NATIONAL INVESTMENT TRUST LIMITED

Early Redemption Form

Invest in Trust

Select Pension Scheme: ☐ NIT Islamic Pension Fund   ☐ NIT Pension Fund

Form is being completed in capacity of: (Select any one of the following)

☐ Participant (Please complete Section 1)   ☐ Nominee of a deceased Participant (Please complete Section 2) – Note: Each nominee will submit a separate application

SECTION 1 - PARTICIPANT DETAILS: (TO BE FILLED IN CASE OF PARTICIPANT)

Participant's Name:*
Mr. Mrs. Ms. Dr. Other _____ :
PLEASE FILL OUT IN CAPITAL LETTERS

Individual Pension Account No:* _____ **CNIC / NICOP Expiry Date:*** _____ **Telephone/Mobile No.:** _____

Address:* _____

I would like to redeem on the selected redemption date: ☐ Entire balance of my Individual Pension Account   ☐ _____ % of my Individual Pension Account

I am aware that NITL is mandated to deduct tax on any redemption before retirement as per the provisions of the Voluntary Pension System Rules and Income Tax Ordinance

SECTION 2 - NOMINEE DETAILS: (TO BE FILLED BY NOMINEE OF DECEASED PARTICIPANT)

Nominee's Name:*
PLEASE FILL OUT IN CAPITAL LETTERS

Nominee's Father / Husband Name:*
PLEASE FILL OUT IN CAPITAL LETTERS

CNIC / NICOP No.:* _____ **CNIC / NICOP Expiry Date:*** _____ **Telephone/Mobile No.:** _____

Address:* _____

Deceased Participant's Name:
PLEASE FILL OUT IN CAPITAL LETTERS

Relationship with Deceased Participant: _____ **Share of Nomination:** _____

Individual Pension Account No. of Deceased Participant: _____

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 Individual Pension Account:

☐ Existing – Individual Pension Account No. _____ Pension Fund Manager: _____

☐ New – Individual Pension Account No. _____ Pension Fund Manager: _____
(Attach copy of the Participant Registration Form)

☐ I would like to transfer remaining portion of my share to my Individual Pension Account:

☐ Immediate Annuity (if of Age 55 and above): Name of Life Insurance/Family Takaful Company: _____ Type of annuity selected: _____

☐ Deferred Annuity (Starting at Age 55): Name of Life Insurance/Family Takaful Company: _____ Type of annuity selected: _____
(Attach copy of the Application Form)

*TAXATION DETAILS:

This section must be filled by the Participant/Nominee in all circumstances if tax is being deducted on lump sum amount.

Please provide the following details along with copy of auditor's certificate or certificate from income tax department verifying the amounts or copies of paid Income tax returns filed with income tax department from preceding three years.

S. No.	Tax Year	Income Tax Paid / Payable (Rs.)	Total Taxable Income (Rs.)
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

PAYMENT INSTRUCTIONS:

☐ Payment through Instrument

☐ Direct Transfer of proceeds to my / our bank account mentioned below: (Subject to applicable banks only; all fields mandatory)

Bank Name: _____ Branch Name: _____

Complete A/c. No.: _____

Branch Address: _____ City: _____

DECLARATION:

I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.

_____ Date: _____

Participant's/Nominee's Signature

FOR BRANCH USE ONLY

DATE (DD / MM / YY): ___ ___ / ___ ___ / ___ ___ ___ ___   TIME: _____ : _____ AM / PM

Branch / Distributor Name: _____   Account No(s): _____

Form reviewed and checked by: _____   Data entered by: _____

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

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. PLEASE FILL OUT IN CAPITAL LETTERS WITH BLUE / BLACK PEN

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