



Retirement Option Form

Life ko Plan karo...
Aaj se!

Pure. Profit.

Day	Month	Year

Portfolio No.	
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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			
Withdrawal Options			
<input type="checkbox"/> Withdraw ____ % amount of total accumulated balance (upto 50% of the accumulated balance is tax exempted)			
REMAINING AMOUNT OPTION			
<input type="checkbox"/> Purchase Income Payment Plan from Al Meezan Investments			
<input type="checkbox"/> Low Volatility OR <input type="checkbox"/> Lower Volatility <input type="checkbox"/> Medium Volatility		Payment Frequency <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly	
OR (Select any one option from the two)			
<input type="checkbox"/> Fixed Amount _____ (up to 75 years of age after retirement age)		<input type="checkbox"/> Fixed Amount + Profit _____ (up to 75 years of age after retirement age)	
<input type="checkbox"/> Purchase Income Payment Plan from other Pension Fund Manager			
Name of Pension Fund Manager			
Amount to be Transferred Rs.		Date of Transfer	

DECLARATION AND SPECIMEN SIGNATURE OF ACCONT HOLDER(S)	
<p>I/We 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.</p>	
<hr style="width: 50%; margin: 0 auto;"/> Signatures 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 Signatures of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	Reporting Date	Signature & Stamp of Transfer Agent
	Order Number	