

UNIT ACCOUNT FUND SELECTION FORM
(REGULAR PREMIUM UNIT LINKED PLANS)



Forming Part of Application/Proposal No./Policy No.: _____

Please complete the form in all respects. Please only tick the relevant box provided to facilitate your reply, leaving the remaining boxes unmarked. Please write in neat legible script (preferably in block letters). Do not use abbreviations, dots, crosses and dashes. Do not overwrite, mutilate, cancel, or delete. In case inadvertently, an error has occurred, then use a fresh form or correct neatly under your full signature. Please sign this form in the same signature and style that you affixed on your National Identity Card and Proposal / Application Form. In case your signature now differs, then please provide a set each of 3 specimen signature in all your present and previous style duly attested by the witness / attester of this form. You must ensure that this form along with any other form / document required to be completed and submitted to the Company should be delivered to the Head Office of the Company at the address mentioned at the bottom of this form. The Company shall not be responsible for any document that is not received by it at the Head Office of the Company.

I, _____ bearing CNIC No. _____ as Applicant / Policyowner of the above mentioned Life Assurance Application / Proposal / Policy with Jubilee Life Insurance Company Limited, do hereby affirm and confirm my choice of Fund(s) – (as defined in the Standard Policy Conditions and as governed by the Fund Rule(s) – hereunder. I request Jubilee Life Insurance Company Limited to place the Units (Cash Value) of my Policy and / or allocate my allocable Premium contributions, to the Fund(s) of my choice, in the proportion as specified by me hereto:

	<u>Cash Value Apportionment</u>	<u>Allocation Premium Apportionment</u>
<input type="checkbox"/> Managed Fund	_____ %	_____ %
<input type="checkbox"/> Yaqeen Growth Fund	_____ %	_____ %
<input type="checkbox"/> Meesaq Fund	_____ %	_____ %
<input type="checkbox"/> Capital Growth Fund	_____ %	_____ %

I understand, agree and acknowledge that **following conditions shall apply** and that Jubilee Life Insurance Company Limited has every right at its discretion to disallow or review my request if I am not in agreement with these conditions or my Application / Proposal / Policy does not meet these prescribed criteria or if Jubilee Life Insurance Company Limited otherwise considers it prudent to disallow my request due to any reason whatsoever:

1. That my request for placement / apportionment in Fund(s), would only take effect once my Application / Proposal has been accepted by Jubilee Life Insurance Company Limited and the Policy is issued and the First Premium has been received in full in the accounts of Jubilee Life Insurance Company Limited.
2. That the amounts placed / apportioned in the Fund(s) of my choice, would be invested by Jubilee Life Insurance Company Limited as per investment strategies and methodology devised, implemented and administered solely by Jubilee Life Insurance Company Limited at their discretion, without there being any need for Jubilee Life Insurance Company Limited to consult me or to seek my advice or obtain my consent and in acceptance whereof I hereby give Jubilee Life Insurance Company Limited my unconditional approval and acquiescence.
3. That I acknowledge having read and understood all Fund Rules and all Standard Policy Conditions particularly Policy provisions applicable to Premium, Unit Account (Cash Value), Surrender Value, relevant charges and fees, premium allocation percentages besides other Policy provisions.
4. That during the tenure of the Policy, the Policy must at all times be in-force for all its benefits with all due premiums paid.
5. That if the Policy is in the state of Lapse or is under the Non Forfeiture Provisions of Standard Policy Conditions, the Policy in the first instance must be reinstated for all its benefits and values to render effective my request for placement / apportionment in Fund(s)
6. That my request for placement / apportionment in Fund(s), would not be allowed if the Policy or any Benefit or Value under the Policy stands assigned or transferred to another person, financial institution or corporate entity whether directly or indirectly, formally or informally.
7. That my request for placement / apportionment in Fund(s) would not take effect from any back date. My request would only take effect from or after the date the Policy has been issued or renewed by Jubilee Life Insurance Company Limited (whichever being applicable), with all due premiums having been received in the accounts of Jubilee Life Insurance Company Limited. Reasonable processing time would be allowed to Jubilee Life Insurance Company Limited for this purpose.
8. That any request for partial surrender (Withdrawal) from the Unit Account (Cash Value) of the Policy under Standard Policy Conditions, would receive precedence and would be processed prior to any simultaneous or contiguous request made by me for placement / apportionment in Fund(s). Similarly the rules of partial surrender (Withdrawal) from the Unit Account (Cash Value) of the Policy, framed and amended by Jubilee Life Insurance Company Limited from time to time, would hold precedence over these conditions for placement / apportionment in Fund(s) should any contradiction or ambiguity arise. Furthermore, I agree that once my request for placement / apportionment in fund(s) has been rendered effective by Jubilee Life Insurance Company Limited, for at least three (3) months thereafter, I will not request for Full Surrender of the Policy or for Partial Surrender (Withdrawal) from the Unit Account of the Policy.
9. That my request for placement / apportionment in Fund(s), would not be allowed in the event a Claim for any Policy Benefit (including Surrender Value) has been lodged under the Policy.
10. That my request for placement / apportionment in Fund(s), would not be allowed should there exist a negative balance in the Unit Account (Cash Value) of the Policy or should it be expected that a negative balance would occur in the Unit Account (Cash Value) of the Policy after my request for placement / apportionment in Fund(s), is rendered effective.
11. That I accept the charges deducted by Jubilee Life Insurance Company Limited from the Unit Account (Cash Value) of the Policy to process and administer my request.

Signed at: _____

Dated: _____

Signature of the Applicant / Policyowner

Signature of the Witness

Name of the Applicant / Policyowner: _____

Name of the Witness: _____

Telephone No. & Email Address: _____

CNIC No. & Contact No. of Witness: _____

Address: _____

Address: _____

Jubilee Life Insurance Company Limited

74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.

Phone: (021) 32120201, 35205094, Fax: (021) 35610959, SMS: Your Query to 8554

UAN: (021) 111-111-554, E-mail: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com