

Please Select One:

Atlas Monthly Pension Plan
(An Income Payment Plan offered under APF)

Atlas Islamic Monthly Pension Plan
(An Income Payment Plan offered under APIF)



CHANGE OF PENSION FUND MANAGER/PENSION FUND FORM

PARTICIPANT DETAILS

Name: _____ Individual Income Payment Account No.: _____

Date of Submission of form: _____

Effective date of Transfer : _____ Date of last change of Pension Fund Manager/Pension Fund: _____

TRANSFER DETAILS TO ANOTHER PENSION FUND MANAGER/PENSION FUND

(This section is to be filled in if the Participant wishes to transfer amount to another Pension Fund Manager/Pension Fund)

I would like to transfer my monthly Pension Plan balance to: _____

Name of the new monthly Pension Plan: _____

Name of new Pension Fund Manager/Pension Fund: _____

Individual Income Payment Account no. with new Pension Fund Manager/Pension Fund: _____

Amount being transferred to the new Pension Fund Manager/Pension Fund: _____

* Please attach copy of the following:

Participant's Registration Form submitted to new Pension Fund Manager (Only required for Change of Pension Fund Manager)

TRANSFER DETAILS FROM ANOTHER PENSION FUND MANAGER/PENSION FUND

(This section is to be filled in if the Participant wishes to transfer amount from another Pension Fund Manager/Pension Fund)

I would like to transfer my monthly Pension Plan balance from: _____

Name of previous monthly Pension Plan: _____

Name of previous Pension Fund Manager/Pension Fund: _____

Individual Income Payment Account No. with previous Pension Fund Manager/Pension Fund: _____

Amount being transferred from previous Pension Fund Manager/Pension Fund: _____

* Please attach copies of the following:

Participant's Registration Form

Change of Pension Fund Manager Form submitted to the previous Pension Fund Manager

SIGNATURE

Participant's Name	Signature

PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Atlas Monthly Pension Plan Atlas Islamic Monthly Pension Plan

Received from Mr./Mrs./Ms.:	Date:	Authorized Branch: (Distributor Code) (Stamp)
Transfer to/ Transfer from:	Time:	
Name of Pension Fund:	Distributor:	
Name of Pension Fund Manager:	(Name & Signature)	
Amount being transferred:		

Missing Information (if any) _____