



For assistance in filling out this form, speak with our customer care executive at 0800-26336 or sms HELP to 8258. Please fill this form with Blue pen.

You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

General Instructions & Guidelines

1) This form is for use by participants and Successors (in case of death of participant) who want to withdraw or transfer funds from Al-Ameen Retirement Savings Fund. A separate form needs to be filled by each Successor. 2) Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory. 3) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms. 4) Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable). 5) It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Consolidated Offering Document of Al-Ameen Retirement Savings Fund (AIRSF). 6) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. 7)
Applications complete in all respects and carrying necessary documentary attachments should be submitted at UBL Fund Managers' Investment Centers, designated UBL Branches, distributor outlets, or at UBL Fund Managers - Operations Office: 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan. A complete list of investment Centers, UBL Branches and distributor outlets is available on www.ublfunds.com. To find an Investment Center near you SMS 'IC' to 8258. 8) Please obtain acknowledgment receipt against this form. 9) For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026. 10) Please fill this form with blue pen.

Customer ID	Branches and distributor outlets is available on www.ublfunds.com. To find an Investment Center near you SMS 'IC' to 8258. 8) Please obtain acknowledgment receipt against this form. 9) For assistance in filling this form or information about our products and services call our nationwide help line at 0800-00026. 10) Please fill this form with blue pen.					
Name (Mr/Ms/Mrs) Please select any one of the options given below.	1 Participant Information (Incase of 'Participant' withdrawal or transfer)					
Please select any one of the options given below. Withdrawal at retirement by Participant Transfer to another Pension Fund Manager by participant Early withdrawal by participant Gepecity in section 5	Name (Mr/Ms/Mrs)					
Withdrawal at retirement by Participant	2 Withdrawal Type					
Loss of two or more limbs or loss of a hand and a foot Loss of speech Loss of eyesight Paraplegia or Hemiplegia Advance case of incurable disease Severe facial disfigurement Iunacy Deafness in both ears Wounds, injuries or any other diseases, etc., resulting in a disability due to which the participant is unable to continue any work. Note: A doctor's (registered medical practitioner) assessment certificate confirming the said disability needs to be attached. 4	Withdrawal at retirement by Participant Transfer to another Pension Fund Manager by participant (specify in section 5) Withdrawal by participant in case of disability Withdrawal by Successor in case of death of participant.					
Advance case of incurable disease	3 Participant Disability Details (if applicable)					
Name of Pension Fund Name of Pension Fund Manager	Advance case of incurable disease Severe facial disfigurement Iunacy Deafness in both ears Wounds, injuries or any other diseases, etc., resulting in a disability due to which the participant is unable to continue any work.					
Name of Pension Fund Manager's Address Withdrawal Details (For Participant) Encash full balance Transfer full balance to another Pension Fund Manager Transfer % (specify percentage) or Rs. to another Pension Fund Manager Encash % (specify percentage) or Rs. and retain the balance in my account. Encash % (specify percentage) or Rs. and purchase approved Annuity Plans with balance Insurance Company Type of Annuity	4 Transfer Details (in case of Participant tranfer to another Pension Fund Manager)					
Encash full balance Transfer full balance to another Pension Fund Manager Transfer % (specify percentage) or Rs to another Pension Fund Manager Encash % (specify percentage) or Rs and retain the balance in my account. Encash % (specify percentage) or Rs and purchase approved Annuity Plans with balance Insurance Company Type of Annuity						
Transfer % (specify percentage) or Rs to another Pension Fund Manager and retain the balance in my account and purchase approved Annuity Plans with balance Type of Annuity Type of Annuity	5 Withdrawal Details (For Participant)					
Encash % (specify percentage) or Rs and retain the balance in my account. Encash % (specify percentage) or Rs and purchase approved Annuity Plans with balance Insurance Company Type of Annuity	Encash full balance Transfer full balance to another Pension Fund Manager					
Encash % (specify percentage) or Rs and purchase approved Annuity Plans with balance Insurance Company Type of Annuity	Transfer % (specify percentage) or Rs to another Pension Fund Manager					
Insurance Company Type of Annuity						
	Insurance Company Type of Annuity					
Encash % (specify percentage) and purchase approved Drawdown/Income Payment Plan with balance. Effective date -						

6	Withdrawal Details (For Successor	or)					
Encash full Share Transfer to my new Individual Pension Account (Attach Registration Form)							
Transfer to existing individual Pension Account (Attach Account Statement)							
Purchase approved Annuity Plan Insurance Company Type of Annuity							
Encash	Encash % (specify percentage) or Rs and purchase approved Annuity Plans with balance						
Insurance C	Insurance Company Type of Annuity						
Note: incase of withdrawal prior to the retirement age or withdrawal exceeding 50% of the accumulated balance after attaining the retirement age, tax shall be deducted by the Pension Fund Manager subject to the conditions laid down in the income Tax ordinance, 2001.							
7 De	eclaration for Free Takaful Coveraç	ge (subject to investment retained in AIRSF)					
I declare fo	or:						
having h	nad any illness requiring a hospital stay, medica	I treatment or medical follow-up for more than 30 days					
	peen off work for sickness for more than 14 cons any surgical procedure or medical investigations		No L				
		ial fact may lead to the rejection of any claim relating	to this Takaful Scheme.				
Note: All abo	ove declarations are mandatory to tick. HQF will be	required if 'Yes' is tick to any of the above.					
8	Tax Details (For participant / Succ	cessor)					
Tax Status	s Please tick the appropriate option						
☐ I file t	the income tax returns I do not f	file the income tax returns					
	vide taxable income and tax paid/payable d required for withdrawal within limit at the ti	. , ,	Tax returns filed with the Federal Board of Revenue				
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) year. In absence of the required documents UBL Funds reserves the							
right to deduct tax including imposition of maximum tax rate prevailing at the time to comply with the income tax laws.							
9 Payment Instructions (For participant / Successor)							
I would like to receive the encashment amount in the form of Cheque Pay Order Demand Draft Online Account Transfer							
Bank Account Number Bank Account Title							
Bank Name	e & Branchccount transfer facility is available with selected banks	Bank Address					

