

Early Withdrawal Form



Form is being completed in capacity of: (Select any one of the following)	Date:
Participant (Please complete Section 1)	Date
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ach nominee will submit a separate application
Portfolio No	
SECTION I - PARTICIPANT DETAILS: (TO BE FILLED IN CASE O	F PARTICIPANT)
Participant's Name:	
CNIC/NICOP No Address:	CNIC/NICOP Expiry Date:
Telephone/Mobile Number:	
I would like to withdraw on the selected withdrawal date:	
☐ Entire balance of my Individual Pension Account	
% of my Individual Pension Account	
	retirement as per the provisions of the Voluntary Pension System Rules and ITO.
SECTION 2 - NOMINEE DETAILS: (TO BE FILLED BY NOMINEE O	
Nominee's Name:	
Nominee's Father/Husband Name:	
CNIC/NICOP No.:	CNIC/NICOP Expiry Date:
Address: Telephone/Mobile Number:	
Deceased Participant's Name:	Relationship with Deceased Participant:
Share of Nomination: %	
Please select:	
☐ I want to receive as Cash:	
% of my share Entire Share	
$\hfill \square$ I would like to transfer remaining portion of my share to my Individual Pe	nsion Account:
Existing – Individual Pension Account No.	Pension Fund Manager:
New – Individual Pension Account No	Pension Fund Manager:
☐ I would like to transfer remaining portion of my share to my Individual Pe☐ Immediate Annuity (if of Age 55 and above): Name of Life Insurance/I	
	ranny rakaru Company
Type of annuity selected:	71.610
☐ Deferred Annuity (Starting at Age 55): Name of Life Insurance/Family	Takatul Company:
Type of annuity selected:(Attach copy of the Application Form)	
TAXATION DETAILS:	
	f tax is being deducted on lump sum amount.Please provide the following details artment verifying the amounts or copies of paid Income tax returns filed with
Attach copies of last three years income tax return in case of early redemtic	on in pension fund
PAYMENT INSTRUCTIONS:	
Payment through Instrument	
Direct Transfer of proceeds to my bank account mentioned below: (Subject Subject Subje	ect to applicable banks only, all fields mandatory)
Bank Name: Branch N	ame:
Complete A/c Number IBAN:	City:
Donal Address	





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DECLARATION:

I hereby confirm that I would like to redeem/transfer (as the case may be) the investment amount as per the details given in this form. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in pension fund.

Participant's Signature / Nominee Signature	Date
FOR OFFICIAL USE ONLY	
Date (DD / MM / YYYY):	:
Branch / Distributor Name:	Form reviewed and checked by:
Data entered by:	

Stamp & Signature of the Branch Manager / Authorized Official

