

* Mandatory Fields

Form is being completed in capacity of: (Select any one of the following)

Participant (Please complete Section 1)

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

Nominee of a deceased Participant (Please complete Section 2) – Note: Each nominee will submit a separate application

EARLY REDEMPTION FORM

VPS-06

SECTION 1 - PARTICIPANT DETAILS: (To be filled in case of Participant) Please write in BLOCK LETTERS using black ink

*Participant’s Name: *CNIC/NICOP / Passport No.

*Participant Registration No. *CNIC/NICOP Expiry Date:

I would like to redeem on the selected redemption date:
☐ Entire balance of my Individual Pension Account OR
☐ % of my Individual Pension Account OR ☐ Amount (Rs): from my Individual Pension Account
I am aware that Alfalah Asset Management Limited is mandated to deduct tax on any redemption before retirement as per the provisions of the Voluntary Pension System Rulesand Income Tax Ordinance.

SECTION 2 - NOMINEE DETAILS: (To be filled by Nominee of deceased Participant)

*Nominee’s Name:

*Nominee’s Father/Husband Name:

*CNIC/NICOP / Passport No. *CNIC/NICOP Expiry Date:

Address: Telephone/Mobile No.:

Deceased Participant’s Name: Relationship with Deceased Participant:

Individual Pension Account No. of Deceased Participant: Share of Nomination: %

Please select:
☐ I want to receive as Cash:
☐ % of my share ☐ Entire Share
☐ I would like to transfer remaining portion of my share to my Individual Pension Account:
☐ Existing – Individual Pension Account No. Pension Fund Manager:
☐ New – Individual Pension Account No. Pension Fund Manager:
(Attach copy of the Participant Registration Form)
☐ I would like to transfer remaining portion of my share to my Individual Pension Account:
☐ Immediate Annuity (if of Age 55 and above): Name of Life Insurance/Family Takaful Company: Type of annuity selected:
☐ Deferred Annuity (Starting at Age 55): Name of Life Insurance/Family Takaful Company: Type of annuity selected:
(Attach copy of the Application Form)

*TAXATION DETAILS:

This section must be filled by the Participant/Nominee in all circumstances if tax is being deducted on lump sum amount.
Please provide the following details along with copy of auditor’s certificate or certificate from income tax department verifying the amounts or copies of paid Income tax returns filed with income tax department from preceding three years.

S. No.	Tax Year	Income Tax Paid/Payable (Rs.)	Total Taxable Income (Rs.)
1.			
2.			
3.			

PAYMENT INSTRUCTIONS:

☐ Payment through Instrument
☐ Direct Transfer of proceeds to my/our bank account mentioned below: (Subject to applicable banks only; all fields mandatory)
Bank Name: Branch Name:
Complete A/c. No.:
Branch Address: City:

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