



EFU LIFE ASSURANCE LTD - Window Takaful Operations

EFU Hemayah Pension Fund

Early Withdrawal Form

Form is being completed in capacity of: (Select any one of the following)

Date: _____

Participant (Please complete Section 1)

Nominee of a deceased Participant (Please complete Section 2) – Note: Each nominee will submit a separate application

Folio No _____

Participant Information: (To Be Filled in Case of Participant)

Name: _____

CNIC/NICOP:- _____ Issue Date: _____ Expiry Date: _____

Address: _____

Telephone/Mobile Number: _____

Nominee Details: (To Be Filled by Nominee of Deceased Participant)

Nominee's Name: _____

Nominee's Father/Husband Name: _____

CNIC/NICOP No.: _____ CNIC/NICOP Expiry Date: _____

Address: _____

Telephone/Mobile Number: _____

Deceased Participant's Name: _____ Relationship with Deceased Participant: _____

Share of Nomination: _____ %

WITHDRAWAL OPTIONS

50% of the amount

_____% 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.)

* In case of Option 2 & Option 3 (Copy of the Last Three Years' Tax Return to be provided.)

REMAINING AMOUNT OPTIONS

I would like to keep invested with the existing voluntary pension scheme.

I would like to transfer remaining portion of my share to;

Other Pension Fund Manager

Annuity Plan of Insurance/Takaful Company

Name of the Company _____

Amount to be Transferred (PKR) _____ Date of Transfer: _____

(Attach copy of the Application Form)

Taxation Details:

This section must be filled by the Participant/Nominee 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.

Last 3 Years Tax Returns			
Previous Year	Taxable Income (Rs.)	Tax Paid (Rs.)	Tax Rate %
Year 1			
Year 2			
Year 3			

Attach copies of last three years' income tax return in case of early redemption in pension fund.



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Payment Instructions:

- Payment through Instrument
- Direct Transfer of proceeds to my bank account mentioned below: (Subject to applicable banks only; all fields mandatory)

Bank Name: _____ Branch Name: _____

Complete A/c Number IBAN: _____ City: _____

Branch Address: _____

Declaration:

I hereby confirm that I would like to redeem/transfer (as the case may be) the investment amount as per the details given in this form. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in pension fund. EFU Life – Window Takaful Operations holds no liability, in case of dormant bank account provided by participant.

میں اس بات کی تصدیق کرتا/کرتی ہوں کہ میں اس فارم میں دی گئی تفصیلات کے مطابق سرمایہ کاری کی رقم کوری ڈیم / ٹرانسفر (جو بھی صورت ہو) کرنا چاہتا/چاہتی ہوں۔ میں اس بات کی بھی تصدیق کرتا/کرتی ہوں کہ میں نے ٹرسٹ ڈیڈز، آفرنگ ڈاکیومنٹس، سپلیمنٹل ٹرسٹ ڈیڈز، اور سپلیمنٹل آفرنگ ڈاکیومنٹس کا مطالعہ کیا ہے اور انہیں سمجھا ہے، جو ان ٹرانزیکشنز کو ریگولیٹ کرتے ہیں، اور میں پنشن فنڈ میں شامل خطرات کو بھی بخوبی سمجھتا/ سمجھتی ہوں۔ ای ایف یو لائف – ونڈو تکافل آپریشنز، شریک کی جانب سے فراہم کردہ غیر فعال بینک اکاؤنٹ کی صورت میں کسی قسم کی ذمہ داری قبول نہیں کرتا۔

Participant's Signature

Date

For Office Use Only:

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

Branch / Distributor Name: _____ Form reviewed and checked by: _____

Data entered by:

Stamp & Signature of the Branch Manager / Authorized Official