

	<b>IPTION</b>	

FORM AGIML VPS-06

\* Mandatory Fields

Form	ic being	completed i	n canacity	rati (Salact	2017 000 0	of the following)

Participant (Please complete Section 1)	Select Pension Scheme: AGHP Islamic Pension Fund	AGHP Pension Fund			
Nominee of a deceased Participant (Please complete Section 2) - Note: Each nominee will submit a separate application					

SECTION 1 - PARTICIPANT DETAILS: (To be fi	illed in case of Participa	int)	Please v	write in BLOCK LETTERS using bl	lack ink
*Participant's Name:		*CNIC/NICOP /	Passport No.		
*Participant Registration No.			*CNIC/NICOP Expir	y Date:	
I would like to redeem on the selected redemption date:					
☐ Entire balance of my Individual Pension Account OR					
☐% of my Individual Pension Account OR ☐ Amou	unt (Rs): from my Inc	dividual Pension Account			
I am aware that Alfalah GHP is mandated to deduct tax on any redemptic			Pension System Rulesand Income Tax O	rdinance.	
SECTION 2 - NOMINEE DETAILS: (To be filled I			•		
*Nominee's Name:	by Nominee of deceased	i i ai ucipant)			
*Nominee's Father/Husband Name:					
*CNIC/NICOP / Passport No.			*CNIC/NICOP Expiry I	Date:	
Address:			Telephone/Mobile No.:		
Deceased Participant's Name:			Relationship with Decea	•	
Individual Pension Account No. of Deceased Participant:			Share of Nomination:		
Please select:    I want to receive as Cash:         % of my share     Entire Share     I would like to transfer remaining portion of my share to my Indi     Existing – Individual Pension Account No.     New – Individual Pension Account No. (Attach copy of the Participant Registration Form)   I would like to transfer remaining portion of my share to my Indi			on Fund Manager:on Fund Manager:		
☐ Immediate Annuity (if of Age 55 and above): Name of Life In:		y:	Type of annu	ity selected:	
☐ Deferred Annuity (Starting at Age 55): Name of Life Insurance (Attach copy of the Application Form)	e/Family Takaful Company:	Type of annuity selected:			
*TAXATION DETAILS:					
Please provide the following details along with copy of auditor's certificate of preceding three years.  S. No. Tax Year Income Tax Paid/Payable (Rs.)  1  2  3.	or certificate from income tax depar		nts or copies of paid Income tax returns fi	led with income tax department from	
PAYMENT INSTRUCTIONS:					
Payment through Instrument					
☐ Direct Transfer of proceeds to my/our bank account mentioned b	below: (Subject to applicable b	anks only; all fields mand	atory)		
Bank Name:			nch Name:		
Complete A/c. No.:					
Branch Address:			City:		
			City		
DECLARATION:	lom: B			11.7	
I hereby agree to comply with the provisions of the respective Trust Deed	d, Offering Document, Participan	nt Registration Form, the V	/oluntary Pension System Rules, 2005 an	d the Income Tax ordinance, 2001.	
Individual Investor			and Witnesses shall be require or thumb impression	ed only in case of	
Principal Applicant's Signature /	Attestation of Bra		Witnesses (Adult Male Pe	rsons only)	
Left Hand Thumb Impression			Name:  CNIC:  Signature:  Name:  CNIC:  Signature:		
Investment Facilitator / Distributor Details (For Offi	icial Use Only)				
Distributor/Facilitator Name  Branch Name			Code City	Distributor's Stamp with and time	date
Investor Services / Registrar Details (For Office Use On	ıly)				
Date and Time Stamping Form received by		Name and Signa	ture		
Date, Form and attack	hments verified by	Name and Signature			
Data input by		Name and Signa	ture		