Declaration

I undersigned am the registered participant or Successor (in case of death of participant) and would like to withdraw/transfer (as the case may be) the Investment amount as per the details given in this form. I have read and understood the Trust Deed and Consolidated Offering Document of the fund and understand that the withdrawal/transfer (as the case may be) would be made under the term, conditions, rules, and regulations as mentioned in these documents, I have carefully read and completed at applicable sections of this form that govern the transaction mentioned herein and acknowledge understanding the risks involved prior to submission of this form. I have carefully read and understood the tax related information given in section 8 of this withdrawal form and agree to its implication subject to prevalent Income Tax Law. I, hereby authorize UBL Fund Managers to disclose relevant profile information to any third party (ies) for performance of due diligence or for improvement in customer services & experience.

Undertaking

I/We, hereby give our consent to UBL Funds to share my/our information with any third party(ies) in order to perform KYC related verification including NADRA Verisys, IBAN, due diligence, Mobile CNIC pairing verification and for improvement in customer services. I/We hereby acknowledge having read and understood the Consolidated Offering Document(s) as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant CIS(s)/VPS(s)/Plan(s). I/We understand to access the Company website to keep myself updated before every operation of this account. I/We declare that I/We am/are the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I/We am/are fully informed and understand that investment in units of CIS(s)/VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any CIS(s)/VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned.

I/We hereby indemnify UBL Funds against any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information by me and / or due to technical issue in the site / portal / service for the execution of online transaction (online, IBFT & RTGS). I further indemnify UBL Funds from any loss or liability occurring by blocking of accounts due to any administrative action including missing or outdated Source of Income and/or Know Your Customer related information. I/We hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I/We understand that investment in CIS(s)/Plan(s)/VPS(s) are subject to market risks and fund prices may go up or down based on market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no guaranteed return or capital. I/We hereby also acknowledge that I/We have reviewed and understood detail of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Under the Cooling-off Right Investor can claim, first time investment in a CIS(s)/Plan(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

Date - -	
(dd-mm-yy)	Principal Unit Holder's Signature

Instructions & Guidelines

- 1. At the request of the participant/ Successor, the Transfer Agent will verify the signature, holding and other relevant details stated in the withdrawal & Transfer Form. In case of such verification, the verified withdrawal and Transfer form will be the only document accepted by the Trustee for encashment. If the verified Withdrawal & Transfer Form is lost, destroyed, or mutilated, a new withdrawal & Transfer Form will be verified by the Transfer Agent upon application by the participant/ Successor and on payment of such costs and on such terms so as to evidence indemnity and security.
- 2. Pension Fund Manager or Trustee has the right to reject application for want of any document(s) evidence required to be submitted by the participant/Successor.
- 3. Zakat will be deducted (in case zakat affidavit has not been provided).
- 4. Documents required in case of withdrawal by the Successor i) Succession certificate from the court of law (ii) Copy of CNIC/NICOP,(iii) Copy of individual Pension Account statement of the deceased participant and (iv) Death Certificate of deceased participant issued by provincial government.
- 5. In case of Transfer to another Pension Fund Manager, units of such value which are sufficient to meet the requested amount of transfer, held in the individual Pension Account of the participant, shall be redeemed at the Net Asset Value of each of the pertinent sub-funds notified at the close of the Business Day corresponding to the date of transfer. A cheque for the requested transfer amount shall then be sent directly to the new pension Fund Manager, under advice to the participant.
- 6. In case of purchase of approved annuity plan please attach application from the relevant insurance company. A cheque for the requested transfer amount shall then be sent directly to the life insurance company, under advice of the participant.
- 7. In case of Approved income drawdown please attach application from the relevant Pension Fund Manager. A cheque for the requested transfer amount shall then be sent directly to the relevant Pension Fund Manager, under advice to the participant.

For Office Use Only						
Distributor	Name of Agent	Su	ıb-Agent			
Reference/Agent No IC/Location		Remarks				
Processing Checklist						
Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.						
Customer ID	Title	Fund Plan / Product Name	Amount (in figure and in word)			
TS2 Number	Time stamp (affixed)	Document (as per compliance guidelines)	Signature of participant/successor			
Income Tax Return for the preceding three years (in case of more than 50% withdrawal at the time of retirement from VPS, early withdrawal before date of retirement from VPS and withdrawal from income payment plan before maturity)						