

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category [Please tick(✓)]	Central Govt.	<input type="checkbox"/>	State Govt.	<input type="checkbox"/>
	Central Autonomous Body	<input type="checkbox"/>	State Autonomous Body	<input type="checkbox"/>
	All Citizen Model	<input type="checkbox"/>	Corporate Sector	<input type="checkbox"/>
	NPS Lite (GDS)	<input type="checkbox"/>		

Affix
recent photograph of
3.5 cm × 2.5 cm size /
Passport size

To,
National Pension System Trust.
Dear Sir/Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)		Generated from Central KYC Registry
Retirement Adviser Code (If applicable)		

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>
First Name*			
Middle Name			
Last Name			
Subscriber's Maiden Name (if any)			
Father's Name*	F i r s t M i d d l e L a s t		
(Refer Sr. No. 1 of instructions)			
Mother's Name*	F i r s t M i d d l e L a s t		
(Refer Sr. No. 1 of instructions)			
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]	<input type="checkbox"/>		
Date of Birth*	d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof)		
City of Birth*			
Country of Birth*			
Gender* [Please tick (✓)]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Nationality*	Indian <input type="checkbox"/>		
Marital Status*	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Others <input type="checkbox"/>
Spouse Name*	F i r s t M i d d l e L a s t		
(Refer Sr. No. 1 of instructions)			
Residential Status*	Indian		

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport		Passport Expiry Date	d d / m m / y y y y
Voter ID Card		PAN Card	
Driving License		Driving License Expiry Date	d d / m m / y y y y
NREGA JOB Card			
Others	Name of the ID		I D N u m b e r Please refer Sr. No. 2 of the instructions.
UID (Aadhaar)	<input type="checkbox"/>	(UIDI [Aadhaar] number not required.)	

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable]	Correspondence Address	Permanent Address
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>		
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

4.2 PERMANENT ADDRESS DETAILS*

Tick (✓) in the box in case the address is same as above.

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>		
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

5. CONTACT DETAILS

Tel. (Off) (with STD code)	+																	Tel. (Res): (with STD code)	+																
Mobile* (Mandatory)	+	9	1																															(Mobile Number is required for communication and to get SMS alerts)	
Email ID																																			

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

- Occupation Details* [please tick(✓)]
- Private Sector Public Sector Government Sector Professional
- Self Employed Homemaker Student Others (Please Specify)
- Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above
- Educational Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.)
- Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)]	Savings A/c	<input type="checkbox"/>	Current A/c	<input type="checkbox"/>	
Bank A/c Number	<input type="text"/>				
Bank Name	<input type="text"/>				
Branch Name	<input type="text"/>				
Branch Address	<input type="text"/>			PIN Code	<input type="text"/>
	State/U.T.	<input type="text"/>	Country	<input type="text"/>	
Bank MICR Code	<input type="text"/>		IFS Code	<input type="text"/>	

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with the Nominee	Date of Birth (In case of Minor)	<input type="text"/>
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. NPS OPTION DETAILS (Please tick (✓) as applicable)I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II**10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*** (Please refer to Sr no. 6 of the instructions)**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:**

- Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs , if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Govt/Ministry.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Birla Sunlife Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):**Section I***US Person* Yes No **Section II***

For the purposes of taxation, I am a resident in the following countries and my T out below or I have indicated that a

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
T			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any becomes incorrect and to provide fresh self-
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of subscriber Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator NPS Lite Account Office (NL-AO) Registration Number NPS Lite - Collection Centre (NL - CC) Registration Number Membership No. allotted by Aggregator (if any) Place Date **16. TO BE FILLED BY POP-SP**Receipt No. (17 digits) POP-SP Registration Number Document accepted for date of Birth Proof: Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals V) (Attested) True CopiesIdentity V Done **Existing Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:	
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input style="width: 100px;" type="text"/>	

[To be filled by CRA - Facilitation Centre (CRA-FC)]Received by CRA-FC Registration Number Received at Date Acknowledgement Number (by CRA-FC) PRAN Alloted **ACKNOWLEDGEMENT**Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory are left blank or the application form is printed back to back
- (d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (e)
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb'

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
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2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td></td> <td>3</td> <td>Bank Pass book or with photograph and residential address</td> </tr> <tr> <td>4</td> <td>for an existing customer.</td> <td>4</td> <td>for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)																																																																			
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military senior executives of state-																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fund (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by subscriber on FATCA Compliance	<ul style="list-style-type: none"> Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal code/number and resident registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as T In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of 																																																																
8	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated of POP/POP-SP/Nodal with the seal and stamp. Left Thumb impression in case of males and Right Thumb Impression in case of females.																																																																

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA

Website: <https://www.npskra.nsdcl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 NSDL e-Governance Infrastructure Limited
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

KFINTECH CENTRAL RECORDKEEPING AGENCY (NPS)



Please select your category [Please tick(✓)]	Central Govt. <input type="checkbox"/>	State Govt. <input type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

To,
National Pension System Trust.
Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers													
KYC Number (if applicable)												Generated from Central KYC Registry	
Retirement Adviser Code (If applicable)													

1. PERSONAL DETAILS : (Please refer to Sr. No. 1 of the instructions)

Name of Applicant in full Shri Smt. Kumari

First Name* [Grid]

Middle Name [Grid]

Last Name [Grid]

Subscriber's Maiden Name(if any) [Grid]

Father's Name* [Grid]

(Refer Sr. No. 1 of instructions)

Mother's Name* [Grid]

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case mother's name to be printed instead of father's name [Please tick (✓)]

Date of Birth* [Grid] / [Grid] / [Grid]

City of Birth* [Grid]

Country of Birth* [Grid]

Gender* [Please tick (✓)] Male Female Others Nationality* Indian

Marital Status* Married Unmarried Others

Spouse Name* [Grid]

(Refer Sr. No. 1 of instructions)

Residential Status* Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport	Passport Expiry Date
Voter ID Card	PAN Card
Driving License	Driving License Expiry Date
NREGA JOB Card	
Others	Name of the ID
<small>Please refer Sr. No. 2 of the instructions.</small>	

UID (Aadhaar) (UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)* [Please tick (), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Correspondence Address Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/water/Electricity/Telephone[Landline or postpaid mobile] Bill	Permanent Address Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/water/Electricity/Telephone[Landline or postpaid mobile] Bill
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4.1. CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid] Landmark [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid] PIN Code [Grid]

State/U.T. [Grid]

4.2. PERMANENT ADDRESS DETAILS* Tick (✓) in the box in case the address is same as above.

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid] Landmark [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid] PIN Code [Grid]

State/U.T. [Grid]

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle(LC)Funds	Please Tick (✓) Only One	Choices in Govt. sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50			
LC 25		Available	

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr.no. 7 of the instructions)

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed there under and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has that right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date / /

Place :

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr.no. 8 of the instructions) :

Section I*

US Person* Yes No

Section II*

For the purposes of taxation, I am a resident in the following countries and my Permanent Account Number (PAN) / Tax Identification Number (TIN) / Functional Equivalent Number in each country is set out below or I have indicated that a PAN/TIN/functional equivalent Number is unavailable (kindly fill details of all countries of tax residence if more than one) :

