

Voluntary Pension Schemes & Income Payment Plans Withdrawal Form

Date: _____

Section 1: Account Details

Account Title: _____ CNIC/ Passport No.: _____

Withdrawal From Fund: _____

Section 2: Withdrawal Details

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: