



# AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

RETIREMENT FORM

WE DO NOT ACCEPT CASH

## PENSION FUND

Date :

Account Number :

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

Account Title :

### NAME OF FUND

AL Habib Pension Fund

AL Habib Islamic Pension Fund

### RETIREMENT DETAILS

Retirement Date:

Type of retirement:  Normal Retirement

Pre - Mature Retirement due to disability

### WITHDRAWAL OPTIONS

50% of the amount (Tax Free)

\_\_\_\_\_% of the Amount\*

Entire Amount\*

(50% of the amount shall be tax free and remaining 50% amount shall be taxed at the rate specified in the Income Tax Ordinance 2001).

\*Copy of the Last Three Years Tax Return to be provided, if more than 50% of amount withdrawal

### REMAINING AMOUNT OPTIONS

#### Option 1

Transfer to :  AL Habib Income Payment Plan

AL Habib Islamic Income Payment Plan

Percentage of remaining Amount: \_\_\_\_\_ %

#### Option 2

Transfer to other Pension Fund Manager

OR

Annuity Plan of insurance/Takaful Company

Date of Transfer:

Name of the Company: \_\_\_\_\_

Percentage of remaining Amount to be transfer: \_\_\_\_\_ %

### TAX APPLICABILITY ON WITHDRAWAL (for withdrawal more than 50%)

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 : \_\_\_\_\_