

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم /چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

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RETIREMENT OPTION REQUEST FORM

FORM - VPS - 06

Date:										Please write in block letters using black ink																												
Section 1 - Participant's Details																																						
(Full Name in Block Letters)																																						
Title				Mr.		Mrs.		Ms.		Registration Number																												
Participant's Name																NTN No.																						
Distinctive Account Number														-							-			-		0	1											
Retirement Age										Retirement Date																												
Section 2- Information Regarding Retirement																																						
Withdrawal in Cash																																						
Option 1		Upto50%					Option 2		Nil					Option 3		Upto____%					Option 4		Entire															
If Participant selects Option 1:																									Tick (✓)													
Transfer Balance to Income Payment Plan II												Activate Monthly Income Plan						Yes	No																			
Transfer Balance to Insurance Company for Purchase of an Annuity Plan																																						
Name of Insurance Company														Annuity Plan																								
Transfer Balance to other Pension Fund Manager (Form-VPS - 04 should be filled separately)																																						
If Participant selects Option 2:																									Tick (✓)													
Transfer Entire Balance to Income Payment Plan II												Activate Monthly Income Plan						Yes	No																			
Transfer Entire Balance to Insurance Company for Purchase of an Annuity Plan																																						
Name of Insurance Company														Annuity Plan																								
Transfer Entire Balance to other Pension Fund Manager (Form - VPS - 04 should be filled separately)																																						
If Participant selects Option 3:																									Tick (✓)													
Transfer Balance to Income Payment Plan II												Activate Monthly Income Plan						Yes	No																			
Transfer Balance to Insurance Company for Purchase of an Annuity Plan																																						
Name of Insurance Company														Annuity Plan																								
Transfer Balance to other Pension Fund Manager (Form - VPS-04 should be filled separately)																																						
Details of Tax:																																						
Copy of the Last Three Years' Assessment Order for Tax Rate Calculation (Attached)																Yes			No																			
Total Tax Paid or Payable for Three Preceding Tax Years																Rs.																						
Total Taxable Income for Three Preceding Tax Years																Rs.																						
If Participant selects Option 4:																									Tick (✓)													
Withdrawal of Entire Amount of Investment																																						
Copy of the Last Three Years' Assessment Order for Tax Rate Calculation (Attached)																Yes			No																			
Total Tax Paid or Payable for Three Preceding Tax Years																Rs.																						
Total Taxable Income for Three Preceding Tax Years																Rs.																						
Section 3 - Preferred Investment Scheme (Select any one)																																						
Money Market												☐	Debt												☐	Equity												☐
Section 4 - Undertaking and Signature																																						
I, the undersigned, hereby declare and acknowledge that:																																						
a) I confirm that I have read and understood the relevant provisions of the Offering Document, Trust Deed, and applicable policies governing the Pension Fund and Income Payment Plans;																																						
b) I understand that if I select Income Payment Plan II, my Monthly Income Payments (MIP) will comprise a combination of principal and profit, based on the monthly returns generated by the Pension Fund;																																						
c) I understand that the MIP schedule under Income Payment Plan II is projected over a period of ten (10) years. In accordance with the Offering Document of the Pension Fund, monthly principal withdrawals are capped at 90% of the invested principal amount. Any remaining balance will be fully disbursed upon completion of the ten (10)-year schedule;																																						
d) I understand that the amount of MIP is indicative and may vary depending upon the performance, returns, and valuation of the Pension Fund and its respective Sub-Funds;																																						
e) I understand that past performance is not necessarily indicative of future results and that the value of my investment may increase or decrease depending on market conditions;																																						
f) I understand that if I do not select any Sub-Fund, the entire amount will automatically be allocated to the Money Market Sub-Fund of the Pension Fund;																																						
g) I understand that if an Equity Sub-Fund of the Pension Fund is selected, the MIP amount will neither be calculated nor disbursed from the Equity Sub-Fund;																																						
h) I acknowledge that MCB Investment Management Limited shall not be responsible for any reduction in the value of my investment resulting from market fluctuations, changes in returns, or any other factors affecting the performance of the Pension Fund.																																						
																												Participant's Signature										
Section 5 - For Official Use Only																																						
Distributor's Information																																						
Distributor's Name				Distributor's Code								Transaction Code								Transaction Date																		
Name of the Authorised Person at Distribution Centre																Authorised Signatory																						
MCB INVESTMENT MANAGEMENT LIMITED Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi UAN: (+92-21) 111 468 378 (111 INVEST) URL: www.mcbfunds.com, Email: info@mcbfunds.com																																						
V-2026/10/09																																						