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Permanent Account Number (PAN) / Tax Identification Number (TIN)/Functional Equivalent Number			
PAN/TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 there under and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India or any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date <input type="text" value="d d / m m / y y y y"/>	
Place : <input type="text"/>	Signature/Thumb Impression* of Subscriber in black ink (*LTI in case of male and RTI in case of females)
Name of subscriber <input type="text"/>	

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining <input type="text" value="d d / m m / y y y y"/>	Date of Retirement <input type="text" value="d d / m m / y y y y"/>
Employee Code/ID (If applicable) <input type="text"/>	Employee Code/ID and PRAN are optional. If you intend to provide, mention any one.
PPAN (If applicable) <input type="text"/>	
Group of Employee (Tick as applicable) Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>	
Office <input type="text"/>	
Department <input type="text"/>	
Ministry <input type="text"/>	
DDO Registration Number <input type="text"/>	
DTO/PAO/CDDO/DTA/PrAO Registration Number <input type="text"/>	
Basic Pay <input type="text"/>	
Pay Scale <input type="text"/>	

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he /she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text" value="d d / m m / y y y y"/>	

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining <input type="text" value="d d / m m / y y y y"/>	Date of Retirement <input type="text" value="d d / m m / y y y y"/>
Employee Code/ID <input type="text"/>	
Corporate Regd. Number (CHO No.) Allotted by CRA <input type="text"/>	
CBO No. allotted by CRA <input type="text"/>	

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he /she has read entries / entries have been read over to him / her by us and got confirmed by him / her.

Date <input type="text" value="d d / m m / y y y y"/>	Place <input type="text"/>
Signature of the Authorised person (In the box above)	Rubber Stamp of the Corporate (In the box above)
Designation of the Authorised Person <input type="text"/>	

15. TO BE FILLED BY POP-SP

Receipt No. (17 digits) POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES NO KYC Compliance YES NO

Document Received: (Originals Verified) Self Certified (Attested)True Copies

Identity Verification : Done

Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer.
 The above applicant is having an operative Bank/Demat/Folio/..... account (specify nature of the account) having account number/client ID.....maintained at branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum..... is not a Basic Savings Bank Deposit Account (applicable in case of Bank PoP).

To be filled by POP-SP		Name:
		Designation:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/>

To Be Filled by CRA Branch

Received by CRA-Branch

Received at Date

Acknowledgement Number (by CRA-Branch)

PRAN Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount

Stamp and Signature of the Employee/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- In case, you mention the KYC number submission of proof for the same in necessary.
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.
- The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S.No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is only for Resident Indians and there is a separate Form for Non Resident Indians and overseas citizens of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
		Father's Name	i. Father's name is mandatory. ii. If father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Mother's Name	i. Mother's name is mandatory. ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer</td> <td>4</td> <td>Certificate of the POP for an existing customer</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the state Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Financial Institutions and listed companies for their employees. 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(I) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.																																																																			
(II) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																			
(III) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)																																																																			
3	6	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by documentary proof, Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number, and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fun (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely(i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by Subscriber	Signature/Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																
8	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence of tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none"> Jurisdiction(s) of Tax Residence : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax Identification Number (TIN) : Tin need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. 																																																																

General Information for Subscribers

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- Subscribers are advised to retain the acknowledgment slip signed/stamped by the designated nodal officer where they submit the application.
- For more information/clarifications, contact CRA:

Website: <https://nps.kfintech.com>
 Call: 1800 208 1516
 Address: KFin Technologies Pvt. Ltd.
 Tower- B, Plot No 31 & 32,
 Selenium Building, Financial district,
 Nanakramguda, Gachibowli,
 Hyderabad - 500 032.

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

TIER II DETAILS

I hereby submit the following details for activation of Tier – II account under NPS.

1. PAN card Number (Mandatory) :
2. **Subscribers Bank Details:** (All bank details are mandatory except MICR Code)
 If same as Tier I, Please Tick (✓) else, provide the details below: Savings A/c Current A/c
- Bank A/c Number
- Bank Name
- Branch Name
- Branch Address PIN CODE
- State/U.T. C o u n t r y
- Bank MICR Code IFS Code

Subscriber's Nomination Details

If same as Tier I, Please Tick (✓) else, provide the details below. In case you desire to nominate more than one person, please fill Annexure III.

3. Name of the Nominee:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Date of Birth (In case of Minor)

5. Relationship with the Nominee:

6. Nominee's Guardian Details (in case of a minor):

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Subscriber Scheme Preference

7. If same as Tier I, Please Tick (✓) else, provide the details below

(i) PENSION FUND SELECTION (Tier II) : Please read below conditions before opting for the choice of Pension Funds:

* Name of the Pension Funds are given in alphabetical order.

Name of the Pension Fund (Please select only one)	Please Tick (✓) Only One
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

* Selection of Pension Fund is mandatory both in Active and Auto Choice.

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected ‘Active Choice’ the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments.
Specify %				100%	

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
3. The total allocation across E, C and G asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the ‘Auto Choice’ investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 75		
LC 50		
LC 25		

Declaration & Authorization by subscriber

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-pin (to access CRA/NPSCAN and view details) & T-pin on the CRA website.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date: _____

Place: _____

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of female)

To be filled by POP/POP – SP/Nodal Office



Copy of PAN Card Submitted YES NO

POP-SP/ Seal		Signature of Authorised Signatory		Name:	
				Designation:	
				Place:	
		Date		d d / m m / y y y y	

ADDITIONAL REQUEST DETAILS**1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)First Name Middle Name Last Name **2. Name of Mother** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)First Name Middle Name Last Name **3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)**

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

	Name:
	Place:
Signature/Thumb Impression* of Subscriber in black ink	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

ADDITIONAL NOMINATION FORM
INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth* (Only in case of a minor):

1st Nominee <input type="text" value="d d / m m / y y y y"/>	2nd Nominee <input type="text" value="d d / m m / y y y y"/>	3rd Nominee <input type="text" value="d d / m m / y y y y"/>
--	--	--

4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Percentage Share:

1st Nominee <input type="text" value=""/> %	2nd Nominee <input type="text" value=""/> %	3rd Nominee <input type="text" value=""/> %
---	---	---

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

Dated this _____ day of _____ 20 _____ at _____

Signature/ Thumb Impression* of the Subscriber

***Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.**

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
 _____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
 (Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Signature of the Authorised Person

Annexure NCIS			To be used for subscribing under NPS		
National Pension System (NPS)					
NPS Contribution Instruction Slip (NCIS) - All fields marked with * are mandatory.					
Subscriber Details:					
Subscriber's PRAN*: _____ / New Application					
Name of the Subscriber* : _____					
Are you a Govt. Employee covered under NPS - <input type="checkbox"/> Yes <input type="checkbox"/> No (please select, if applicable) (See instructions at Sr. No. 1)					
Phone No/ Mobile No.: _____					
Payment Details*:					
Cheque/DD/Cash	Cheque/DD No.	Bank Name, Branch & City (mandatory in case of cheque/DD)	Amount to be invested in Tier 1	Amount to be invested in Tier 2	Total Amount to be invested

Total Amount to be invested (in words): _____

Instructions:

