Alfalah Investments

Note: Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative

CHANGE OF PENSION FUND MANAGER — FORM AGIML VPS-04

* Mandatory Fields

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.** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

***Participant Registration No.** ☐☐☐☐☐☐

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.