

**RETIREMENT OPTION FORM**

\* Mandatory Fields

Form to be submitted 30 days prior to the retirement date mentioned

Select Pension Scheme:  NIT Islamic Pension Fund  NIT Pension Fund

**PARTICIPANT DETAILS:**

\*Participant's Name: \_\_\_\_\_

\*Individual Pension Account No: \_\_\_\_\_

CNIC/NICOP Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Retirement Date: \_\_\_\_\_

Age at Retirement: \_\_\_\_\_

Type of Retirement:  Normal Retirement or  Pre-mature retirement due to disability (Specify disability below)

**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**

**Annuity:**

Invest remaining balance of Individual Pension Account to purchase an annuity from a Life Insurance/Family Takaful company:

Name of Annuity Product: \_\_\_\_\_ Name of Life Insurance/Family Takaful Company: \_\_\_\_\_

**\*TAXATION DETAILS:**

This section must be filled by the Participant 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): 

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

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

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

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

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