- Govt. employees who are mandatorily covered under NPS can contribute voluntarily for Tier 1 [under the applicable sections of IT Act, 1961] and for Tier 2 vide this NCIS. Voluntary contributions under Tier-I qualify for deduction under applicable sections of Income Tax Act, 1961 [please refer relevant provisions and rules].
- Please quote your 12 digit PRAN allotted by Central Recordkeeping Agency (CRA) also on the reverse of the cheque/DD. In case of new application, please mention "New Application" on the reverse of the cheque/DD.
- Cheque/DD should be drawn in favor of "POP (Name of the POP) Collection Account - NPS Trust" and crossed A/c payee only. Please ensure sufficient balance is available in the bank account, before submitting the Cheque.
- Copy of PAN should be enclosed in case of cash contribution of Rs. 50,000 and above.
- Each contribution i.e. contribution under Tier I and Tier II will be treated as a separate transaction and will be charged separately. **For details of the charge structure, please refer to the PFRDA offer document at www.pfrda.org.in.**

Signature/Left Thumb Impression
of Subscriber

(To be filled by POP/POP-SP)

Received by: _____	POP-SP Registration Number: _____
Received at: _____	Date: _____ Time Stamp: _____
Receipt Number	
(To be provided by POP-SP)	

Perforation) - NCIS Acknowledgement to the Subscriber

(To be filled by POP/POP-SP)		
POP-SP Registration Number: _____		
PRAN:		
Name of the Subscriber: _____	Date: __/__/____	Time Stamp: _____
Cheque/DD Number: _____	Cheque/DD date: _____	Drawn on: _____
Receipt Number		
(To be provided by POP-SP)		
1. Amount received Tier I: Rs.	2. Amount received Tier II: Rs.	
3. POP Registration Charges (one time): Rs.	4. POP Transaction Charges: Rs.	
5. Service tax (as applicable): Rs.		
6. Amount invested: Rs.	Signature/Stamp of POP/POP-SP/Place	
[(1+2)-(3+4+5)]		

- Each contribution i.e. contribution under Tier I and Tier II will be treated as a separate transaction and will be charged separately [for details of the charge structure, please refer to the PFRDA offer document at www.pfrda.org.in].
- Voluntary contributions under Tier-I qualify for deduction under applicable sections of Income Tax Act, 1961 [please refer relevant provisions and rules].

National Pension System (NPS) Subscriber request to change POP-SP

Receipt No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(To be filled by POP-SP)

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields mark with * are mandatory.)

Sir/Madam,

I _____ (Name of the subscriber as in PRAN card) would like to change my Point of Presence - Service Provider (POP-SP) _____ (Name/Reg. No. of source POP-SP) to _____ (Name/Reg. No. of target POP-SP). A photocopy of my PRAN card is attached. My NPS related details are provided below:

Permanent Retirement Account Number*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(As allotted by CRA)

Date _____ Signature/Left Thumb impression of Subscriber* _____

(To be filled by POP/POP-SP)

Received by: _____ POP-SP Registration Number: _____

Received at: _____ Date: _____ Time Stamp: _____

Details verified by: _____ Date: _____ Time Stamp: _____

Acknowledgement for Subscriber

(To be filled by POP/POP-SP)

Received from:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 POP-SP Registration Number: _____
(PRAN)

Received at: _____ Date: _____ Time Stamp: _____

Receipt Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(To be provided by POP-SP)

Signature/Stamp of POP/POP-SP

- The change request can be submitted to the source POP-SP or the target POP-SP. The source POP-SP is the POP-SP to which the subscriber is presently associated. The target POP-SP is the POP-SP to which the Subscriber wants to shift.
- The change request submitted by the Central/State Government employees (who are mandatorily covered under NPS) will be applicable to Tier II account only.
- For POP-SP name and Reg. No please visit CRA website (www.npscra.nsdl.co.in).

Scheme Preference Change: Tier II

(i). PENSION FUND SELECTION:

PFM Name (Please select only one)	Please Tick (✓) only one
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(ii). Investment Option :(Please Tick (✓) in the box given below showing your investment option)Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50)
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii). Active Choice Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments.
Specify %				100%	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in **Annexure A**. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

iv) Auto Choice Option (To be filled up only in case you have selected the 'Auto Choice' investment option).In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Note:1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75	<input type="checkbox"/>	
LC50	<input type="checkbox"/>	
LC25	<input type="checkbox"/>	

CRA generated Acknowledgement Number (to be filled by Nodal Office): _____

I _____, the applicant, do hereby declare that Information stated above is true to the best of my information & belief.

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Signature/ Thumb
Impression of the Subscriber

TO BE FILLED/ATTESTED BY DDO (Mandatory if the request is processed by the associated Nodal Office)

Rubber Stamp of the DDO

Signature of the DDO
Name : _____ Designation: _____

TO BE FILLED/ATTESTED BY NODAL OFFICE

Rubber Stamp of the Nodal Office

Signature of the Nodal Office (PAO/DTO/DTA/POP/POP-SP)
Name : _____ Designation: _____

Acknowledgement to the Subscriber

(To be filled by Nodal Office)

Scheme Preference Change:

Tier I

Tier II

Nodal Office Registration Number: _____

PRAN: _____

Name of the Subscriber: _____

Date: __/__/____ Time Stamp: _____

Receipt Number
(Mandatory for POP/POP-SP)

1. POP Transaction Charges:

Rs.

2. Tax as applicable:

Rs.

3. Total Charges:

Rs.

Signature/Stamp of Nodal Office/Place

Instructions for filling the Form

- The Government Subscribers shall use this form for Scheme Preference Change for Tier I and Tier II account.
- Nodal Office[#] refers to PAO/DTO/DTA or a POP/POP-SP.
- All fields mark with (*) are mandatory. All Dates should be in DDMMYYYY Format.
- For Tier I, the Subscribers shall submit the application to associated Nodal Office only.
- For Tier II, the Subscribers shall submit the application to associated Nodal Office or POP.
- For more details on scheme preference change, you may visit CRA website (www.npsra.nsdli.co.in).

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

Section A - General Information* (Mandatory for all sector Subscribers. Please tick the respective block which is applicable.)

I) Subscriber's Name *: _____
(First Name) (Middle Name) (Last Name)

II) PRAN (Permanent Retirement Account Number) *:

III) Existing PRAN association (Refer Instruction No. I)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

IV) Target PRAN association (Refer Instruction No. II)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

V) PAN

VI) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)

Nominee's Name: : _____
(First Name) (Middle Name) (Last Name)

Relationship with the Nominee: Date of Birth (In Case of Minor):
D D M M Y Y Y Y

Nominee's Guardian Details (in case of a minor): _____
(First Name) (Middle Name) (Last Name)

Section B - Additional information for Subscribers shifting to Government Sector

I. Employment Details (All Details are Mandatory):

[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]

a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)

c) Group of the Employee : A B C D

d) Office:

e) Department:

f) Ministry:

g) Basic Salary:

h) Pay Scale:

II. Scheme Preference Details: Please submit Subscriber Scheme Preference details on Page 4.

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Department

Signature of the Authorised Person _____

Rubber Stamp of the DDO

Designation of the Authorised Person _____

Name of the DDO _____

Date

Department / Ministry _____

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
- VII. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- VIII. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- IX. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
- X. Illustrative list of documents acceptable as proof of identity and address.

