AL Habib Asset Management Limited	TRANSFER TO ANOTHER PENSION FUND
A wholly owned subsidiary of Bank AL Habib Limited	WE DO NOT ACCEPT CASH
PENSION FUND	
Date : D D M M Y Y Y Y Account Number :	Transaction ID:
CNIC / NICOP:	(for office use)
Account Title :	
TRANSFER FROM	
AL Habib Pension Fund AL Habib Islamic Pension Fund	
TRANSFER DETAILS	
Transfer Amount : OR] Full Balance Transfer
TRANSFER TO	
AL Habib Pension Fund AL Habib Islamic Pension Fund Anoth	ner Pension Fund Manager
Note: If you select "Another Pension Fund Manager", please provide the below details.	ier rension rund manager
Pension Fund Manager Account Title:	
Bank Name : Branch Name :	
Account Number : IBAN Number : IBAN Number : Note: Please provide complete and accurate bank details. AL Habib Asset Management Limited will not be responsible for sation, legal proceedings arising as a result of the inaccurate and / or incomplete information provided by the Participant transfer may be delayed. In such case, please immediately inform AL Habib Asset Management Limited.	or any liability, loss or damages, compen-
DECLARATION	
I, undersigned the Participant, would like to withdraw the amount as per the details given in this form Trust Deed and Offering Document of the Fund and understand that the withdrawal would be made and regulations as mentioned in these documents. I have carefully read and completed all applicable the transaction mentioned herein and acknowledge understanding of risks involved prior to submission AL Habib Asset Management Limited to disclose relevant profile information to any third party(ies) for 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 in	under the terms, conditions, rules e sections of this form that govern on of this form. I, hereby authorize or performance of due diligence or
	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 fin I will inform the AL Habib Asset Management Company Limited, if I identify any such factor or event in future re	ancing terrorism about the Participant. lating to the Participant.
Distributor/Sale Agent :(Name, Signature or / and Stamp) Branch & City :(Name, Signature or / and Stamp)	me, 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/obligation any investment scheme managed by it.	ns of 'AL Habib Asset Management Limited' or