



Retirement Option Form

Life ko Plan karo...
Aaj se!

Pure. Profit.

AMIM-06-2022

Day	Month	Year

Portfolio No.:	
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PRINCIPAL ACCOUNT HOLDER			
Name (as per CNIC) Mr./Mrs./Ms.:			
CNIC/NICOP Number		Contact Details	
Retirement Age		Retirement Date	
Type of Retirement	<input type="checkbox"/> Normal Retirement <input type="checkbox"/> Pre-Mature Retirement due to disability		
Retirement due to Disability (Please attach Assessment Certificate)	Disability		Name of Medical Board

RETIREMENT OPTIONS	
WITHDRAWAL OPTIONS	
<input type="checkbox"/> 50% of the amount (Tax Free) <input type="checkbox"/> _____ % of the Amount* <input type="checkbox"/> Entire Amount* (50% of the amount shall be tax free and remaining 50% amount shall be taxed at the rate specified in the Income Tax Ordinance, 2001)	
* In case of Option 2 & Option 3 (Copy of the Last Three Years' Tax Return to be provided)	

REMAINING AMOUNT OPTION - 1: <input type="checkbox"/> with Al Meezan Investments	
<input type="checkbox"/> Income Payment Plan: _____% (from 0% to 100%) <small>Note: Disbursement of Income Payment Plan is subject to applicable Tax laws</small>	Volatility <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Lower <input type="checkbox"/> 100% Debt Sub Fund <input type="checkbox"/> 100% Money Market Sub Fund
<input type="checkbox"/> Fixed Amount + Profit _____ <input type="checkbox"/> Fixed Amount _____ <small>(Amount up to 75 years of age after retirement and Fixed Amount option is not applicable in Medium volatility)</small>	Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Growth Payment Plan: _____% (from 0% to 100%). Payable at the time of maturity only.	
<input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Lower <input type="checkbox"/> Equity Sub Fund <input type="checkbox"/> Debt Sub Fund <input type="checkbox"/> Money Market Sub Fund <input type="checkbox"/> Gold Sub Fund	

REMAINING AMOUNT OPTION - 2: <input type="checkbox"/> Other Pension Fund Manager OR <input type="checkbox"/> Annuity Plan of Insurance/Takaful Company	
Name of the Company	
Amount to be Transferred Rs.	Date of Transfer

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)
<p>I hereby confirm that all information provided in this form is true and correct to be the best of my knowledge. I reserve the discretion to invest in any Allocation Scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold Al Meezan responsible for any loss which may occur as a result of my decision. I further confirm that I have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these transactions. I have no objection to the investment and allocation policy determined by the commission and I am fully aware of the risks associated with the investment policy and the allocation policy chosen to invest.</p>
_____ Signature of Principal Account Holder

For Official Use Only			
Last 3 Years Tax Returns			
Previous Year	Taxable Income (Rs.)	Tax Paid (Rs.)	Tax Rate %
Year 1			
Year 2			
Year 3			

Form Received By	Name and Signature of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	Reporting Date	Signature and Stamp of Transfer Agent
	Order Number	