

Withdrawal & Transfer Form

For Al-Ameen Retirement Savings Fund (AIRSF)

For assistance in filling out this form, speak with our customer care executive at 0800-26336 or sms HELP to 8258.

You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets.
You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

General Instructions & Guidelines

1) This form is for use by participants and nominees (in case of death of participant) who want to withdraw or transfer funds from Al-Ameen Retirement Savings Fund. A separate form needs to be filled by each nominee. **2)** Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory. **3)** Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms. **4)** Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable). **5)** It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document of Al-Ameen Retirement Savings Fund (AIRSF). **6)** Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. **7)** Applications complete in all respects and carrying necessary documentary attachments should be submitted at UBL Fund Managers' Investment Centers, designated UBL Branches, distributor outlets, or at UBL Fund Managers - Operations Office: 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan. A complete list of Investment Centers, UBL Branches and distributor outlets is available on www.UBLFunds.com. To find an Investment Center near you SMS 'IC' to 8258. **9)** Please obtain acknowledgement receipt against your payment **10)** For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026

1 Participant Information (Incase of 'Participant' withdrawal or transfer)

Customer ID - CNIC Number - -
Name (Mr/Ms/Mrs)
(Please write in block letters)

2 Nominee Information (In case of death of 'Participant')

Name (Mr/Ms/Mrs) Relation %Allocation
Residential Address
Residence Phone Mobile CNIC Number - -
Individual Pension Account No.
Note: Each nominee is required to fill separate withdrawal form

3 Withdrawal Type

Please select any one of the options given below.

- ☐ Withdrawal at retirement by Participant ☐ Transfer to another Pension Fund Manager by participant (specify in section 5) ☐ Early withdrawal by participant
☐ Withdrawal by participant in case of disability ☐ Withdrawal by nominee in case of death of participant. (specify in section 4)

4 Participant Disability Details (if applicable)

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

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

5 Transfer Details (in case of Participant transfer to another Pension Fund Manager)

Name of Pension Fund Name of Pension Fund Manager
Name of Pension Fund Manager's Address

6 Withdrawal Details (For Participant)

- ☐ 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 Drawdown/Income Payment Plan with balance.
Effective date - - Pension Fund Plan Selected
☐ Other (please specify)

☐ Encash full Share ☐ Transfer to my new Individual Pension Account (Attach Registration Form)

☐ Transfer to existing individual Pension Account (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: incase 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 conditions laid down in the income Tax ordinance, 2001.

Tax Status Please tick the appropriate option

☐ I file the income tax returns ☐ I do not file the income tax returns

Please provide taxable income and tax paid/payable details for the preceding three years as per Income Tax returns filed with the Federal Board of Revenue (FBR). Not required for withdrawal within limit at the time of retirement as defined in VPS Rules.

S. No.	Tax Year	Tax Paid / Payable	Taxable Income
1.			
2.			
3.			

Note: Please attach copies of Income Tax Returns filed with FBR for the preceding three (3) year. In absence of the required documents UBL Funds reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

I would like to receive the encashment amount in the form of ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Account Transfer

Bank Account Number _____ Bank Account Title _____

Bank Name & Branch _____ Bank Address _____

Note: online account transfer facility is available with selected banks

I undersigned am the registered participant or nominee (incase of death of participant) and would like to withdraw/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 & supplementary offering document of the income Payment Plan and understand that the withdrawal/transfer (as the case may be) would be made under the term, conditions, rules, and regulations as mentioned in these documents, I have carefully read and completed at applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form. I understand that my withdrawals made from the Al Ameen Islamic Retirement Savings Fund (AIRSF), prior to retirement will result in a tax penalty/withholding tax.

Date

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 (dd - mm - yy)

Principal Unit Holder's Signature _____

Instructions & Guidelines

- 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 participant/ nominee and on payment of such costs and on such terms so as to evidence indemnity and security.
- 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.
- Zakat will be deducted (in case zakat affidavit has not been provided).
- Documents required in case of withdrawal by the nominee 1) Succession certificate from the court of law (2) Copy of CNIC/NICOP, (3) Copy of individual Pension Account statement of the deceased participant and (4) Death Certificate of deceased participant issued by provincial government. (5) Nomination deed
- 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 advise to the participant.
- In case of purchase of approved annuity plan please attaché application from the relevant insurance company. A cheque for the requested transfer amount shall then be sent directly to the life insurance company, under advise of the participant.
- 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 advise to the participant.

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____

Reference/Agent No. _____ IC/Location _____ Remarks _____

Processing Checklist

Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.

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|---|---|--|---|
| ☐ Customer ID | ☐ Title | ☐ Fund Plan / Product Name | ☐ Amount (in figure and in word) |
| ☐ TS2 Number | ☐ Time stamp (affixed) | ☐ Document (as per compliance guidelines) | ☐ Signature of investor |
| ☐ Income details for the preceding three years | | | |