



Meezan Tahaffuz Pension Fund CHANGE OF FUND MANAGER FORM

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AMIM-12-2021

INFORMATION ABOUT PARTICIPANT			
Name Mr./Ms./Mrs.:		Registration ID #:	
CNIC No.:	NTN No.:		
Mailing Address :			
City:	Postal Code:	Country:	Contact Number:

INFORMATION ABOUT NEW FUND MANAGER	
Name of Pension Fund Manager:	
Name of Pension Fund:	
Participant's ID with new Fund Manager:	
Bank Account No. of Pension Fund:	Bank name:
Branch name:	Tel. No.:
Address:	

DETAILS OF TRANSFER AMOUNT
<input type="checkbox"/> Full Amount
<input type="checkbox"/> Partial Amount in figures Rs. _____ in words _____
<input type="checkbox"/> % of Total Balance in MTPF _____
Please note that the above mentioned amount will directly be transferred to the new Fund Manager under the advice to the participant.

Effective Date of Transfer

Signature of Participant

FOR OFFICIAL USE			
Application Check List			
<input type="checkbox"/> Copy of CNIC	<input type="checkbox"/> Certificates (if issued)	<input type="checkbox"/> Any other document (specify)	
Distributor Code	Distributor Name	DC Transaction Serial No.	Transaction Date
Name of Authorized Person at Distribution Center		Authorized Signature	
Remarks			
FOR TRANSFER AGENT USE ONLY			
Account number verified by	Signature verified by	Certificate verified and defaced by	Data input by



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Guidelines for Completing Change of Fund Manager Form

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This Form is required to be filled if Participant decides to transfer either whole or partial balance amount from MTPF to other Pension Fund Manager.

INFORMATION ABOUT PARTICIPANT

1. Please make sure that all information mentioned in the form has been provided correctly.
2. Information about Registration ID, CNIC and NTN numbers is mandatory.

INFORMATION ABOUT NEW FUND MANAGER

1. Mentioning name of New Pension Fund and Pension Fund Manager wherein participant is transferring his/her pension fund amount, is mandatory.
2. Pension Fund Account Number with new Fund Manager is also mandatory to mention in this form.
3. Please make sure that all information mentioned in the form has been provided correctly.

DETAIL OF TRANSFER AMOUNT

1. If participant wants to transfer part of accumulated balance amount, exact amount being transferred along with its percentage with total accumulated balance will be mentioned.
2. Effective date of transfer of balance to New Fund Manager will be mentioned.

OTHER INSTRUCTIONS

1. Participant can request for Change of Pension Fund Manager whenever and as many times as he/she wants.
2. Prior to submit this form, the participant is required to have pension fund account with other Pension Fund Manager where he/she wants to transfer balance of amount.
3. Without complete details and signature of Participant on form, the officer at distributor's office will not accept the form.
4. In case the Participant is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by two witnesses.

**If you have any queries, please contact our Customer Services Department
via email at info@almeezangroup.com
or call on our Toll Free number 0800-HALAL (42525)
or for international dialing: +92 21 111-MEEZAN (633-926) Ext:2**