S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India.	1	Passport issued by Government of India
2	Ration card with photograph.	2	Ration card with photograph and residential address
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accomodation)

Note:

You are required to bring original documents & two self-attested photocopies for verification.

SUBSCRIBER SCHEME PREFERENCE:**(i). PENSION FUND SELECTION – (TIER I): Please read below conditions before opting for the choice of Pension Funds:**

1. Government Sector: The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber

(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.

In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section needs to be ignored, if choice to employees is not notified by the respective State Govt/Ministry.

2. All Citizens of India Sector: Subscribers have the option to choose the available PFs as per their choice in the table below.

3. Corporate Sector: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund (Please select only one)	Please Tick (√) only one	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Birla Sunlife Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizens subscriber

(ii). INVESTMENT OPTION [Please Tick (√) in the box given below showing your investment option].

Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE-ASSET ALLOCATION (To be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note:1. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlt. Etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in **Annexure A**. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC) Funds	Please Tick (√) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC75	<input type="checkbox"/>	Not available	
LC50	<input type="checkbox"/>	Available	
LC25	<input type="checkbox"/>		

Date: _____ Place: _____

Name of Subscriber: _____

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

ADDITIONAL NOMINATION FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: VI). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
First Name _____	First Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____

2. Present Communication address of the Nominees*:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date of Birth* (Only in case of a minor. In DD/MM/YYYY):

1st Nominee: ___/___/_____	2nd Nominee: ___/___/_____	3rd Nominee: ___/___/_____
----------------------------	----------------------------	----------------------------

4. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
_____	_____	_____

5. Percentage Share*:

1st Nominee _____%	2nd Nominee _____%	3rd Nominee _____%
--------------------	--------------------	--------------------

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name _____	First Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____

Signature/ Thumb Impression* of the Subscriber

Dated this _____ day of _____ 20 at _____

TO BE FILLED/ATTESTED BY POP-SP/DDO

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber stamp of the POP-SP/DDO

Signature of the Authorised Person

POP-SP/DDO Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO Office Name _____

Date: _____

TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA PrAO

POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number
 (Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO

_____ Signature of the Authorised Person

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

Section D - Subscriber's Annuity Details (Please refer instruction No. 15 & 16) (Not to be filled in case of complete withdrawal)**Select Annuity Service Provider (please tick one of the below options as per your choice)**

- | | |
|--|--|
| <input type="checkbox"/> Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. | <input type="checkbox"/> HDFC Life Insurance Co. Ltd. |
| <input type="checkbox"/> IndiaFirst Life Insurance Co. Ltd. | <input type="checkbox"/> ICICI Prudential Life Insurance Co. Ltd. |
| <input type="checkbox"/> Life Insurance Corporation of India | <input type="checkbox"/> Kotak Mahindra Life Insurance Co. Ltd. |
| <input type="checkbox"/> SBI Life Insurance Co. Ltd. | <input type="checkbox"/> Max Life Insurance Co. Ltd. |
| | <input type="checkbox"/> Star Union Dai-ichi Life Insurance Co. Ltd. |

Select Annuity Scheme (please tick one of the below options as per your choice)

- Annuity for Life
- Annuity for Life with return of purchase price on death
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity
- NPS-Family Income option (Default annuity)
- Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- Monthly Quarterly Half Yearly Annual

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Nomination Details*

Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name :	Relationship :	Percentage Share:
	Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY	
	Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)	
	Address & Contact Details :		
Guardian Signature (Only in case of minor)			
	Name :	Relationship :	Percentage Share:
	Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY	
	Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)	
	Address & Contact Details :		
Guardian Signature (Only in case of minor)			
	Name :	Relationship :	Percentage Share:
	Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY	
	Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)	
	Address & Contact Details :		
Guardian Signature (Only in case of minor)			

Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

Family Member Details for providing annuity as chosen by the subscriber.

Sr.No.	Details	Full Name	Aadhar/VID	PAN ^s	Date of Birth ^s
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

Fields marked with* are mandatory.

^sMandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option

Declaration by the Subscriber

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account details provided by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate
(Not to be filled in case of complete withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

Signature of the person making the declaration

Name & Address _____

Place _____ Date: DD / MM / YYYY

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

Section G - Declaration & Attestation by Nodal Office**TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP**

- I/we have verified the documents as submitted by the Subscriber with the originals and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
- That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
- That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
- It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment. (only for government nodal office).

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person : _____ DDO/POP-SP/NLCC Office Name: _____

Date / /

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/Aggregator Registration Number _____

Designation of the Authorised Person : _____ DTO/PAO/POP/Aggregator Office Name: _____

Date / / **[As per Regulation 3(b)/4(b)/5(b) of PFRDA (Exits and Withdrawals) under the Regulations, 2015]**

(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth before the age of superannuation and where the total pension wealth is equal to or less than rupees 1,00,000/-.

I, _____ S/D/W/o _____, aged about _____ years,

residing at _____ do hereby solemnly affirm and declare as under:

- That I am a Subscriber of National Pension System, holding PRAN _____
- That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs. _____ which is less than/equal to the limit of Rs. 1,00,000/-, I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines,

Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

Date : DD / MM / YYYY

Place :

*** Signature/Thumb Impression of the Subscriber**

*In case of female right thumb impression and in case of male left thumb impression may be taken.

Rubber Stamp of the DDO/POP-SP/ NLCC

Signature of the DDO/POP-SP/ NLCC

Date / /

Registration No. of DDO/POP-SP/ NLCC

Rubber Stamp of the
DTO/PAO/POP/AggregatorSignature of the
DTO/PAO/POP/AggregatorDate / / Registration No. of
DTO/PAO/POP/Aggregator

INSTRUCTIONS FOR FILLING UP THE FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth on account of Pre-Mature withdrawal

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl.com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office.
2. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. Subscriber (other than government sector & Corporate) has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 or circular issued by the authority.
4. All the columns in the form should be filled with black ink pen without any overwriting.
5. Fields marked with (*) are mandatory.
6. Correct postal address, including the pin code should be provided.
7. **Documents to be enclosed with withdrawal application form:**
 - i. **Copy of the Address proof** attested by the Nodal office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
 - ii. **Copy of the Identity proof** attested by Nodal Office.
 - iii. **Copy of PRAN card** (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - iv. **Cancelled cheque** (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate/ Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
8. **Withdrawal preference:**
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 1 lakh).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump- sum and amount to purchase life annuity provided under Section C of the Form.
 - iii. In case of percentage of withdrawal is not provided by the subscriber, a default 20% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 80% of the amount shall be utilised for annuity purchase. The subscriber needs to mandatorily provide the Annuity details under Section D - Annuity Details, in case of Normal withdrawal.
 - iv. The subscriber availing the complete withdrawal option (where the accumulated amount is less than Rs. 1 lakh) shall leave the Annuity Details section and Subscriber Family Member Details blank and fill up Request Cum Undertaking Form provided along with the Form.
 - v. If the accumulated pension wealth of the subscriber is more than one lakh rupees but the age of the subscriber is less than the minimum age required for purchasing any annuity from any of the empanelled annuity service providers as chosen by such subscriber, such subscriber shall continue to subscribe to the National Pension System, until he or she attains the age of eligibility for purchase of any annuity

9. For details of Annuity options and Annuity Service Providers, please read instructions No. 15.

10. List of documents acceptable as Proof Identity and Address for exit under NPS (for all variants):-

Sl. No.	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	-	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

11. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.

