

**EARLY REDEMPTION FORM**

**\* Mandatory Fields**

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

Participant (Please complete Section 1)

Select Pension Scheme:  NIT Islamic Pension Fund  NIT Pension Fund

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: \_\_\_\_\_

\*Individual Pension Account No: \_\_\_\_\_ \*CNIC/NICOP Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone/Mobile No.: \_\_\_\_\_

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: \_\_\_\_\_

\*Nominee's Father/Husband Name: \_\_\_\_\_

\*CNIC/NICOP No.: \_\_\_\_\_ \*CNIC/NICOP Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone/Mobile No.: \_\_\_\_\_

Deceased Participant's Name: \_\_\_\_\_ Relationship with Deceased Participant: \_\_\_\_\_

Individual Pension Account No. of Deceased Participant: \_\_\_\_\_ Share of Nomination: \_\_\_\_\_ %

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.

\_\_\_\_\_  
Participant's/Nominee's Signature Date: \_\_\_\_\_

**FOR BRANCH USE ONLY**

DATE (DD / MM / YY): \_\_\_\_\_

TIME: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Branch / Distributor Name: \_\_\_\_\_

Form reviewed and checked by: \_\_\_\_\_

Data entered by: \_\_\_\_\_

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