



EFU LIFE ASSURANCE LTD - Window Takaful Operations

EFU Hemayah Pension Fund

Retirement Options Form

Participant must submit the form 30 days prior the selected Retirement Date.

Folio No. _____

Date: _____

Participant Information:

Name: _____

CNIC/NICOP: _____ Contact No. _____

Retirement Age: _____ Date of Retirement: _____

Type of Retirement: Normal Retirement Pre-Mature Retirement due to disability

In case of Pre-Mature Retirement due to Disability, please provide below information

NATURE OF DISABILITY:

- loss of two or more limbs or loss of a hand and a foot loss of eyesight
 deafness in both ears severe facial disfigurement
 loss of speech paraplegia or hemiplegia
 lunacy advanced case of incurable disease
 any injury or disease resulting in a disability due to which the Participant is unable to continue any work or generate any income

Name of Medical Board: _____ (Please attach Assessment Certificate)

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.)

* 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 invest the remaining portion of my share with

- EFU Life - Window Takaful Operations Other Pension Fund Manager
 Income Payment Plan Annuity Plan

In case of Other Pension Fund Manager is selected, then provide below information;

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 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، اضافی ٹرسٹ ڈیڈز، اور اضافی آفرنگ ڈاکیومنٹس کا مطالعہ کیا ہے اور انہیں سمجھا ہے، جو اس لین دین کو ریگولیٹ کرتے ہیں، اور میں پنشن فنڈ میں سرمایہ کاری کے خطرات کو بھی سمجھتی/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