

# Voluntary Pension Schemes & Income Payment Plans Account Update Form

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

## Section 1: Account Holder Details

Account Title: \_\_\_\_\_ CNIC / Passport No. \_\_\_\_\_

### Request Change in:

- Address / Contact Details (Section 2)     
  Bank and Payment Details (Section 4)     
  VPS Details (Section 6)     
  Signature (Section 8)  
 Operating & Contact Instructions (Section 3)     
  Nominee Details (Section 5)     
  IPP Details (Section 7)

## Section 2: Address / Contact Details

Mailing Address: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section 3: Operating and Contact Instructions

- 1. Zakat Deduction:**  Yes  No\* (\*kindly provide Zakat Exemption Affidavit)  
**2. Would you like to receive:** SMS Alerts:  Yes  No      Emails:  Yes  No      Postal Mail:  Yes  No  
**3. Mode for Statements/ Reports:** Account Statements:  Email  Postal Mail      Transaction Statements:  Email  SMS      Fund Manager's Report:  Email  Do not send

## Section 4: Bank and Payment Details (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_  
 Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_

## Section 5: Nominee Details (attach additional pages in case of more than One nominee)

Name: \_\_\_\_\_ Share in nomination: \_\_\_\_\_%      Father's / Husband's Name: \_\_\_\_\_  
 Minor:  Yes  No      Name of Guardian (in case of Minor): \_\_\_\_\_      Relationship with Minor (in case of Minor): \_\_\_\_\_  
 CNIC / Passport No. (in case of Minor, provide Guardian's): \_\_\_\_\_      Expiry Date: \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section 6: Change in Retirement Date for Voluntary Pension Schemes (VPS)

**Select VPS Account for which you are requesting the changes:**  
 Name of Voluntary Pension Scheme:  JS Pension Savings Fund       JS Islamic Pension Savings Fund      **Update Retirement Age or Date:**  
 Type of Account:  Normal VPS Account       Provident-Fund Linked VPS Account      Retirement  Age /  Date: \_\_\_\_\_

## Section 7: Change in Term of Income Payment Plan (IPP)

- 1. Select the Income Payment Plans (IPP) for which you wish to make updates:**  
 Conventional IPP (under JS Pension Savings Fund (JSPSF))       Islamic IPP (under JS Islamic Pension Savings Fund (JSIPSF))  
**2. Revised Plan Term / Period:** \_\_\_\_\_ Years (Up to 15 Years after retirement | Disbursements under a Plan of 10 Years or more will be exempt from Tax, )  
**3. Choose one of the following Pension disbursement option (payment will be made from Pension Segment in both options)**  
 Fixed Monthly Payment (in PKR) \_\_\_\_\_ (amount in words) \_\_\_\_\_  
 Draw-Down Monthly Payment (Draw-Down method calculates disbursement amount every month by dividing Pension Segment Balance by remaining number of months)

## Section 8: Signature change I Update CNIC on records

In case of Signature change, please provide new specimen signature:

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

CNIC / Passport: \_\_\_\_\_

I wish to provide a renewed CNIC for records (attach copy of CNIC with this form)

Specimen Signature on Records

New Specimen Signature

## Section 9: Declaration (for All Applicants)

- I hereby acknowledge that I have fully understood all the reference notes, and provisions of the Trust Deed and Offering Document. Further, I ratify that the information provided in this Form is correct.  
 I also agree and accept that nomination(s) shall not be binding upon Management Company and the Trustees, who may at their sole discretion, demand for Succession Certificate or any other mandate from a competent authority.

Account Holder Signature

Witness Name (1): \_\_\_\_\_

Witness Name (2): \_\_\_\_\_

CNIC No: \_\_\_\_\_

CNIC No: \_\_\_\_\_

**Note:** In case of thumb impression/ shaky/ immature signature, please submit a photograph (which may be a digital photograph). In all such cases two witnesses are required to sign the form.

### Reference Notes

- If any field is not applicable, please write N/A. ● Management Company or Trustee has the right to reject application. ● Web/ Mobile App User ID and Password (if requested) shall be sent via Email. ● Zakat Exemption Affidavits of all joint holders are required for Zakat Exemption. In case of Non-muslim, Zakat Deduction will not be applicable.

### For Official Use

Channel Partner: \_\_\_\_\_ Region / City: \_\_\_\_\_ Branch Name / Code: \_\_\_\_\_

Relationship Manager: \_\_\_\_\_ Comments: \_\_\_\_\_

### Proof of Application for VPS Account Update - (Investor's Copy)

Account Title: \_\_\_\_\_

CNIC No. \_\_\_\_\_

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

Account Update requested: \_\_\_\_\_

Channel Partner: \_\_\_\_\_

Relationship Manager: \_\_\_\_\_

Receiving Stamp & Signature: