



### PENSION FUND

Date :

Account Number :

Transaction ID: \_\_\_\_\_  
(for office use)

CNIC / NICOP:

Account Title :

#### NAME OF FUND

AL Habib Pension Fund

AL Habib Islamic Pension Fund

#### TAX APPLICABILITY ON WITHDRAWAL

Tax Status: Please tick the appropriate option

I file the income tax returns

I do not file the income tax returns

Please provide taxable income and tax paid/payable details for the preceding three years as per Income Tax returns filed with the Federal Board of Revenue (FBR).

S.No.	Tax Year	Tax Paid / Payable	Taxable Income
1.			
2.			
3.			

**Note:** Please attach copies of Income Tax Returns filed with FBR for the preceding three (3) years. In absence of the required documents, AL Habib Asset Management Limited reserves the right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.

#### WITHDRAWAL DETAILS

Please send cheque to my address

Please directly transfer to my already provided bank account

Please directly transfer to my below mentioned bank account details

Bank Name : \_\_\_\_\_ Branch Name : \_\_\_\_\_ City : \_\_\_\_\_

Account Number : \_\_\_\_\_ IBAN Number : \_\_\_\_\_

Withdrawal Amount : \_\_\_\_\_ Amount in words : \_\_\_\_\_

**Note:** Please provide complete and accurate bank details. AL Habib Asset Management Limited will not be responsible for any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information provided by the Participant. Due to any technical reason, fund transfer may be delayed. In such case, please immediately inform AL Habib Asset Management Limited.

#### DECLARATION

I undersigned the Participant, would like to withdraw the amount as per the details given in this form. I have read and understood the Trust Deed(s) and Offering Document(s) of the Fund and understand that the withdrawal would be made under the terms, conditions, rules and regulations as mentioned in these documents. I have carefully read and completed all applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form. I, hereby authorize AL Habib Asset Management Limited to disclose relevant profile information to any third party(ies) for performance of due diligence or for improvement in customer services & experience.

I have carefully read and understood the tax related information given in this form and agree to it's implications.

\_\_\_\_\_  
Participant's Signature

#### (For Office Use Only)

##### DISTRIBUTOR / SALE AGENT :

I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Participant. I will inform the AL Habib Asset Management Company Limited, if I identify any such factor or event in future relating to the Participant.

Distributor/Sale Agent : \_\_\_\_\_ (Name, Signature or / and Stamp) Branch & City : \_\_\_\_\_ (Name, Signature or / and Stamp)

Data Input : \_\_\_\_\_ (Name / Signature) Data Verified : \_\_\_\_\_ (Name / Signature) Remarks : \_\_\_\_\_

Disclaimer: Use of the name of 'Bank AL Habib Limited' as given above does not mean that it is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme managed by it.