



NATIONAL INVESTMENT TRUST LIMITED

CHANGE OF ALLOCATION SCHEME FORM

* Mandatory Fields		Select Pension Scheme:	NIT Islamic Pension Fund NIT Pension Fund	d
PARTICIPANT INFORMATION:				
Name of Applicant as per CNIC* Mr. Mrs. Ms. Dr. Other:	PLEASE FILL OUT IN CAPITAL LETTERS]
Individual Pension Account No:* CNIC/NICOP Expiry Date:* Telephone/Mobile No.: (In case of employer's contribution, attached list)				
Address:*				
*Date of last change of Allocation Scheme:				
ASSET ALLOCATION DE	TAILS:			
□ NIT Islamic Pension Fund (Sub-Funds) (NIT-IPF) Of □ NIT Pension Fund (Sub-Funds) (NIT-PF)				
High Volatility Scheme Equity:	% Debt:% Money Market: NIL	Equity:% Debt:) (Min. 25%)	
Medium Volatility Scheme Equity:	Min. 35%) % Debt:% Money Market:%	□ Equity:% Debt:%	_% Money Market:% Commodity:%	6
Low Volatility Scheme Equity:	Min. 10%) % Debt:% Money Market:%	□ Equity:% Debt:%	_% Money Market:% Commodity:%	
Lower Volatility Scheme Equity: NI	IL Debt:% Money Market:%	Equity: NIL Debt:	_% Money Market:% Commodity: NIL	
Customized Scheme Equity: (Specify % allocation)	% Debt:% Money Market:%	Equity:% Debt:(0 - 100%)	_% Money Market:% Commodity:%	6
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.				
Participant's/Nominee's Signature	Date:			
FOR BRANCH USE ONLY				
DATE (DD / MM / YY): / / TIME: AM / PM				
Branch / Distributor Name: Account No(s):				_
Form reviewed and checked by: Data entered by:				-
Branch Stamp & Signature of the Branch Manager / Authorized Official:				
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.				

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