

## 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													
Guardian's Name													
CNIC					-					-			
Correspondence Address													
E-mail													
Ph. Residence						Mobile							
Ph. Office						Other							
Fax						Fax 2							

### Section 3: Withdrawal Options

<input type="checkbox"/> Encash Full share	<input type="checkbox"/> Transfer to my new Individual Pension Account <i>(Attach Registration Form)</i>	<input type="checkbox"/> Transfer to my existing Individual Pension Account <i>(Attach Account Statement)</i>
<input type="checkbox"/> Purchase Approved Annuity Plan	Takaful / Insurance Company	<input type="text"/>
<input type="checkbox"/> Purchase Approved Deferred Annuity Plan	Takaful / Insurance Company	<input type="text"/>
<input type="checkbox"/> 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		Income		Tax Amount	
Tax Year		Income		Tax Amount	
Tax Year		Income		Tax Amount	

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

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

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: 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 hereby ratify that the information provided on this form is correct.

Authorized Signature

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Witness Name (1)

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CNIC No.

	-		-
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Signature

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Witness Name (2)

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CNIC No.

	-		-
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Signature

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**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.
- Documents Required: (1) Succession certificate from the court of law (2) Copy of CNIC; (3) Copy of Individual Pension Account Statement of the deceased participant and (4) Death Certificate of deceased participant issued by provincial government.
- 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.
- 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.
- Bearer instruments and payment in cash will not be accepted nor paid.
- In case of Purchase of Approved Annuity Plan, please attach application from the relevant Takaful / Insurance Company. A Cheque for the requested transfer amount shall then be sent directly to the Takaful / Insurance Company, under advice to the participant.
- In case of an Application Form being filled in by the Guardian, on behalf of a MINOR(S), the name of the MINOR(S) as well as of the Guardian should be written clearly on the Form and the Guardian's Signature should be recorded.

## Nominee Withdrawal Form

### For Registrar use only

Account No. and bank details verified by	<input type="text"/>	Signature	<input type="text"/>
Verified by	<input type="text"/>	Signature	<input type="text"/>

### For Official Use

Received by	<input type="text"/>	Date (dd mm yyyy)	<input type="text"/>
Verified by	<input type="text"/>	Date (dd mm yyyy)	<input type="text"/>
Authorized Signature	<input type="text"/>	Authorized Signature	<input type="text"/>

### Proof of Application

CNIC	<input type="text"/>	-	<input type="text"/>	-	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Account Officer/Agent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distribution Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Receiving Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>