

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 POST RETIREMENT PLAN

ریٹائرمنٹ کے بعد کے منصوبے میں تبدیلی

PARTICIPANT DETAILS سرمایہ کار کی تفصیلات

Name: نام _____ Individual Pension Account No: انفرادی پنشن اکاؤنٹ نمبر: _____
Mailing Address: ڈاک وصول کرنے کا پتہ: _____
Tel: ٹیلیفون نمبر: _____ Mobile: موبائل: _____ Date of Birth: تاریخ پیدائش: ____/____/____ Age: عمر: ____

CONVERSION DETAILS

- ☐ From Income Payment Plan to Growth Plan ☐ From Growth Plan to Income Payment Plan

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.

GUIDELINES/INSTRUCTIONS:

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 Atlas Asset Management Limited (AAML) 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 AAML 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: _____ Date of Signing: _____ Name of Participant: _____
دستخط دستخط کی تاریخ سرمایہ کار کا نام

Customer Acknowledgement (for Internal Purpose)

I/We hereby confirm that acknowledgement receipt of my application has been received.

Customer Signature _____

PARTICIPANT PROVISIONAL RECEIPT (Please take this duly filled in receipt from the Distribution Company before leaving)

Name of Pension Fund: ☐ APF ☐ APIF

Received from Mr./Mrs./Ms.:	Date:	Authorized Branch: (Distributor Code) (Stamp)
Application for the redemption at retirement :	Time:	
Individual Pension Account No:		Distributor: (Name & Signature)
Selected Retirement Date:	Selected Retirement Age:	
Along with information:		

☐ Missing Information (if any) _____