

Name of Pension Fund

Date

- HBL PensionFund  HBL IslamicPensionFund

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**Participant Information (In case of 'Participant' withdrawal or transfer)**

Mr./Mrs./Ms.  Folio No.

**Nominee Details (In case of death of 'Participant')**

Mr./Mrs./Ms.  CNIC/NICOP No.

Residential Address

Contact No.  Relation  % Allocation

Individual Pension Folio No.   
 (Of deceased Investor)

Note: Each Nominee is required to fill separate Withdrawal Form

**Withdrawal Type**

Please select any one of the options given below.

- Withdrawal at retirement by the Participant  Withdrawal by nominee in case of death of Participant  
 Withdrawal by the Participant in case of disability (specify in disability section)  Early withdrawal by the Participant  
 Transfer to another Pension Fund Manager by Participant (specify in transfer section)

**Participant Disability Details (If applicable)**

- Loss of two or more limbs or loss of a hand and a foot  Total loss of speech  
 Total loss of eyesight  Paraplegia or Hemiplegia  
 Total deafness in both ears  Lunacy  
 Very severe facial disfigurement  Advance case of incurable disease  
 Other conditions as permitted (please specify)

Note: Attach assessment certificate from a medical board approved by the Commission

**Transfer Details (In case of 'Participant' transfer to another Pension Fund Manager)**

Name of Pension Fund  Name of Pension Fund Manager

New Pension Fund Manager's Address

**Withdrawal Details (For Participant/Nominee)**

For Participant (Please select one)

- Encash full balance  Transfer full balance to another Pension Fund Manager  
 Transfer  % (specify percentage) or Rs.  to another Pension Fund Manager  
 Encash  % (specify percentage) or Rs.  and retain the balance in my account  
 Encash  % (specify percentage) or Rs.  and purchase approved Annuity Plans with balance

Insurance Company  Type of Annuity

- Encash  % (specify percentage) and purchase approved Income Drawdown/Income Payment Plan with balance

Effective Date  (dd-mm-yyyy) Pension Fund  Plan selected

- Other (please specify)

For Nominee (Please select one). If you are not a Nominee please skip to the next section.

- Encash full share  Transfer to my new Individual Pension Folio (Attach Registration Form)  
 Transfer to existing Individual Pension Folio (Attach Account Statement)  
 Purchase approved Annuity Plan Insurance Company  Type of Annuity   
 Encash  % (specify percentage) or Rs.  and purchase approved Annuity Plans with balance  
 Insurance Company  Type of Annuity

Note: In case of withdrawal prior to the retirement age or withdrawal exceeding 50% of the accumulated balance after attaining the retirement age, tax shall be deducted by the Pension Fund Manager subject to the condition laid down in the Income Tax Ordinance, 2001

**Tax Details (For Participant/Nominee)**

Please provide income details for the preceding three years as per Income Tax returns filed with the Central Board of Revenue (CBR). Not required in case of transfer to another Pension Fund or Redemption of not more than 50% of the accumulated balance at the retirement age.

Tax Year		Tax paid/Payable	
Tax Year		Tax paid/Payable	
Tax Year		Tax paid/Payable	

Note: Please attach copies of Income Tax Returns filed with CBR for the preceding three (3) years

**Payment Instructions (For Participant/Nominee)**

I would like to receive the encashment amount in the form of  Cheque  Pay Order  Demand Draft  
 Online Account Transfer \*  
 Foreign Remittance (Conditions Apply)

Bank Account No.		Bank Account Title	
Bank Name & Branch		Bank Address	

NOTE: Online account transfer facility is available with selected banks

**Declaration & Signature**

I undersigned am the registered Participant or nominee (in case of death of participant) and would like to redeem/transfer (as the case may be) the investment amount as per the details given in this form. I have read and understood the Trust Deed and Offering Document of the Fund and understand that the withdrawal/transfer (as the case may be) would be made under the terms, conditions, rules and regulations as mentioned in these documents. I have carefully read and completed all applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form.

Date   
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Signature of Participant/Nominee

**Instructions & Guidelines**

1. At the request of the participant/nominee, the Transfer Agent will verify the signature, holding and other relevant details as stated in the Withdrawal & Transfer Form. In case of such verification, the verified Withdrawal and Transfer Form will be the only document accepted by the Trustee for encashment. If the verified Withdrawal & Transfer Form is lost, destroyed, or mutilated, a new Withdrawal & Transfer Form will be verified by the Transfer Agent upon application by the investor/nominee and on payment of such costs and on such terms so as to evidence indemnity and security.
2. Pension Fund Manager or Trustee has the right to reject application for want of any document(s)/evidence required to be submitted by the participant/nominee.
3. Zakat will be deducted (In case Zakat affidavit has not been provided).
4. Documents required in case of withdrawal by Nominee: (1) Succession certificate from the court of law, (2) Copy of CNIC/NICOP, (3) Copy of Individuals Pension Account Statement of the deceased participant and (4) Death Certificate of deceased participant issued by provincial government.
5. In case of Transfer to another Pension Fund Manager, units of such value which are sufficient to meet the requested amount of transfer, held in the Individual Pension Account of the Participant, shall be redeemed at the Net Asset Value of each of the pertinent sub-funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new Pension Fund Manager, under advice to the Participant.
6. In case of purchase of Approved Annuity Plan, please attach application from the relevant Insurance Company. A cheque for the requested transfer amount shall then be sent directly to the Life Insurance Company, under advice to the Participant.
7. In case of Approved Income Drawdown, please attach application from the relevant Pension Fund Manager. A cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager, under advice to the Participant.

**Official Use Only**

Distributor Name		Distributor Code	
Application Processed by		Purchase ID.	
		User ID.	