

JS Pension Savings Fund Nominee Withdrawal Form

Please complete this form in BLOCK letters.

For Official Use:

Account Officer/Agent																									
Branch																									
Company																			Date						

Section 1: Participant Details

CNIC No.																								
NTN No.																								
Title:	Mr.	Mrs.	Ms.																					
First Name																								
Middle Name																								
Last Name																								

Section 2: Nominee Details

Date of Birth (dd mm yyyy)																			Nominee % Share						
Relationship with Participant																									
CNIC No.																									
NTN No.																									
Passport No.																									
Title:	Mr.	Mrs.	Ms.																						
First Name																									
Middle Name																									
Last Name																									
Father/Husband Name																									
Correspondence Address																									
E-mail																									
Ph. Residence													Mobile												
Ph. Office													Other												
Fax													Fax 2												

Section 3: Withdrawal Options

Encash Full share
 Transfer to my new Individual Pension Account *(Attach Registration Form)*
 Transfer to my existing Individual Pension Account *(Attach Account Statement)*

Purchase Approved Annuity Plan Insurance Company

Purchase Approved Deferred Annuity Plan Insurance Company

I hereby acknowledge that I understand that tax shall be deducted by the Pension Fund Manager subject to the conditions laid down in the Income Tax Ordinance, 2001.

For further information contact us

JS Investments Limited

Toll free: 0800-00887

Email: ir@jsil.com

Web: www.jsil.com