PAK-QATAR FAMILY TAKAFUL
Together for Better

Annex 1

Plan No	U L —			**CNIC No:**
Participant Name	Last:	Middle:	First:	
Mode of Contribution Payment	To: (Tick One) ✍ Annual ✍ Semiannual ✍ Quarterly ✍ Monthly			
Fund Switching	(Tick the applicable option) ✍ **Apply to all contributions to be paid in future** ✍ **Apply to current Fund**			
	FROM : (Fund)	Percentage/Amount	TO: (Fund)	Percentage/Amount
	Aggressive		Aggressive	
	Balanced		Balanced	
	Conservative		Conservative	
Top Up Contribution (No need of this form if fund(s) remains unchanged	Amount:		Aggressive	Percentage(0/50/100)
	Date:		Balance	Percentage (0/50/100)
	Receipt No:		Conservative	Percentage (0/50/100)
Increase/ Decrease in 1. Face Value 2. Contribution	New Face Value/ Contribution	Basic Plan		
		Supplementary Benefits	Name of Benefit(s)	
Increase /Decrease in Term		**NOTE:** Term Can be enhanced / reduced such that total term should not be less than 5 years and more than the maximum allowed for age at commencement of plan. Alteration will be effective form next anniversary of the Plan.		
Indexation	**Indexation of Regular Contribution Start/Stop** Rate: 5%/10%/15%	**Indexation of Face Value Start/Stop** Rate: 5%/10%/15%	**NOTE:** Contribution, Face value or both can be indexed only from next anniversary. Presently 5%, 10% and 15% indexation is available. At least 15 days notice before anniversary date is required for an indexation request to take effect.	
Any other Service (Correction in Name, title etc.)	Detail:			

I further declare that there is no change in my health , occupation and family history since last declaration except the followings:

Specimen Signatures:

Old Style	New Style

Signatures:_____