If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.

12. Subscriber of All Citizen model (including corporate sector) has to be part of NPS for atleast 10 years as per Regulation 4 (b) of the PFRDA (Exits and Withdrawal under National Pension System) Regulation 2015.

13. Subscriber of NPS Lite seeking to withdraw pension wealth benefits before attaining the age of 60 years should be subscribing to the NPS for at least 25 years as per Regulation 5 (b) of the PFRDA (Exits and Withdrawal under National Pension System) Regulation 2015. This Condition does not apply to subscriber who have not received swavalamban credit.

14. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

NPS Claims Processing Cell,

Central Record Keeping Agency,
NSDL e-Governance Infrastructure Ltd,
1st Floor, Times Tower,
Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel,
Mumbai - 400013.

15. Annuity Service Providers

There are 9 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order).

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Annuity Service Provider Name	Minimum Age	Minimum Corpus (Rs.)
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.	45	2,25,000
HDFC Life Insurance Co. Ltd.	20	Any Amount
ICICI Prudential Life Insurance Co Ltd	30	Any Amount
IndiaFirst Life Insurance Co. Ltd.	40	10,000
Kotak Mahindra Life Insurance Co. Ltd.	45	2,08,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
SBI Life Insurance Co. Ltd.	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the withdrawal form:

- Annuity for life** - On death of the annuitant, payment of annuity ceases
- Annuity for life with return of purchase price on death** - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant** - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity** - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on the availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npscra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

16. Default Annuity Scheme (for Government Sector subscriber only)

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 80% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- living dependent mother of the deceased subscriber;
- living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable.

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no.15 above.

NATIONAL PENSION SYSTEM (NPS)

Exit from National Pension System Due to Superannuation/Incapacitation

 Claim ID Acknowledgement No

 To,
 NPS Trust.
 Sir/Madam,

I _____ hereby apply for the payment of the accumulated pension wealth in my NPS Tier-I account as per the relevant provisions of the PFRDA (Exits and withdrawals under NPS) Regulations, 2015 as amended.

Tier II:- The entire accumulated pension wealth in Tier II account would be paid along with lumpsum withdrawal of Tier I account.

I herewith give below the necessary details:

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Affix
recent colour
photograph of
3.5 cm × 2.5 cm size /
Passport size

Signature / Thumb Impression*
of the Subscriber

Sr.No	Particular	Remarks
Section A - Subscriber's Personal Details		
	Subscriber Sector*	1. Govt. Sector <input type="checkbox"/> 2. All India citizens/corporate <input type="checkbox"/> 3. NPS Lite / GDS <input type="checkbox"/>
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)	
2.	PRAN*	
3.	Full Name*	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
4.	Subscriber Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
5.	Father's Name*	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
6.	Marital Status*	Married <input type="checkbox"/> Unmarried/Others <input type="checkbox"/>
7.	Maiden Name (In case of female married subscriber)	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
8.	Spouse's Name* (only if subscriber is married & spouse is alive)	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
9.	Spouse Gender* (only if subscriber is married & spouse is alive)	Male <input type="checkbox"/> Female <input type="checkbox"/>
10.	Date of Retirement / attaining 60 / 65 years of age / Discharge (In case of Incapacitation)*	DD / MM / YYYY
11.	Date of Birth (As in PRAN Card)*	DD / MM / YYYY
12.	Aadhar/VID	
13.	PAN*	
14.	CKYC Number	
15.	Are you a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are you related to a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details	
18.	Contact details	Mobile number*: +91 <input type="text"/> Alternate phone number : <input type="text"/> E-mail ID* : <input type="text"/>
19.	Subscriber's full address with pin code* (Please refer instruction No. 9 for documents to be submitted)	
Section B - Subscriber's Bank Details - (Please refer instruction No. 7)		
20.	Bank Account Number*# :	
21.	Bank Name*	
22.	Bank Branch Name and Address : The monthly pension and lump sum amount would be deposited into this account and hence fill in all the details carefully.*	
23.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook/bank certificate containing IFSC code)*	

Fields marked with * are mandatory. # Should be same where last salary credited in case of Government sector/Corporate sector subscribers

Section C - Subscriber's Withdrawal Details - (Please refer instruction No. 8)

On attaining superannuation or attaining 60 / 65 years of age or superannuation due to Incapacitation

a) Would you like to withdraw full amount (if less than or equal to 2 Lakh/1 Lakh (NPS Lite)) Yes No

b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)* Yes No

c) Would you like to opt for Withdrawal of Deferred Corpus#: Yes No

Lump Sum Withdrawal or Annuity Withdrawal

d) Would you like to opt for Phase withdrawal : Yes No

Enter Withdrawal amount Withdraw total holdings

Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity

% of corpus opted for lump sum withdrawal (Max 60%)	Percentage of corpus opted for purchase of annuity (Min 40%)	Total (100%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D - Subscriber's Annuity Details - (Please refer instruction No. 12 & 13) (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

Select Annuity Service Provider (please tick one of the below options as per your choice)

- | | |
|--|--|
| <input type="checkbox"/> Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. | <input type="checkbox"/> HDFC Life Insurance Co. Ltd. |
| <input type="checkbox"/> IndiaFirst Life Insurance Co. Ltd. | <input type="checkbox"/> ICICI Prudential Life Insurance Co. Ltd. |
| <input type="checkbox"/> Life Insurance Corporation of India | <input type="checkbox"/> Kotak Mahindra Life Insurance Co. Ltd. |
| <input type="checkbox"/> SBI Life Insurance Co. Ltd. | <input type="checkbox"/> Max Life Insurance Co. Ltd. |
| | <input type="checkbox"/> Star Union Dai-ichi Life Insurance Co. Ltd. |

Select Annuity Scheme (please tick one of the below options as per your choice)

- Annuity for Life
- Annuity for Life with return of purchase price on death
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity
- NPS-Family Income option (Default annuity)
- Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- Monthly Quarterly Half Yearly Annual

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Nomination Details*

Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name :	Relationship :	Percentage Share:
	Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY	
	Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)	
	Address & Contact Details :		
Guardian Signature (Only in case of minor)			
Name :	Relationship :	Percentage Share:	
Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY		
Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)		
Address & Contact Details :			
Guardian Signature (Only in case of minor)			
Name :	Relationship :	Percentage Share:	
Date of Birth of Nominee (Only in case of minor) :	DD / MM / YYYY		
Guardian Name (Only in case of minor)	Guardian DOB (Only in case of minor)		
Address & Contact Details :			
Guardian Signature (Only in case of minor)			

Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

Family Member Details for providing annuity as chosen by the subscriber.

Sr.No	Details	Full Name	Aadhar/VID	PAN ^s	Date of Birth ^s
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

Fields marked with* are mandatory.

^sMandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option.

