



EFU LIFE ASSURANCE LTD - Window Takaful Operations

EFU Hemayah Pension Fund

Change of Pension Fund Manager Form

Folio No _____

Date: _____

Participant Information:

Name: _____

CNIC/NICOP: _____ NTN No. _____

Address: _____

City: _____ Province: _____ Country: _____

Telephone/Mobile No.: _____

Information About New Fund Manager

Name of Pension Fund Manager: _____

Name of Pension Fund: _____

Bank Account No. of Pension Fund: _____ Bank name: _____

Branch name: _____ Tel. No.: _____

Address: _____

Details of Transfer Amount

Full Amount

Partial Amount in figures PKR. _____ in words _____

Effective Date of Transfer: _____

Please note that the above mentioned amount will directly be transferred to the new Fund Manager under the advice to the participant.

Participant's Signature

Date

For Office Use Only:

Form Receiving Date (DD / MM / YYYY): _____ Time: _____ : _____ AM/PM

| Name of Authorized Person at Branch | | Authorized Signature | |
|-------------------------------------|-----------------------|-------------------------------------|---------------|
| | | | |
| Remarks: | | | |
| | | | |
| FOR HEAD OFFICE USE ONLY | | | |
| Account number verified by | Signature verified by | Certificate verified and defaced by | Data input by |
| | | | |