

For AI-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.

Please fill this form with Blue pen. 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 | | | | | |
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| 1) This form is for use by participants and Successors (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 Successor. 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 Consolidated 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. 8) Please obtain acknowledgment receipt against this form. 9) For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026. 10) Please fill this form with blue pen. | | | | | |
| 1 Participant Information (Incase of 'Participant' withdrawal or transfer) | | | | | |
| Customer ID | | | | | |
| 2 Withdrawal Type | | | | | |
| Please select any one of the options given below. Withdrawal at retirement by Participant Transfer to another Pension Fund Manager by participant Early withdrawal by participant Withdrawal by participant in case of disability Withdrawal by Successor in case of death of participant. Early withdrawal by participant. | | | | | |
| 3 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 Iunacy Deafness in both ears Other conditions as permitted (please specify) | | | | | |
| 4 Transfer Details (in case of Participant tranfer to another Pension Fund Manager) | | | | | |
| Name of Pension Fund Name of Pension Fund Manager's Address | | | | | |
| 5 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 | | | | | |
| 6 Withdrawal Details (For Successor) | | | | | |
| 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 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 | | | | | |

| 7 | Declaration for Free Takaful Coverage | (subject to investment retained in AIRSF) | | | |
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| I declare for: I declare for: I not having had any illness requiring a hospital stay, medical treatment or medical follow-up for more than 30 days during the last 2 years Yes No I not having been off work for sickness for more than 14 consecutive days during the last 2 years Yes No I not having any surgical procedure or medical investigations planned for the next 6 months Yes No I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme. Note: All above declarations are mandatory to tick. HQF will be required if 'Yes' is tick to any of the above. | | | | | |
| 8 | Tax Details (For participant / Succes | sor) | | | |
| I Please (FBR). S. N 1. 2. 3. | Se provide taxable income and tax paid/payable deta 0. Not required for withdrawal within limit at the time No. Tax Year 1. 2. 3. | of retirement as defined in VPS Rules. Tax Paid / Payable | Taxable Income | | |
| | Please attach copies of Income Tax Returns filed wit to deduct tax including imposition of maximum tax | | ence of the required documents UBL Funds reserves the the income tax laws. | | |
| 9 | 9 Payment Instructions (For participant / Successor) | | | | |
| 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 | | | | | |
| 10 Declaration & Signature(s) | | | | | |
| I undersigned am the registered participant or Successor (in case 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 Consolidated Offering Document of the fund 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 have carefully read and understood the tax related information given in section 8 of this withdrawal form and agree to its implication subject to prevalent Income Tax Law. I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party (ies) for performance of due diligence or for improvement in customer services & experience. Date (dd - mm - yy) Principal Unit Holder's Signature | | | | | |
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| Instructions & Guidelines | | | | | |
| At the request of the participant/ Successor, the Transfer Agent will verify the signature, holding and other relevant details 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/ Successor 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/Successor. Zakat will be deducted (in case zakat affidavit has not been provided). Documents required in case of withdrawal by the Successor i) Succession certificate from the court of law (ii) Copy of CNIC/NICOP,(iii) Copy of individual Pension Account statement of the deceased participant and (iv) Death Certificate of deceased participant issued by provincial government. 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. In case of Approved annuity plan please attach application from the relevant Pension Fund Manager. A cheque for the requested transfer amount shall then be sent directly to the new pension Fund Manager. A cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager. A cheque for the requested transfer amount shall t | | | | | |
| For Office Use Only | | | | | |
| Distrib | ibutor Name of Ac | jent | Sub-Agent | | |
| | rence/Agent No IC/Location | | - | | |
| Processing Checklist | | | | | |
| | essing checklist to be filled by Processor / CRE. Please tic Customer ID Title | Fund Plan / Product Name | Amount (in figure and in word) | | |
| ו 📋 | TS2 Number Time stamp (affixed) | Document (as per compliane | ce guidelines) Signature of participant/successor | | |

| Income Tax Return for the preceding three years (in case of more than 50% withdrawal at the time of retirement from VPS, early withdrawal before date of retirement from VPS and withdrawal from income payment plan before maturity) | |
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version 6 effective from 26^{th} September 2022