

Form 4



WITHDRAWAL & TRANSFER FORM

General Instructions

1. This form is for use by individual applicants who want to withdraw a Retirement Savings account with ABL Asset Management Company Ltd. (ABL AMC)
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 ABL Pension Fund/ABL Islamic Pension Fund
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 any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMC's Head Office: First Floor, 11-B, Lalazar, M.T. Khan Road, Karachi.
8. For assistance in filling this form or information about our products and services call toll free at 0800 22526 or email contactus@ablamc.com

Guidelines

1. 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. Incase 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
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 /nominee
3. Zakat will be deducted (incase zakat affidavit has not been provided)
4. Documents required incase of Withdrawal by Nominee: (1) Succession certificate from the court of law, (2) Copy of CNIC/NICOP/B-Form*, (3) Copy of Individual Pension Account Statement of the deceased participant and (4) Death Certificate of deceased participant issued by provincial government.
5. Incase 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.
6. Incase 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. Incase 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.

* Incase of minor



ABL Asset Management

Discover the potential

ABL Pension Fund

ABL Islamic Pension Fund

Customer ID

Date

- -
(dd - mm - yy)

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

Name (Mr/Ms/Mrs.)

Customer ID

2 Nominee Information (Incase of death of 'Participant')

Name (Mr/Ms/Mrs.)

Relation

% Allocation

Residential Address

Residential Phone

Mobile

CNIC/NICOP/B Form* No.

Note: Each nominee is required to fill separate withdrawal form. Kindly also attach attested copies of death certificate and your CNIC / Passport. Succession Certificate will be required if the withdrawal amount is more than Rs. 500,000/-

* Incase of minor.

3 Withdrawal Type

Please select any one of the options given below.

- Withdrawal at retirement by participant
- Early withdrawal by participant
- Withdrawal by participant incase of disability (Specify in Section 4)
- Transfer to another pension fund manager by participant (Specify in Section 5)
- Withdrawal by nominee incase of death of participant

4 Participant Disability Details (If applicable)

- Loss of two or more limbs or loss of a hand and a foot
- Total loss of speech
- Lunacy
- Total loss of eyesight
- Paraplegia or Hemiplegia
- Advance case of incurable disease
- Total deafness in both ears
- Very severe facial disfigurement
- 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 New Pension Fund Name of New Pension Fund Manager

New Pension Fund Manager's Address

Your Account No.

6 Withdrawal Details (For Participant/Nominee)

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

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.

7 Tax Details (For Participant/Nominee)

Please provide income details for the preceding three years as per Income Tax returns filed with the Central Board of Revenue (CBR). Not required in case of transfer to another Pension Fund or withdrawal of not more than 50% of the accumulated balance at the retirement age.

Tax Year <input type="text"/>	Tax Paid/Payable <input type="text"/>	Effective tax rate (%) <input type="text"/>
Tax Year <input type="text"/>	Tax Paid/Payable <input type="text"/>	Effective tax rate (%) <input type="text"/>
Tax Year <input type="text"/>	Tax Paid/Payable <input type="text"/>	Effective tax rate (%) <input type="text"/>

Note: Please attach copies of Income Tax Returns filed with CBR for the preceding three (3) years

8 Payment Instructions (For Participant/Nominee)

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 Name Branch Name

Bank Account No. Bank Account Title

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 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.

Participant's/Nominee's
Name

Date

 - -
(dd - mm - yy)

Participant's / Nominee's
Signature

For Office Use Only

Investment Facilitator/Branch

Sales Staff

Transaction Date

 - -
(dd - mm - yy)

Transaction No.

Branch Code

Originator Staff No.

Data Input by

Data and attachments verified by

Name & Authorised Signature with Branch Stamp

Form Received on

 - -
(dd - mm - yy)

Signature