

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:



## NOMINATION FORM

### PARTICIPANT DETAILS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Pension Account No. \_\_\_\_\_

### NOMINATION FORM

I nominate the following persons to receive proceeds from my above account according to their share in the event of my death. I agree and accept that nomination(s), shall not be binding upon the Trustee, the Pension Fund Manager or their Registrar, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Individual Pension Account to my nominee(s). I further agree that the Trustee, the Registrar and/or the Pension Fund Manager shall not be liable for any issues/disputes amongst my legal heirs and/or the nominees(s) arising out of this nomination.

No.	Name of Nominee	Relationship with you	Share %	CNIC/ NICOP/ B Form (For Minors) Other ID	Contact Information		Detail of Bank Account (if available)
					Residential Address	Tel	
			100%				

**Note:** The share must total to 100%. This nomination can be cancelled or amended upon with written request to the Pension Fund Manager or Registrar at any time.

Please update my nominee(s) status according to above mentioned details and cancel all details provided earlier, if any

Your Signature \_\_\_\_\_ Your Name (in full) \_\_\_\_\_

Date of Signing \_\_\_\_\_

Documents to be submitted along with form:

Copy of CNIC/NICOP/ B-Form of nominee(s) (as applicable)

### 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)
Nomination Form for Income Payment Plan Account No.: _____	Time: _____	
Along with following documents	Distributor: (Name & Signature)	
<input type="checkbox"/> Copy of CNIC/ NICOP/ B-Form of Nominee(s) (as applicable)		