islamic Cash Fund           | Low                  | 0-1 year(s) & above                                 | CDC Trustee Lucky Islamic Cash Fund                   | 3.00%              |
| • Lucky Islamic Money Market Fund   | Low                  | 0-1 year(s) & above                                 | CDC Trustee Lucky Islamic Money Market Fund           | 3.00%              |
| • Lucky Islamic Pension Fund        | Allocation Dependent | Minimum 60 years of age or 25 years of contribution | CDC Trustee Lucky Islamic Pension Fund                | 3.00%              |

## 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 above. I/We confirm that I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further agree that LIL has advised me/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 کر رہے ہیں اور اس فنڈ کے ریسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم لکی انویسٹمنٹ لمیٹڈ (لکی) کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہو سکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے/ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ کیلگری 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 منیجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

Dated

Signature of Principal / Joint Account Holder(s)

## Declaration and Specimen Signature of the Sales Person

I, \_\_\_\_\_, hereby confirm the following:

- I have explained the risk of the fund being sold to investor
- I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
- I have not made or implied any guarantee with respect to return or investment amount
- I have not quoted an fixed return percentage or amount to the investor
- 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