

NATIONAL INVESTMENT TRUST LIMITED

Nomination Form

Inve	st in Trust							
Select Pension Scheme: NIT Pension Fund NIT Islamic Pension Fund DATE (DD / MM / YYYY):								
PARTICIPANT INFORMATION:								
Name Mr. Mr	*: s. Ms. Dr. Other:	PLEASE FILL (DUT IN CAPITAL LETTERS					
Individual Pension Account No*.:								
NOMINATION DETAILS:								
I hereby nominate the following person(s) to receive proceeds from my Individual Pension Account according to their share in the event of my death. I agree and fully understand that the nomination(s) mentioned below, shall not be binding upon the Trustee, the Pension Fund Manager or the Registrar, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Individual Pension Account to my nominee(s). I also understand that in any such event, the legal heirs determined by an appropriate court shall be final and conclusive and no claim of the nominees below (if different from the legal heirs determined by the Court) would be entertained by the Trustee and/or the Pension Fund Manager. I further agree that the Trustee, the Registrar and/or the Pension Fund Manager shall not be liable for any issues/disputes amongst my legal heirs and/or the nominee(s) arising out of this nomination.								
S.No.	Name of Nomine	e*	Relationship*	Share %*	CNIC/NICOP/ B Form No.	Contact Information Residential Address Telepho		Details of Bank Account
				100%				
NOTE: The share must total to 100%. This nomination can be canceled or amended upon with written request to NITL at any time.								
Please update my nominee(s) status account to above mentioned details and cancel all details provided earlier, if any								
Participant's Signature*: Date:								
FOR BRANCH USE ONLY								
DATE (DD / MM / YY): / /								
Registration ID (System Generated): Account No(s):								

Data entered by:

Nomination Details: Attach nominee(s) CNIC / NICOP / B-Form copy.

Remarks:

Branch Stamp & Signature of the Branch Manager / Authorized Official:

Form reviewed and checked by:

FOR UHRS RECORD SECTION USE

CNIC(s) Verification from NADRA: No

Rev.(1) 31-07-2023