Retirement Option Form

Pure. Profit.

Life ko Plan karo... Aaj se!

AMIM-07-2025

Day	Month	Year

Portfolio No.:	

PRINCIPAL ACCOUNT HOLDER

Name (as per CNIC) Mr./Mrs./Ms.:			
CNIC/NICOP Number		Contact Details	
Retirement Age		Retirement Date	
Type of Retirement	☐ Normal Retirement	☐ Pre-Mature Retirement due to disability	
Retirement due to Disability (Please attach Assessment Certificate)	Disability	Name of Medical Board	

RETIREMENT OPTIONS

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 OPTION - 1: ☐ with Al Meezan Investments

☐ **Income Payment Plan:** _____% (from 0% to 100%) Note: Disbursement of Income Payment Plan is subject to applicable Tax laws	Volatility	☐ Medium ☐ Low ☐ Lower ☐ 100% Debt Sub Fund ☐ 100% Money Market Sub Fund
☐ Fixed Amount + Profit (Fixed Amount option is not applicable in Medium volatility) ☐ Fixed Amount _____	Payment Frequency	☐ Monthly ☐ Quarterly

☐ **Growth Payment Plan:** _____% (from 0% to 100%). Payable at the time of maturity only.

☐ Medium ☐ Low ☐ Lower ☐ Equity Sub Fund ☐ Debt Sub Fund ☐ Money Market Sub Fund ☐ Gold Sub Fund

REMAINING AMOUNT OPTION - 2: ☐ Other Pension Fund Manager OR ☐ Annuity Plan of Insurance/Takaful Company

Name of the Company	
Amount to be Transferred Rs.	Date of Transfer

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I hereby confirm that all information provided in this form is true and correct to be the best of my knowledge. I reserve the discretion to invest in any 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 transactions. 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

For Official Use Only

Last 3 Years Tax Returns

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

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