Declaration by the Subscriber

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate
(Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

Signature of the person making the declaration

Name & Address _____

Place _____ Date: DD / MM / YYYY

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

Section G - Declaration & Attestation by Nodal Office**TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP**

- I/we have verified the documents as submitted by the Subscriber with the originals and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
- That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
- That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
- It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment. (only for government nodal office).
- We hereby certify that the subscriber has been discharged from the services of the concerned office on account of invalidation or disability (in case of Govt. Subscriber). We hereby certify that we have checked Disability Certificate issued by Government Surgeon or Doctor stating the nature and extent of disability (in case of Non Govt. Subscriber) [applicable in case of Withdrawal due to incapacitation only]

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person : _____ DDO/POP-SP/NLCC Office Name: _____

Date

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/ Aggregator Registration Number _____

Designation of the Authorised Person : _____ DTO/PAO/POP/ Aggregator Office Name: _____

Date **[As per Regulation 3(a)/4(a)/5(a) of PFRDA (Exits and Withdrawals) under the Regulations, 2015]**

(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth at superannuation and where the total pension wealth is equal to or less than Rs. 2,00,000/- for NPS subscriber and Rs. 1,00,000/- in case of NPS lite Subscriber respectively

I, _____ S/D/W/o _____, aged about _____ years,
residing at _____ do hereby solemnly affirm and declare as under:

- That I am a Subscriber of National Pension System, holding PRAN _____
- That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs. which is less than/equal to the limit of Rs. 2,00,000/- (Rs. 1,00,000/- for NPS Lite), I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines,

Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

I also certify that all the details provided in the form above are true and correct to the best of my knowledge

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Rubber Stamp of the DDO/POP-SP/ NLCC

Signature of the DDO/POP-SP/ NLCC

Date

Registration No. of DDO/POP-SP/ NLCC

Rubber Stamp of the
DTO/PAO/POP/AggregatorSignature of the
DTO/PAO/POP/AggregatorDate Registration No. of
DTO/PAO/POP/ Aggregator

INSTRUCTIONS FOR FILLING FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation or attaining 60 / 65 years of age

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl.com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office.
2. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. Subscriber (other than government sector & Corporate) has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 or circular issued by the authority.
4. All the columns in the form should be filled with black ink pen without any overwriting.
5. Fields marked with (*) are mandatory.
6. Correct postal address, including the pin code should be provided.
7. **Documents to be enclosed with withdrawal application form:**
 - i. **Copy of the Address proof** attested by the Nodal Office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
 - ii. **Copy of the Identity proof** attested by the Nodal Office.
 - iii. **Copy of PRAN card** (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - iv. **Cancelled cheque** (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate/ Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
8. **Withdrawal preference:**
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 2 lacs/Rs. 1 lacs (For NPS Lite Subscribers)).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity provided under Section C the Form.
 - iii. If subscriber selects deferred withdrawal option, he/she can defer the lump sum withdrawal amount up to 70 years of age while annuity purchase can be deferred up to 3 years from the date of attainment of superannuation. In case of deferment as well, the subscriber needs to fill up percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity provided under Section C of the Form.
 - iv. In case of percentage of withdrawal is not provided by the subscriber, a default 60% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 40% of the amount shall be utilised for annuity purchase.
 - v. The subscriber needs to provide the Annuity details under Section D-Annuity Details, in case of Normal withdrawal or Deferred withdrawal. The selection of Annuity scheme and Annuity Service Provider is mandatory.
 - vi. The subscriber availing the complete withdrawal option (where the accumulated amount at superannuation is less than Rs. 2 lacs/ Rs.1 lacs (For NPS Lite Subscribers)) shall leave the Annuity Details section and Subscriber Family Member Details section blank and fill up Request Cum Undertaking Form provided along with the Form.
 - vii. In case of death of subscriber during deferment period of annuity purchase, the deferred amount shall be paid as per PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015
 - viii. In case of death of subscriber during deferment period of annuity purchase, the annuity shall be purchased by the spouse as defined under Regulation 3(a) (iii) PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015 (applicable for

Government Sector subscribers)

- ix. During deferment period, the account maintenance charges and including the charges payable to Central Record Keeping Agency, Pension Fund, Trustee Bank and any other intermediary shall continue to apply and shall be charged by deducting units from the account
 - x. In case of Phased Withdrawal, Subscriber needs to purchase Annuity first
 - xi. For more details of Annuity options, please refer to Instructions No. 12
9. List of documents acceptable as Proof Identity and Address for exit under NPS (for all variants):-

Sl. No.	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	–	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/ Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

10. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.

If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.

11. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

NPS Claims Processing Cell,

Central Record Keeping Agency,
NSDL e-Governance Infrastructure Ltd,
1st Floor, Times Tower,
Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel, Mumbai - 400013.

12. Annuity Service Providers

There are 9 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order).

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Annuity Service Provider Name	Minimum Age	Minimum Corpus (Rs.)
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.	45	2,25,000
HDFC Life Insurance Co. Ltd.	20	Any Amount
ICICI Prudential Life Insurance Co Ltd	30	Any Amount
IndiaFirst Life Insurance Co. Ltd.	40	10,000
Kotak Mahindra Life Insurance Co. Ltd.	45	2,08,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
SBI Life Insurance Co. Ltd.	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the page 1 of the withdrawal form:

- Annuity for life** - On death of the annuitant, payment of annuity ceases
- Annuity for life with return of purchase price on death** - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee.
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant** - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity** - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npscra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

13. Default Annuity Scheme (Applicable in case of Government Sector Subscribers only)

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 40% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- living dependent mother of the deceased subscriber;
- living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no.12 above.

Annexure II

(As per Regulation 4(b) of PFRDA (Exits & Withdrawals) Regulations, 2015)

REQUEST CUM UNDER TAKING FORM FOR WITHDRAWAL OF TOTAL PENSION WEALTH BEFORE SUPERANNUATION OR ATTAINMENT OF 60 YEARS AND WHERE THE TOTAL PENSION WEALTH IS EQUAL TO OR LESS THAN RS. 100, 000/-

I,S/D/W/O....., aged aboutyears, residing at....., do hereby solemnly affirm and declare as under:

1. That I am a subscriber of National Pension System, holding PRAN
2. That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs., which is less than/equal to the limit of Rs. 1,00,000/- after maintaining the PRAN for ten years, I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines,

Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

Date:

Place: **Signature/Thumb Impression of the Subscriber***

Attested by:

Signature of the POP/POP-SP :

Name of the designated Official:

POP/POP-SP Registration Number

Rubber Stamp of the POP/POP-SP

**In case of female, Right Thumb Impression and in case of males Left Thumb Impression may be take.*

(As per Regulation 4(a) of PFRDA (Exits & Withdrawals) Regulations, 2015)

REQUEST CUM UNDER TAKING FORM FOR WITHDRAWAL OF TOTAL PENSION WEALTH AT SUPERANNUATION OR ATTAINMENT OF 60 YEARS AND WHERE THE TOTAL PENSION WEALTH IS EQUAL TO OR LESS THAN RS. 200, 000/-

I,S/D/W/O....., aged aboutyears, residing at....., do hereby solemnly affirm and declare as under:

