

* Mandatory Fields

Form to be submitted 30 days prior to the retirement date mentioned

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

PARTICIPANT DETAILS: Please write in **BLOCK LETTERS** using black ink

*Participant's Name: _____ *CNIC/NICOP / Passport No.

*Participant Registration No.

 CNIC/NICOP Expiry Date: _____

Address: _____ Telephone/Mobile No.: _____

Retirement Date: _____ Age at Retirement: _____

Type of Retirement: ☐ Normal Retirement or ☐ Pre-mature retirement due to disability (Specify disability below)

Nature of Disability (in case of pre-mature retirement):

- | | |
|--|--|
| <input type="checkbox"/> Loss of two or more limbs or loss of a hand and a foot
<input type="checkbox"/> Loss of eyesight
<input type="checkbox"/> Deafness in both ears
<input type="checkbox"/> Severe facial disfigurement
<input type="checkbox"/> Wounds, injuries or any other diseases, etc. resulting in a disability due to which the Participant is unable to continue to work | <input type="checkbox"/> Loss of speech
<input type="checkbox"/> Paraplegia or hemiplegia
<input type="checkbox"/> Lunacy
<input type="checkbox"/> Advanced case of incurable disease |
|--|--|

Specify name of Medical Board approved by the Commission providing assessment certificate: _____
(Attach copy of the Assessment Certificate)

RETIREMENT OPTIONS:

Lump Sum Amount Withdrawal: _____ % or Rs. _____

Investment Details of remaining amount in an Income Payment Plan or Annuity: (If lump sum withdrawal amount is less than 100%)

Income Payment Plan:

A. ☐ AGHP Islamic Pension Fund - Income Payment Plan or B. ☐ AGHP Pension Fund - Income Payment Plan

(Complete and attach IPP Registration Form)

C. ☐ Income Payment Plan of another Pension Fund Manager

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

(Attach copy of application form)

OR

Annuity:

Invest remaining balance of Individual Pension Account to purchase an annuity from a Life Insurance/Family Takaful company:

Name of Annuity Product: _____ Name of Life Insurance/Family Takaful Company: _____

***TAXATION DETAILS:**

This section must be filled by the Participant 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	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	Distributor's Stamp with date and time
Branch Name	City	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	

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