



Date - -

(dd - mm - yy)

1. This form is for use by participants and Successors (incase of death of participant) who want to withdraw or transfer funds. 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, incase 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 UBL Retirement Savings Fund (URSF)
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 acknowledgement receipt against this form.
9. For assistance in filling this form call our nationwide help line at 0800-00026
10. Please fill this form with blue pen.

Name (Mr/Ms/Mrs.) _____

Customer ID

Please select any one of the options given below.

- ☐ Withdrawal at retirement by participant
- ☐ Withdrawal by participant incase of disability (Specify in Section 3)
- ☐ Withdrawal by Successor incase of death of participant
- ☐ Early withdrawal by participant
- ☐ Transfer to another pension fund manager by participant (Specify in Section 4)

☐ Loss of two or more limbs or loss of a hand and a foot

- ☐ Loss of two or more limbs or loss of a hand and a foot
 ☐ Loss of speech
☐ Loss of eyesight
 ☐ Paraplegia or Hemiplegia
☐ Deafness in both ears
 ☐ Lunacy
☐ 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

Name of Pension Fund _____ Name of Pension Fund Manager _____

New Pension Fund Manager's Address _____

For Participant (Please tick 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 Successor (Please tick one). If you are not a Successor please skip to the next section

- ☐ 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: 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 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) years. 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* ☐ Foreign Remittance (Conditions Apply)

Bank Account Number _____ Bank Account Title _____

Bank Name & Branch _____ Bank Address _____

Note: Online account transfer facility is available with selected banks

I declare for:

- 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 ☐
- not having been off work for sickness for more than 14 consecutive days during the last 2 years Yes ☐ No ☐
- 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.

I undersigned am the registered participant or Successor (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 Consolidated 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. 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. I understand that my withdrawals made from the UBL Retirement Savings Fund (URSF), prior to retirement will result in a tax penalty/withholding tax subject to prevalent Income Tax Law.

Date

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 Participant's / Successor's Signature _____
(dd - mm - yy)

Instructions & Guidelines

1. At the request of the participant/Successor, 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 Forms lost, destroyed or formulated 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
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/Successor
3. Zakat will be deducted (in case zakat affidavit has not been provided)
4. Documents required in case of Withdrawal by 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.
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-fund 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.

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____
Reference/Agent Code _____ IC/Location _____ Remarks _____