



Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

PAKISTAN PENSION FUND

ALHAMRA ISLAMIC PENSION FUND

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DISABILITY CLAIM REQUEST FORM

FORM - VPS - 08

Date:

Please write in block letters using black ink

Section 1 - Participant's Details

(Full Name in Block Letters)

Title

Mr.

Mrs.

Ms.

Registration Number

Participant's Name

Distinctive Account Number

-

-

-

0

1

NTN No.

Date of Disability

Section 2 - Type of Disability

Tick (✓)Any Option

a) Loss of two or more Limbs or Loss of Hand and a Foot

b) Total Loss of Eyesight

c) Total Deafness in both Ears

d) Very Severe Facial Disfigurement

e) Total Loss of Speech

f) Paraplegia or Hemiplegia

g) Lunacy

h) Advance Case of Incurable Disease

i) Wound, Injuries or any other Diseases etc. resulting in a Disability

Assessment Certificate of the Medical Board Attached

Yes

No

Section 3 - Redemption Information

Withdrawal in Cash

Option 1

Up to 50%

Option 2

Nil

Option 3

Up to ____%

Option 4

Entire

If Participant selects Option 1:

Tick (✓)

Transfer Balance to Income Payment Plan

Transfer Balance to Insurance Company for Purchase of an Annuity Plan

Name of Insurance Company

Annuity Plan

Transfer Balance to other Pension Fund Manager (Form - VPS - 04 should be filled separately)

If Participant selects Option 2:

Tick (✓)

Transfer Entire Balance to Income Payment Plan

Transfer Entire Balance to Insurance Company for Purchase of an Annuity Plan

Name of Insurance Company

Annuity Plan

Transfer Entire Balance to other Pension Fund Manager (Form - VPS - 04 should be filled separately)

If Participant selects Option 3:

Tick (✓)

Transfer Balance to Income Payment Plan

Transfer Balance to Insurance Company for Purchase of an Annuity Plan

Name of Insurance Company

Annuity Plan

Transfer Balance to other Pension Fund Manager (Form - VPS - 04 should be filled separately)

If Participant selects Option 4:

Tick (✓)

Withdrawal of Entire Amount of Investment

Participant's Signature

Section 4 - For Official Use Only

Distributor's Information

Distributor's Name

Distributor's Code

Transaction Code

Transaction Date

Name of the Authorised Person at Distribution Centre

Authorised Signatory

For Registrar Use Only

Request Form Received On

Data Verified By

Data Input By

Remarks