

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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RETIREMENT OPTION REQUEST FORM
FORM - VPS - 06

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																		NTN No.										
Distinctive Account Number														-							-			-		0		1
Retirement Age										Retirement Date																		
Section 2 - Information Regarding Retirement Options																												
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)																												
Details of Tax:																												
Copy of the Last Three Years' Assessment Order for Tax Rate Calculation (Attached)																Yes			No									
Total Tax Paid or Payable for Three Preceding Tax Years																Rs.												
Total Taxable Income for Three Preceding Tax Years																Rs.												
If Participant selects Option 4:																							Tick (✓)					
Withdrawal of Entire Amount of Investment																												
Copy of the Last Three Years' Assessment Order for Tax Rate Calculation (Attached)																Yes			No									
Total Tax Paid or Payable for Three Preceding Tax Years																Rs.												
Total Taxable Income for Three Preceding Tax Years																Rs.												
<div>Participant's Signature</div>																												
Section 3 - 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																												
<div>MCB INVESTMENT MANAGEMENT LIMITED</div> <div>Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi</div> <div>UAN: (+92-21) 111 468 378 (111 INVEST)</div> <div>URL: www.mcbfunds.com, Email: info@mcbfunds.com</div>																												
V-2023/12/21																												