MEEZAN TAHAFFUZ PENSION FUND
CHANGE OF POST RETIREMENT PLAN

Al Meezan mein Itminan hai.

Pure. Profit.

AMIM-07-2025

Day	Month	Year

Portfolio No.:	

PRINCIPAL ACCOUNT HOLDER

Name(as per CNIC) Mr./Ms./Mrs.	
Contact Number	

CONVERSION DETAILS	☐ From MIPP to Growth Plan	☐ From MIPP to MIPP	☐ From Growth Plan to MIPP	☐ From Growth Plan to Growth Plan

ALLOCATION OFFERED TO MONTHLY INCOME PAYMENT PLAN (MIPP) AND GROWTH PLAN

Allocation (Plans)		Select only one	Equity Sub Fund	Debt Sub Fund	Money Market Sub Fund	Gold Sub Fund
Medium Volatility		☐	35% to 50%	Min. 40%	Min. 10%	Nil
Low Volatility		☐	10% to 25%	Min. 60%	Min. 15%	Nil
Lower Volatility		☐	Nil	Min. 40%	Min. 40%	Nil
Variable	Equity Sub Fund*	☐	100%	Nil	Nil	Nil
	Debt Sub Fund	☐	Nil	100%	Nil	Nil
	Money Mkt Sub Fund	☐	Nil	Nil	100%	Nil
	Gold Sub Fund*	☐	Nil	Nil	Nil	100%

These allocations are not available in Monthly Income Payment Plan (MIPP)

FOR MIPP OPTIONS

☐ Fixed Amount + Profit ☐ Fixed Amount _____

Fixed Amount option is not applicable in Medium Volatility

Payment Frequency ☐ Monthly ☐ Quarterly

Note:

- *The above allocation is subject to the discretion of Fund Manager as per the provision in Offering Document of MTPF.*
- *Re-balancing of Sub-funds as per the respective allocation is conducted at least once in a year in compliance with the regulatory requirements.*

Guidelines/Instructions:

1. This form is required to be filled if participant decides to change his/her post retirement plan and allocation scheme.
2. Please make sure that all information mentioned in the form has been provided correctly.
3. Information about Portfolio ID is mandatory.
4. Without complete details and signature of Participant on form, the officer at distributor's office will not accept the form.

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER

I/We hereby confirm that all information provided in this form is true and correct to be the best of my knowledge. I understand and agree that Al Meezan Investment Management Limited (Al Meezan) has suggested me a specific Allocation scheme as per my risk profile. However, I reserve the discretion to invest in any other Allocation Scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold Al Meezan responsible for any loss which may occur as a result of my decision. I further confirm that I have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these transaction. I have no objection to the investment and allocation policy determined by the commission and I am fully aware of the risks associated with the investment policy and the allocation policy chosen to invest.

_____

Signature of Principal Account Holder

Form Received By	Name and Signature of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	**Reporting Date**	**Signature & Stamp of Transfer Agent**
	Order Number	