

Retirement Options Form

Date: _____

Form to be submitted 30 days prior to the retirement date mentioned

*MANDATORY FEILDS

Select Pension Scheme: Faysal Islamic Pension Fund Faysal Pension Fund

PARTICIPANT INFORMATION:

* Name: _____

* Registration No: _____

CNIC/NICOP: - -

Expiry Date: _____

Address: _____

Telephone/Mobile Number: _____

Retirement Date: _____

Age at Retirement: _____

Type of Retirement: Normal Retirement or Pre-mature retirement due to disability (Specify disability below)

Nature of Disability (in case of pre-mature retirement):

- Loss of two or more limbs or loss of a hand and a foot
- Loss of eyesight
- Deafness in both ears
- Severe facial disfigurement
- Loss of speech
- Paraplegia or hemiplegia
- Lunacy
- Advanced case of incurable disease
- Wounds, injuries or any other diseases, etc. resulting in a disability due to which the Participant is unable to continue to work

Specify name of Medical Board approved by the Commission providing assessment certificate: _____
(Attach copy of the Assessment Certificate)

RETIREMENT OPTIONS:

Lump Sum Amount Withdrawal: _____ % or Rs. _____

Investment Details of remaining amount in an Income Payment Plan or Annuity: (If lump sum withdrawal amount is less than 100%)

Income Payment Plan:

A Faysal Islamic Pension Fund Faysal Pension Fund (Complete and attach IPP Registration Form)

B Faysal Pension Fund

C Income Payment Plan of another Pension Fund Manager

Name of Plan: _____ Name of Pension Fund Manager/Company: _____
(Attach copy of application form)

OR Annuity:

Invest remaining balance of Individual Pension Account to purchase an annuity from a Life Insurance/Family Takaful company:

Name of Annuity Product: _____ Name of Life Insurance/Family Takaful Company: _____

*TAXATION DETAILS:

This section must be filled by the Participant 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 Account Title:	Bank Account #:	
Bank Name:	Branch:	Branch Code :
Branch Address:		IBAN:

DECLARATION:

I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.

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.