

## **NATIONAL INVESTMENT TRUST LIMITED**

## RETIREMENT OPTION FORM

Invest in Trust

* Mandatory Fields Form to be submitted 30 days prior to the retirement date mentioned	Select Pension Scheme:	☐ NIT Islamic Pension Fund ☐ NIT Pension Fund
SECTION 1 - PARTICIPANT DETAILS: (TO BE FILLED IN CASE OF	PARTICIPANT)	
Name of Applicant as per CNIC*  Mr. Mrs. Ms. Dr. Other : PLEASE FILL OUT IN CAPITAL LETTERS		
Individual Pension Account No:*CNIC/NICOP Expiry Date:*Telephone/Mobile No.:  (In case of employer's contribution, attached list)		
Address:*		
Retirement Date: Age at Retirement:		
Type of Retirement:	sability (Specify disability be	elow)
Nature of Disability (in case of pre-mature retirement):		
☐ Loss of two or more limbs or loss of a hand and a foot		
☐ Loss of eyesight		
☐ Deafness in both ears		
Severe facial disfigurement		
Loss of speech		
Paraplegia or hemiplegia		
□ Lunacy		
Advanced case of incurable disease  Wounds, injuries or any other diseases, etc. resulting in a disability due to which the Participant is unable to continue to work		
Specify name of Medical Board approved by the Commission providing assessment certificate:  (Attach copy of the Assessment Certificate)		
RETIREMENT OPTIONS:		
Lump Sum Amount Withdrawal:% or Rs		
Investment Details of remaining amount in an Income Payment Plan or Annuity: (If lump sum withdrawal amount is less than 100%)		
Income Payment Plan:  A. NIT Islamic Pension Fund - Income Payment Plan or B. NIT Pension Fund - Income Payment Plan		
(Complete and attach IPP Registration Form)		
C. Income Payment Plan of another Pension Fund Manager		
Name of Plan:Name of Pension Fund Manager/Company:		
(Attach copy of application form)		
OR Analita		
Annuity:		
Invest remaining balance of Individual Pension Account to purchase an annuity from a Life Insurance/Family Takaful company:  Name of Annuity Product:		
*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.)	To	tal Taxable Income (Rs.)
2)		
3)		
PAYMENT INSTRUCTIONS:		
☐ Payment through Instrument		
☐ Direct Transfer of proceeds to my / our bank account mentioned below: (Subject to applicable banks o	nly; all fields mandatory)	
Bank Name:	Branch Nam	e:
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.		
Participant's/Nominee's Signature	<del></del>	
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:		