

# Early Withdrawal Form

Form is being completed in capacity of: (Select any one of the following)

Date: \_\_\_\_\_

Participant (Please complete Section 1)

Nominee of a deceased Participant (Please complete Section 2) – Note: Each nominee will submit a separate application

## \*MANDATORY FEILDS

Select Pension Scheme:  Faysal Islamic Pension Fund  Faysal Pension Fund

## SECTION 1 - PARTICIPANT DETAILS: (TO BE FILLED IN CASE OF PARTICIPANT)

\* Participant's Name:

\* Registration No:

CNIC/NICOP Expiry Date:

Address:

Telephone/Mobile Number:

I would like to withdraw on the selected withdrawal date:

Entire balance of my Individual Pension Account

\_\_\_\_\_ % of my Individual Pension Account

I am aware that FAML is mandated to deduct tax on any withdrawal before retirement as per the provisions of the Voluntary Pension System Rules and ITO.

## SECTION 2 - NOMINEE DETAILS: (TO BE FILLED BY NOMINEE OF DECEASED PARTICIPANT)

\* Nominee's Name:

\* Nominee's Father/Husband Name:

\* CNIC/NICOP No.:

CNIC/NICOP Expiry Date:

Address:

Telephone/Mobile Number:

Deceased Participant's Name:

Relationship with Deceased Participant:

Individual Pension Account No. of Deceased Participant:

Share of Nomination: \_\_\_\_\_ %

Please select:

I want to receive as Cash:

\_\_\_\_\_ % of my share  Entire Share

I would like to transfer remaining portion of my share to my Individual Pension Account:

Existing – Individual Pension Account No. \_\_\_\_\_ Pension Fund Manager: \_\_\_\_\_

New – Individual Pension Account No. \_\_\_\_\_ Pension Fund Manager: \_\_\_\_\_  
(Attach copy of the Participant Registration Form)

I would like to transfer remaining portion of my share to my Individual Pension Account:

Immediate Annuity (if of Age 55 and above): Name of Life Insurance/Family Takaful Company: \_\_\_\_\_

Type of annuity selected: \_\_\_\_\_

Deferred Annuity (Starting at Age 55): Name of Life Insurance/Family Takaful Company: \_\_\_\_\_

Type of annuity selected: \_\_\_\_\_

(Attach copy of the Application Form)

## \*TAXATION DETAILS:

This section must be filled by the Participant/Nominee in all circumstances if tax is being deducted on lump sum amount.

Please provide the following details along with copy of auditor's certificate or certificate from income tax department verifying the amounts or copies of paid Income tax returns filed with income tax department from preceding three years.

S. No.	Tax Year	Income Tax Paid/Payable (Rs.)	Total Taxable Income(Rs.)
1.			
2.			
3.			

## PAYMENT INSTRUCTIONS:

Payment through Instrument

Direct Transfer of proceeds to my/our bank account mentioned below: (Subject to applicable banks only; all fields mandatory)

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Complete A/c Number: \_\_\_\_\_ City: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**DECLARATION:**

I hereby confirm that I would like to redeem/transfer (as the case may be) the investment amount as per the details given in this form. 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.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Date (DD / MM / YYYY): \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Branch / Distributor Name: \_\_\_\_\_ Form reviewed and checked by: \_\_\_\_\_

Data entered by: \_\_\_\_\_

\_\_\_\_\_  
Stamp & Signature of the Branch Manager / Authorized Official

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, Sharah-e-Faisal, Karachi.

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**Risk Disclosure:** All investment in mutual funds are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.