



Day	Month	Year

Folio No.:	
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PRINCIPAL ACCOUNT HOLDER			
Name (as per CNIC) Mr./Mrs./Ms.:			
CNIC/NICOP Number		Contact Details	
Retirement Age		Retirement Date	
Type of Retirement	<input type="checkbox"/> Normal Retirement <input type="checkbox"/> Pre-Mature Retirement due to disability		
Retirement due to Disability (Please attach Assessment Certificate)	Disability		Name of Medical Board

RETIREMENT OPTIONS			
WITHDRAWAL OPTIONS			
<input type="checkbox"/> 50% of the amount (Tax Free) <input type="checkbox"/> _____ % of the Amount* <input type="checkbox"/> Entire Amount* (50% of the amount shall be tax free and remaining 50% amount shall be taxed at the rate specified in the Income Tax Ordinance, 2001.)			
* In case of Option 2 & Option 3 (Copy of the Last Three Years' Tax Return to be provided)			

REMAINING AMOUNT OPTION - 1: <input type="checkbox"/> with Lucky Investments Limited			
<input type="checkbox"/> Income Payment Plan: _____ % (from 0% to 100%) <small>Note: Disbursement of Income Payment Plan is subject to applicable Tax laws</small>		Volatility	<input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Lower
<input type="checkbox"/> Fixed Amount + Profit <small>(Fixed Amount option is not applicable in Medium volatility)</small>		<input type="checkbox"/> 100% Debt Sub Fund	<input type="checkbox"/> 100% Money Market Sub Fund
<input type="checkbox"/> Fixed Amount _____		Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Growth Payment Plan: _____ % (from 0% to 100%). Payable at the time of maturity only.			
<input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Lower <input type="checkbox"/> Equity Sub Fund <input type="checkbox"/> Debt Sub Fund <input type="checkbox"/> MoneyMarketSubFund <input type="checkbox"/> Gold SubFund			

REMAINING AMOUNT OPTION - 2: <input type="checkbox"/> Other Pension Fund Manager OR <input type="checkbox"/> Annuity Plan of Insurance/Takaful Company	
Name of the Company	
Amount to be Transferred Rs.	Date of Transfer

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)	
I hereby confirm that all information provided in this form is true and correct to be the best of my knowledge. I reserve the discretion to invest in any Allocation Scheme. I confirm that I am aware of associated risks with this Allocation scheme and confirm that I will not hold Lucky Investments 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 transactions. 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 of Principal Account Holder	

For Official Use Only			
Last 3 Years Tax Returns			
Previous Year	Taxable Income (Rs.)	Tax Paid (Rs.)	Tax Rate %
Year 1			
Year 2			
Year 3			

Form Received By	Name and Signature of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	Reporting Date	Signature and Stamp of Transfer Agent
	Order Number	