

# Withdrawal & Transfer Form - Voluntary Pension Schemes (VPS)

## Form 3

### General Instructions

1. This form is for use by individual applicants who want to Withdraw & Transfer from Retirement Savings account with ABL Asset Management Company Ltd. (ABL Funds)
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 'NIA' (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 Fund's Office: 48, Block- L, PHA Phase VI, Near Defence Raya Golf Club, Lahore.
8. For assistance in filling this form or information about our products and services call toll free at 042-111-225-262 or email [contactus@ablmc.com](mailto:contactus@ablmc.com)

### Guidelines

1. At the request of the participant/next of kin, 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 and transfer form is lost, destroyed, or mutilated, a new withdrawal and transfer form will be verified by the transfer agent upon application by the participant /next of kin and on payment of such costs and on such terms so as 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 / next of kin.
3. Zakat will be deducted (incase Zakat affidavit has not been provided).
4. 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.
5. If opted for Income payment plan at the time of retirement, please attach account opening form for Income payment Plan with this application.

### 1 PARTICIPANT'S DEATILS

Name (Mr./Ms./Mrs.)  CNIC/NICOP/B Form\* No.

### 2 NEXT OF KIN DETAILS

Name (Mr./Ms./Mrs.)  CNIC/NICOP/B Form\* No.

Residential Address  CNIC/NICOP Issuance Date  -  -

Mobile No.  Relation  % Allocation

CNIC/NICOP Expiry Date  -  -

Note: Each nominee is required to fill separate withdrawal form, kindly also attach attested copies of Succession Certificate / Nomination deed, death certificate and your CNIC / NICOP / passport copies.  
\*In case of minor

### 3 WITHDRAWAL TYPE

Please select anyone of the option 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 next of kin incase of death of participant

### 4 PARTICIPANT'S 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 condition as permitted (Please specify)

Note: Attach assessment certificate from a medical board approved by the commission.

**5 WITHDRAWAL DETAILS (For Participant/Next of Kin)**

Please tick one:  Encash full balance  Transfer full balance 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 Drawdown/Income Payment Plan with balance

Transfer  % (specify percentage) or Rs  account to another Pension Fund Manager

Name of new Pension Fund  Name of new Pension Fund Manager

New Pension Fund Manager's Address:

IBAN Number:  Amount to be transferred  Date of transfer

Bank Account Title of Pension Scheme:

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 subject to the conditions laid down in the Income Tax Ordinance, 2001.

**6 TAX DETAILS (For Participant/Next of Kin)**

Please provide income details for the preceding Three years as per income tax returns filed with the Federal board of Revenue (FBR). Not required incase of transfer to another pension Fund or withdrawal of 50% or less than accumulated balance at the retirement age

Tax year	<input type="text"/>	Tax paid	<input type="text"/>	Taxable Income	<input type="text"/>	Effective Tax rate (%)	<input type="text"/>
Tax year	<input type="text"/>	Tax paid	<input type="text"/>	Taxable Income	<input type="text"/>	Effective Tax rate (%)	<input type="text"/>
Tax year	<input type="text"/>	Tax paid	<input type="text"/>	Taxable Income	<input type="text"/>	Effective Tax rate (%)	<input type="text"/>

Note: For office use

Note: Please attach copies of Income Tax Returns filed with FBR for the preceding three (3) years. In absence of the required documents ABL Funds reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

**7 PAYMENT INSTRUCTIONS (For Participant/Next of Kin)**

I would like to receive the encashment amount in the form of  Cheque  Pay order  Demand Draft  Online Account Transfer\*  Foreign Remittance (Condition Apply)

Bank Name

Branch Name

Bank Account No.

Bank Account Title

IBAN

Note: Online Account transfer facility is available with selected banks

**8 DECLARATION & SIGNATURE(S)**

I undersigned am the registered participant or next of kin (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 the 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 the form that govern the transaction mentioned here in an acknowledge understanding the risks involved prior to submission of the form.

Participant / Next of kin's Name

Date

Participant / Next of kin's Signature

**9 FOR OFFICE USE ONLY**

Transaction Date   
(DD - MM - YY)

Transaction No.

Data Input by

Form Received on:

Originator Staff No.

Data and attachments verified by

Signature

Remarks

**Get in Touch**

- "INVEST" to 8262 **021-111-225-262**
- 042-111-225-262** Website : [www.ablfunds.com](http://www.ablfunds.com)
- [contactus@ablmc.com](mailto:contactus@ablmc.com)

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