

# JS Pension Savings Fund Withdrawal Form

Please complete this form in BLOCK letters.

For Official Use:

Account Officer/Agent													
Branch													
Company							Date						

Section 1: Personal Details

CNIC No.													
NTN No.													
Nationality							Residency Status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident				
Passport No.													
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.										
First Name													
Middle Name													
Last Name													
Father/Husband Name													
Correspondence Address													
E-mail													
Ph. Residence							Mobile						
Ph. Office							Other						
Fax							Fax 2						

Section 2: Withdrawal Status

Retirement
  Early Withdrawal
  Disability (specify below)
  Transfer to another Pension Fund Manager (specify below)

Section 3: Withdrawal Details

Withdrawal Options:

Encash full balance
  Transfer full balance to another Pension Fund Manager

Encash  (specify %) and retain the balance in my account

Encash  (specify %) and purchase Approved Annuity Plan with balance
 Insurance Company

Encash  (specify %) and Approved Income Drawdown with balance
 Effective Date (dd mm yyyy)  -  -

Other (specify)

I hereby acknowledge that I understand that in case of withdrawal exceeding 50% of the accumulated balance after attaining the retirement age, tax shall be deducted by the Pension Fund Manager subject to the conditions laid down in the Income Tax Ordinance, 2001.

**In case of withdrawal before attaining the retirement age:**

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.

Section 4: Tax Details

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

Tax Year	<input type="text"/>	Income	<input type="text"/>	Tax Amount	<input type="text"/>
Tax Year	<input type="text"/>	Income	<input type="text"/>	Tax Amount	<input type="text"/>
Tax Year	<input type="text"/>	Income	<input type="text"/>	Tax Amount	<input type="text"/>

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

**Section 5: Payment Instructions (for encashment amount)**

- Transfer directly to my Bank Account (provide bank details below)
- By Cheque to the address provided
- By Demand Draft to the address provided
- By Pay Order to the address provided

Account Title	
Account No.	
Bank Name	
Branch Name	
Branch Code	
Branch Address	

**Section 6: To be completed in case of disability withdrawal (To be filled only if selected)**

- Loss of two or more limbs or loss of a hand and a foot
- Total loss of eyesight
- Total deafness in both ears
- Very severe facial disfigurement
- Total loss of speech
- Paraplegia or Hemiplegia
- Lunacy
- Advance case of incurable disease
- Other condition as permitted (specify)

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

**Section 7: To be completed in case of Transfer to another Pension Fund Manager**

Pension Fund Manager	
Address	
New Pension Fund Name	
Pension Fund Bank Account Title	
Contact Person	
Contact Number	

**Section 8: Declaration**

I hereby acknowledge that I have fully understood all the reference notes; and the provisions of the Trust Deed and Offering Document. Further, hereby ratify that the information provided on this form is correct.  
(see overleaf for Reference Notes)

Signature

**Reference Notes:**

1. All transactions are subject to levies, duties, charges, etc as applicable in accordance with the relevant statutes enforced for the time being in Pakistan.
2. Documents required: (1) Copy of CNIC; (2) Copy of Individual Pension Account Statement.
3. In case the applicant is illiterate and cannot sign or his/her signatures are shaky, then he/she is required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/Her form shall also be signed by two witnesses.
4. 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.
5. Bearer instruments and payment in cash will not be accepted nor paid.
6. In case of Transfer to another Pension Fund Manager, Units of such value which are sufficient to meet the requested amount of transfer, held in the Individual Pension Account of the Participant, shall be redeemed at the Net Asset Value of each of the pertinent Sub-Funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new Pension Fund Manager, under advice to the participant.
7. In case of Purchase of Approved Annuity Plan, please attach application from the relevant Life Insurance Company. A Cheque for the requested transfer amount shall then be sent directly to the Life Insurance Company, under advice to the participant.
8. In case of Approved Income Drawdown please attach application from the relevant Pension Fund Manager. A Cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager, under advice to the participant.
9. 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 chosen date of retirement by sending a notice to the Pension Fund Manager not later than 30 days prior to the chosen date of retirement by such Participant and duly received by the Pension Fund Manager to make the change effective.

**For Registrar use only**

Account No. & bank details verified by		Signature	
Verified by		Signature	

**For Official Use**

Received by		Date (dd mm yyyy)		-		-	
Verified by		Date (dd mm yyyy)		-		-	
Authorized Signature		Authorized Signature					

**Proof of Application**

CNIC		-		-	Date		-		-
Account Officer/Agent									
Distribution Company									
Branch									
					Receiving Signature				

**For further information contact us**

**JS Investments Limited**

Toll free: 0800-00887

Email: [ir@jsil.com](mailto:ir@jsil.com)

Web: [www.jsil.com](http://www.jsil.com)