1. That I am a subscriber of National Pension System, holding PRAN
2. That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs., which is less than/equal to the limit of Rs. 2,00,000/-, I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines,

Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

Date:

Place: Signature/Thumb Impression of the Subscriber*

Attested by:

Signature of the POP/POP-SP :

Name of the designated Official:

POP/POP-SP Registration Number

Rubber Stamp of the POP/POP-SP

**In case of female, Right Thumb Impression and in case of males Left Thumb Impression may be taken*

CENTRAL RECORDKEEPING AGENCY

Annexure UOS-S7

Request for change in signature and/or change in photograph for 'NPS-All Citizens of India'
(To avoid mistake(s), please follow the accompanying instructions carefully before filling up the form)

Acknowledgement No. <input style="width:100%; height: 15px;" type="text"/> (To be filled by CRA-FC)	To affix colour photograph (3.5 cm x 2.5 cm) (only in case of change of photograph)
Subscribers Name <input style="width:100%; height: 15px;" type="text"/> <input style="width:100%; height: 15px;" type="text"/> <input style="width:100%; height: 15px;" type="text"/>	
Permanent Retirement Account Number <input style="width:100%; height: 15px;" type="text"/>	
Subscriber's sign/Thumb impression in black ink only. (Applicable in case of change of Photograph)	

I hereby request you to carry out the following change. The necessary details are provided as below:

Change in photograph Change in signature

Section A: Change in photograph

Reason for change in photograph: _____

Section B: Change in signature

Reason for change in signature: _____

Subscriber's Signature (old signature)

Subscriber's Signature (New signature) Date :

For POP-SP Use	For CRA-FC Use												
POP SP receipt no. <input style="width:100%; height: 15px;" type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Date of Receipt</td> <td style="width:33%; border-bottom: 1px solid black;">Entered by</td> <td style="width:33%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Time of Receipt</td> <td style="border-bottom: 1px solid black;">Verified by</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Date of Receipt	Entered by	Date				Time of Receipt	Verified by	Date			
Date of Receipt		Entered by	Date										
Time of Receipt		Verified by	Date										
POP-SP Reg. No. <input style="width:100%; height: 15px;" type="text"/>													
POP-SP Name: _____													
Name & Signature of Authorised person of POP-SP													

- Instructions**
1. The form is to be submitted at the POP-SP for carrying out the necessary changes.
 2. Please indicate whether request is for change in signature and/or Photograph by ticking the relevant box.
 3. The change request will result into re-issue of new PRAN card which will be chargeable by CRA

Annexure-UOS-S6

National Pension System (NPS)

Subscriber request to change Point of Presence

[To be used by Subscribers of NPS –All Citizens of India (for Tier- I & Tier- II Account) & other Subscribers only for Tier-II account]

Receipt No.

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(To be filled by POP-SP)

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with * are mandatory.)

(To be submitted to the or target POP)

Sir/Madam,

I _____ (Name of the subscriber as in PRAN card) would like to shift the Point of Presence (POP) from _____ (POP name) to POP _____ (POP name) POP reg.no. _____

. (to be filled by POP-SP).A photocopy of my PRAN card is attached. My NPS related details are provided below:

Permanent Retirement Account Number*: _____
(As allotted by CRA)

Date _____ Signature/Left Thumb impression of Subscriber* _____

(To be filled by POP/POP-SP)

Received by: _____ POP –SP Registration Number: _____

Received at: _____ Date: _____ Time Stamp: _____

Details verified by: _____ Date: _____ Time stamp: _____

Acknowledgement

(To be filled by POP/POP-SP)

Received from:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(PRAN)

POP Registration Number: _____

POP-SP Registration Number: _____

Received at: _____ Date: _____ Time Stamp: _____

Receipt Number
(To be provided by POP-SP)

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Signature/Stamp of POP/POP-SP

INSTRUCTIONS FOR FILLING THE FORM

- This form is to be used for the purpose of changing of one POP-SP to another POP-SP across the different POP.
- The request can be submitted at the target POP-SP. The target POP-SP is the POP-SP to which the Subscriber wants to shift.
- The change request submitted by the Central/State Government employees (who are mandatorily covered under NPS) will be applicable to Tier II account only.
- Mention 12 digits PRAN correctly.
- Subscribers are advised to retain the acknowledgement slip signed/ stamped by the POP-SP where they submit the application.
- On successful shifting of the subscriber will be linked to Target POP-SP and subsequent requests on subscriber maintenance like subscriber modification, withdrawal requests, Scheme preference change etc. are to be executed through the Target POP-SP.

For more information

Visit us at <http://www.npscra.nsdl.co.in>

Call us at CRA Toll free number 1800 22 2080 or raise an online enquiry request through the link <https://cra-nsdl.com/CRA/cgmsMenuOnloadFormForSub.do?ID=-1950958717&getName=null>

Write to:

**Central Recordkeeping Agency,
NSDL e-Governance Infrastructure Limited
01st Floor, Times Tower Building, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel(W), Mumbai – 400 013.**

Request for One Way Switch (from Tier II to Tier I) under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For POP-SP use:

POP-SP Registration No.: _____

Receipt No.:

Entered By: _____

Date: _____

Verified By: _____

Date: _____

Date :

Acknowledgement Number :
(Generated by CRA)

Sir/Madam,

I hereby submit a request for switch and give below the necessary details:

PRAN *:

Name of the Subscriber *: _____

Amount to be Switched (from Tier II to Tier I) : Rs.

(Amount in rupees)*: _____

I _____, the applicant, do hereby declare that Information stated above is true to the best of my information & belief.

Date :

Signature/ Thumb Impression of the Subscriber

TO BE FILLED & ATTESTED BY POP-SP

Rubber Stamp of the POP-SP

Name and Signature of the POP-SP

Acknowledgement for Subscriber

(To be filled by POP/POP-SP)

Received from: POP-SP Registration Number: _____
(PRAN)

Received at: _____ Date: _____ Time Stamp: _____

Receipt Number
(To be provided by POP-SP)

Signature/Stamp of POP/POP-SP

Instruction for filling the Form:

1. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
2. Only the subscribers having Tier I account under NPS- All Citizens of India or Corporate Sector can request for 'One Way Switch'.
3. The Subscriber shall submit the application only to the POP-SP with which they are currently associated with for Tier II account
4. The amount invested under Tier I after the execution of the switch request can be different from the requested amount to the extent of difference in NAV of two different days.

National Pension System (NPS)

Under Regulations 8 of PFRDA (Exit & Withdrawals under NPS) Regulations 2015
and amendments thereto

Declaration Form for Partial Withdrawal in case of Marriage or Purchase of property

Fields marked with '*' are mandatory.

Section A – Subscriber's Personal Details

1. Name of the Subscriber

2. PRAN

3. Registered Mobile

4. Registered Email ID

Section B – Withdrawal Request Details

Withdrawal Type

A. For Marriage of his or her children

I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under PFRDA (Exits and Withdrawals under National Pension System) Regulations 2015 and amendments thereto

Aged: _____ Date of Marriage: ____/____/____

Address of Marriage: _____

B. For purchase or construction of residential house or flat in his or her own name or in joint name with his or her legally wedded spouse.

