			Note			pplication form/cheque is completely handing it over to our representative		
Alfalah Investments		RETIREMENT	OPTION FORM			FORM AGIML VPS-05		
* Mandatory Fields Form to be submitted 30 days prior to the retirement date mention		aned	Select Pension Scheme: AGHP Islamic Pension Fund AGHP Pension Fund					
PARTICIPANT DETAILS: Please write in BLOCK LETTERS using black in								
*Participant's Name:		*CNIC/NICOP / Passport No.						
*Participant Registration No.			CNIC/NICOP Expiry Date:					
Address:					Telephone/Mobil	e No.:		
Retirement Date:					Age at Retireme	nt:		
Type of Retirement: Normal Retirement or Pre-mature retirement due to disability (Specify disability below)								
Nature of Disability (in case of p								
 Loss of two or more limbs or loss of Loss of eyesight 	Loss of speechParaplegia or hem	Loss of speech Paraplegia or hemiplegia						
Deafness in both ears								
Severe facial disfigurement Advanced case of incurable disease Wounds injuries or any other diseases etc. resulting in a disability due to which the Participant is unable to continue to work								
Wounds, injuries or any other diseases, etc. resulting in a disability due to which the Participant is unable to continue to work Specify name of Medical Board approved by the Commission providing assessment certificate:								
Specify name of Medical Board approved by the Commission providing 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 Fu	nd - Income Payment Pla	n or B. 🗖 .	AGHP Pension Fund - In	come Paymer	nt Plan			
(Complete and attach IPP Registration I	Form)							
C. Income Payment Plan of a	nother Pension Fund Man	-						
Name of Plan: (Attach copy of application form)		Na	me of Pension Fund Manager	/Company:				
OR								
Annuity:								
Invest remaining balance of Individual Name of Annuity Product:	Pension Account to purchase a		mily Takaful company: me of Life Insurance/Family 1	Fakaful Compar	nv:			
*TAXATION DETAILS:				akarar compa				
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 paidIncome 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 INSTRUCTION	NS:							
PAYMENT INSTRUCTIONS:								
Direct Transfer of proceeds to my/our bank account mentioned below: (Subject to applicable banks only; all fields mandatory)								
Bank Name:			Branch	n Name:				
Complete A/c. No.:								
Branch Address:					City:			
DECLARATION:								
I hereby agree to comply with the provi	sions of the respective Trust D	Deed, Offering Document, Participan	nt Registration Form, the Volu	untary Pension	System Rules, 2005 and	the Income Tax ordinance, 2001.		
Individual	Investor		of Branch Manager a			ed only in case of		
Principal Applicant's Signature / Investor			h unstable signature o anch Manager	1	npression s (Adult Male Per	sons only)		
Left Hand Thumb Impression				Name:				
			CNIC:					
				Signature:				
				Name:				
				CNIC:				
			Signature:					
Investment Facilitator / Distributor Details (For Official Use Only)								
Distributor/Facilitator Name			С	ode		Distributor's Stamp with date		
Branch Name			С	ity		and time		
Investor Services / Registrar De	tails (For Office Use C	Only)						
Date and Time Stamping Form received by			Name and Signature					
Date, Form and atta		achments verified by	Name and Signature					

Name and Signature

Data input by

V-2025/3	3/14
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