

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:



## EARLY REDEMPTION FORM

I am a : (Please select either one)

Participant (Please fill Section 1)

Nominee of a deceased Participant (Please fill Section 2)

Note: Each nominee shall separately fill out and submit the form

### 1. PARTICIPANT DETAILS

Name: \_\_\_\_\_ Monthly Pension Plan Account No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Selected Redemption Date: \_\_\_\_\_

I would like to Redeem on the selected redemption date:

Entire Balance of my Monthly Pension Plan Account

\_\_\_\_\_% of my Monthly Pension Plan Account

I am aware that Atlas Asset Management Limited is mandated to deduct tax on any redemption before the expiry of the Atlas Monthly Pension Plan/Atlas Islamic Monthly Pension Plan as per the provisions of the VPS Rules and Income Tax Ordinance, 2001.

### 2. NOMINEE DETAILS

Name of Nominee: \_\_\_\_\_ Father's Name: \_\_\_\_\_

CNIC/NICOP No: \_\_\_\_\_ NTN No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Name of deceased Participant: \_\_\_\_\_

Monthly Pension Plan Account No. (of deceased participant) : \_\_\_\_\_

\_\_\_\_\_ % of share belonging to nominee Relationship with deceased Participant: \_\_\_\_\_

### 3. TAXATION DETAILS

Please provide the following details along with copy of auditor's certificate or certificate from income tax department verifying the amounts or copies of paid Income tax returns filed with income tax department for the preceding three years.

Date	Tax Paid/Payable (Rs.)	Total Taxable Income (Rs.)
1. ____/____/____		
2. ____/____/____		
3. ____/____/____		

\* Date must be immediate three preceding tax years from date of redemption.

### 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)
Application for Change of Allocation Scheme:	Time:	(Stamp)
New Allocation Scheme Selected:		Distributor:
Effective Date:		(Name & Signature)

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

#### 4. PAYMENT DETAILS

Please send the cheque for the redemption proceeds at my registered address

Full Address with Postal Code: \_\_\_\_\_

Please send directly to the Bank as per following particulars:

Account Title: \_\_\_\_\_ Account No: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_ Branch Address with Postal Code: \_\_\_\_\_

#### DECLARATION AND CONFIRMATION

1- I understand that If I redeem before the end of plan, on all withdrawals before retirement whether in lump sum or installments, tax shall be applicable and Atlas Asset Management Limited shall withdraw withholding tax before making the payment.

3- I understand that it is my responsibility to provide accurate information regarding my tax details to the Pension Fund Manager who will not be liable in case of any misinformation provided by me.

4- I understand that incase of partial withdrawal, the Units of the Sub-Funds shall be redeemed in the proportion of the last selected Allocation Scheme.

Signature \_\_\_\_\_ Date of Signing \_\_\_\_\_ Name of Participant/Nominee \_\_\_\_\_

For office use only:

##### Sales Agent Information

Sales Agent's Name	Sales Agent's Code	Date & Time of Receiving Form	Authorized Signature & Stamp

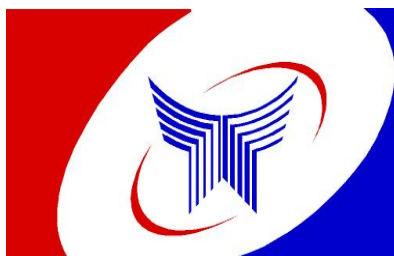
##### Distributor's Information

Distributor's Name	Distributor's Code	Code	Transaction Date & Time

Name of the Authorized Person at Distribution Centre

##### For Registrar Use Only

Request Form Received On (Date & Time)	Date Verified By	Data Input By
		Authorized Signature



Atlas Asset Management