



PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

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													
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

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