

Select Pension Scheme: ☐ AGHP Islamic Pension Fund ☐ AGHP Pension Fund

PARTICIPANT INFORMATION:

Please write in **BLOCK LETTERS** using black ink

*Name: _____ *CNIC/NICOP / Passport No.

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*Participant Registration No.

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Effective Date of Transfer (Anniversary Date): _____

TRANSFER DETAILS TO ANOTHER PENSION FUND MANAGER/PENSION FUND:

☐ **Transfer to another Pension Fund Manager, registered pension, provident, gratuity scheme, Family Takaful company:**

(Attach copy of Participant Registration Form submitted to new Pension Fund Manager, if applicable)

Name of Scheme/Fund: _____ Name of Pension Fund Manager/Company: _____

Amount being Transferred: Rs. _____ In Words. _____ Percentage: _____ %

Account Information (No./Folio/Scheme etc.): _____ Bank Account Title: _____

TRANSFER DETAILS FROM ANOTHER PENSION FUND MANAGER/PENSION FUND:

☐ **Transfer from another Pension Fund Manager, registered pension, provident, gratuity scheme, Family Takaful company:**

(Attach Participant Registration Form and copy of change of Pension Fund Manager Form submitted to previous Pension Fund Manager, if applicable)

Name of Scheme/Fund: _____ Name of Pension Fund Manager/Company: _____

Amount being Transferred: Rs. _____ In Words. _____ Percentage: _____ %

Account Information (No./Folio/Scheme etc.): _____

DECLARATION:

I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.

Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only)
		Name: _____
		CNIC: _____
		Signature: _____
		Name: _____
		CNIC: _____
		Signature: _____

Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name		Code						Distributor's Stamp with date and time
Branch Name		City						

Investor Services /Registrar Details (For Office Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

Note: Please note that Change of Pension Fund Manager/Pension Fund can only be changed once in a year, through this form.

V-2025/6/23