



PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

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 | | | | |
| 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. |
|--|-----|

Participant's Signature

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 |
|--|--|--|----------------------|

| | | | |
|--|--|--|----------------------|
| Name of the Authorised Person at Distribution Centre | | | Authorised Signatory |
|--|--|--|----------------------|

For Registrar Use Only

| | | |
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| Request Form Received On | Data Verified By | Data Input By |
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Remarks

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