

# Voluntary Pension Schemes & Income Payment Plans Withdrawal Form

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

## Section 1: Account Details

Account Title: \_\_\_\_\_ CNIC/ Passport No.: \_\_\_\_\_

## Section 2: Withdrawal Details

**Withdrawal from:**  JS Pension Savings Fund (JSPSF)  Conventional Income Payment Plan (under JS Pension Savings Fund (JSPSF))  
 JS Islamic Pension Savings Fund (JSIPSF)  Islamic Income Payment Plan (under JS Islamic Pension Savings Fund (JSIPSF))

**Withdrawal Status:**  Retirement  Early Withdrawal  Disability (provide details in Section 4)  Transfer to another Pension Fund Manager

### Withdrawal Options:

Encash full balance  
 Encash \_\_\_\_\_% and retain the balance in my account  
 Encash amount Rs. (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_ and retain the balance in my account  
 Encash \_\_\_\_\_% and purchase Approved Annuity Plan with balance Takaful/Insurance Company: \_\_\_\_\_  
 Encash \_\_\_\_\_% and transfer balance to Approved Income Drawdown Plan Effective Date: \_\_\_\_\_

Specify Bank Account for receiving encashment proceeds:

Bank Account Title: \_\_\_\_\_ IBAN: \_\_\_\_\_  
 Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Transfer full balance to another Pension Fund Manager, as per details below:

New Pension Fund Manager: \_\_\_\_\_ New Pension Fund or IPP Name: \_\_\_\_\_  
 Bank Account Title (For Pension Fund or IPP): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Other (specify): \_\_\_\_\_

I hereby acknowledge that in case of encashment before retirement, or encashment over 50% post-retirement, tax shall be deducted by the Pension Fund Manager subject to the conditions laid down in the Income Tax Ordinance 2001.

## Section 3: Tax Details

Please provide income tax details for preceding three years as per the Income Tax returns filed with FBR (not required in case of Transfer to another Pension Fund Manager.)

Tax Year (1): \_\_\_\_\_ Income: \_\_\_\_\_ Tax Amount: \_\_\_\_\_  
 Tax Year (2): \_\_\_\_\_ Income: \_\_\_\_\_ Tax Amount: \_\_\_\_\_  
 Tax Year (3): \_\_\_\_\_ Income: \_\_\_\_\_ Tax Amount: \_\_\_\_\_

Note: Attach copies of Income Tax returns filed with FBR for the preceding three years.

## Section 4: Disability Details (To be completed in case of Disability Withdrawal)

Loss of two or more limbs  Total loss of eyesight  Total loss of hearing  Very severe facial disfigurement  
 Paraplegia or Hemiplegia  Total loss of speech  Lunacy  Advance case of incurable disease  
 Other condition as permitted \_\_\_\_\_

Note: Attach assessment certificate from a medical board approved by the Commission.

## Section 5: Declaration

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

Account Holder Signature: \_\_\_\_\_ **Note:** In case of Shaky signature / Thumb Impression, two witnesses are required to sign the form.

Witness (1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ CNIC/ Passport No.: \_\_\_\_\_

Witness (2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ CNIC/ Passport No.: \_\_\_\_\_

**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 ● Pension Fund Manager or Trustee has the right to reject application for want of any document(s) / evidence required to be submitted by the client. ● In case of Transfer to another Pension Fund Manager or Income Drawdown Plan, please attach application from relevant Pension Fund Manager. A cheque of the requested transfer amount shall be sent directly to the new Pension Fund Manager, under advice to the participant. ● In case of Purchase of Approved Annuity Plan, please attach application from relevant Takaful/Insurance company. A cheque of the requested transfer amount shall be directly sent to the Takaful/Insurance Company. ● The Retirement age for a Participant shall be any age between sixty and seventy years, as chosen by the Participant. The Participant may change the date of retirement by sending a notice to the Pension Fund Manager not later than 30 days prior to chosen date of Retirement.

## For Official Use

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

## Proof of Application for Redemption of Unit(s) - (Investor's Copy)

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

Account Title: \_\_\_\_\_ CNIC / Passport No.: \_\_\_\_\_

Withdrawal Details: Encash \_\_\_\_\_% of Balance

Channel Partner: \_\_\_\_\_ Relationship Manager: \_\_\_\_\_

Receiving Stamp & Signature: