

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)

Managed by:  
 Atlas Asset Management  
(Pension Fund Manager)

## 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

### Customer Acknowledgement (for Internal Purpose)

I/We hereby confirm that acknowledgement receipt of my application has been received. Customer 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 & Signature)	
Name of Pension Fund Manager:		
Amount being transferred:		

Missing Information (if any) \_\_\_\_\_