



Retirement Option Form

Life ko Plan karo...
Aaj se!

Pure. Profit.

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

| | |
|---------------|--|
| Portfolio No. | |
|---------------|--|

| | | | |
|-------------------------------------|---|-----------------|--|
| PRINCIPAL ACCOUNT HOLDER | | | |
| Name (as per CNIC) Mr. / Ms. / M/s: | | | |
| 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 Specify Disability and the name of Medical Board (Please Attach assessment Certificate) | | |

RETIREMENT OPTIONS

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| WITHDRAWAL OPTIONS | |
| Withdraw _____ % amount of total accumulated balance (upto 50% of the accumulated balance is tax exempted) | |
| REMAINING AMOUNT OPTION - 1: <input type="checkbox"/> with Almeezan Investments | |
| <input type="checkbox"/> Income Payment Plan: _____ % (from 0% to 100%) | Volatility <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Lower |
| <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: _____ % (anyone, from 0% to 100%). Payable at the time of maturity only. | |
| <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 |

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| DECLARATION AND SPECIMEN SIGNATURE OF ACCONT HOLDER |
| I hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds / pension fund. |
| <hr style="width: 30%; margin: 0 auto;"/> 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 & Stamp of Transfer Agent |
| | Order Number | |
| | | |