I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under PFRDA (Exits and Withdrawals under National Pension System) Regulations 2015 and amendments thereto.

Property Address: _____

Date :

Place :

Signature/Thumb impression of the Subscriber**

**Left Thumb impression in respect of illiterate male claimant and right thumb impression in respect of illiterate female claimant.

Withdrawal form for Tier II account under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For Nodal Office# use:

Nodal Office Registration No.: _____

Receipt No.:

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(Mandatory for POP/POP-SP)

Entered By: _____

Date: _____

Verified By: _____

Date: _____

Date :

--	--	--	--	--	--	--

Acknowledgement Number (Generated by CRA) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sir/Madam,

I hereby submit withdrawal request for Tier II and give below the necessary details:

PRAN *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of the Subscriber *: _____

Type of Withdrawal* (Please Tick any one):

I. **Amount Wise Withdrawal** *(Please Tick any one)*

Partial Withdrawal

--

(Amount in Figures) (Amount in words)

Complete Withdrawal

II. **Scheme Wise Units Withdrawal** Scheme E*

--

 Scheme C

--

 Scheme G

--

(No. of Units) (No. of Units) (No. of Units)

I _____, the applicant, do hereby declare that Information stated above is true to the best of my information & belief.

Date :

D	D	M	M	Y	Y	Y	Y

Signature/ Thumb Impression of the Subscriber
--

TO BE FILLED/ATTESTED BY DDO (Mandatory if the request is processed by the associated Nodal Office)	
Rubber Stamp of the DDO	Signature of the DDO Name : _____ Designation: _____

TO BE FILLED/ATTESTED BY NODAL OFFICE	
Rubber Stamp of the Nodal Office	Signature of the Nodal Office (PAO/DTO/DTA/POP/POP-SP) Name : _____ Designation: _____

Acknowledgement to the Subscriber

(To be filled by Nodal Office)

Tier II Withdrawal:

Nodal office Registration Number: _____

PRAN:

Name of the Subscriber: _____

Date: __/__/____ Time Stamp: _____

Receipt Number
(Mandatory for POP/POP-SP)

1. Transaction Charges:

Rs.

2. Service Tax (as applicable):

Rs.

3. Total Charges:

Rs.

Signature/Stamp of Nodal Office/Place

Instruction for filling the Form:

1. Nodal Office[#] refers to PAO/DTO/DTA/POP/POP-SP.
2. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
3. The Subscriber shall submit the application only to the Nodal Office with which they are currently registered with CRA for Tier II .
4. Before submitting the withdrawal form, Subscriber should ensure that the Subscriber's bank account is active. If he/she intends to make any correction in the details he/she can submit Subscriber Details Change Request and should get all the details updated prior to submission of withdrawal request form.
5. In case of complete withdrawal, the total contributions under Tier II will be remitted to the Subscriber.
6. Partial withdrawal request shall be rejected if sufficient balance is not available in Subscriber's Tier II account.
7. In case the subscriber wishes to carry out scheme wise units withdrawal, the % in equity cannot be more than 50% post carrying out the activity of withdrawal.
8. Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
9. The redeemed amount shall be directly credited to the bank account of the subscriber as per details available in the CRA database.

**Request for Activation of Tier-II account under National Pension System (NPS)
NSDL e-Governance Infrastructure Limited**
To be used by Subscribers having a pre-existing Tier I account under NPS
(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

For Nodal Office# use:

Nodal Office Registration No. : _____

Receipt No.: _____
(Mandatory for POP/POP-SP)

Entered By : _____ Date: _____ Verified By: _____ Date: _____

I hereby submit the following details for activation of Tier – II account under NPS.

Permanent Retirement Account Number (PRAN)*: _____

1. Subscriber's Name*:

_____ (First Name) (Middle Name) (Last Name)

2. Bank Details* (All bank details are mandatory except MICR Code):If same as Tier I, Please Tick (√) else, provide the details below:Savings A/c Current A/c (please refer to Sr. No. j of the instructions)

Bank A/c Number*

Bank Name*

Bank Branch*

Bank Address*

Pin Code*

Bank MICR Code

IFS code*

3. Subscriber's Nomination Details (Please refer to Sr. No. k of the instructions)Do you want to retain the same nomination as in your Tier I account? YES NO

If NO, please fill in the details below (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 3.)

Nominee's Name: _____
(First Name) (Middle Name) (Last Name)

Relationship with the Nominee: _____ Date of Birth (In Case of Minor): _____ (dd/mm/yyyy)

Nominee's Guardian Details (in case of a minor) : _____
(First Name) (Middle Name) (Last Name)**4. Subscriber Scheme Preference (Please refer to Sr. No. l of the instructions for further details):****(i). Pension Fund (PF) Selection* (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected.**

*Name of the Pension Funds are given in alphabetical order.

PFM Name (Please select only one)	Please Tick (√) only one
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(ii). Investment Option :[Please Tick (√) in the box given below showing your investment option]

Active Choice Auto Choice

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii). Active Choice Asset Allocation (To be filled up only in case you have selected the ‘Active Choice’ investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	Total	Note:1. Asset class E-Equity and related instruments; Asset class C- Corporate debt and related instruments; Asset class G-Government Bonds and related instruments.
Specify %				100%	

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in **Annexure A**. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
3. The total allocation across E, C, and G asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv). Auto Choice Option (To be filled up only in case you have selected the ‘Auto Choice’ investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC)Funds	Please Tick (√) Only One	Note:1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75		
LC50		
LC25		

5. PAN (Mandatory)*:

6. Declaration & Authorization

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the National Pension System Trust, of any change in the above information furnished by me. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

CRA generated Acknowledgement Number (to be filled by Nodal Office): _____

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.	Signature/Thumb Impression* of Subscriber
Date : <input type="text"/> (DD/MM/YYYY)	

TO BE FILLED/ATTESTED BY DDO (Mandatory if the request is processed by the associated Nodal Office)	
	Rubber Stamp of the DDO
	Signature of the DDO Name : _____ Designation: _____

To be filled by Nodal Office (PAO/DTO/DTA/POP/POP-SP)	
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : _____
Nodal Office Seal	

ADDITIONAL NOMINATION FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: k).

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
First Name _____	First Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____

2. Present Communication address of the Nominees*:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
_____ _____	_____ _____	_____ _____

3. Date of Birth* (Only in case of a minor. In DD/MM/YYYY):

1st Nominee: ___/___/_____	2nd Nominee: ___/___/_____	3rd Nominee: ___/___/_____
----------------------------	----------------------------	----------------------------

4. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
_____	_____	_____

5. Percentage Share*:

1st Nominee _____%	2nd Nominee _____%	3rd Nominee _____%
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6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name _____	First Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____

Signature/ Thumb Impression* of the Subscriber

Dated this _____ day of _____ 20 at _____

Acknowledgement to the Subscriber

(To be filled by Nodal Office)

Tier II Activation:Nodal Office Registration Number: _____ PRAN:

Name of the Subscriber: _____ Date: __/__/____ Time Stamp: _____

Receipt Number
(Mandatory for POP/POP-SP)1. Transaction Charges: Rs. 2. Tax as applicable: Rs. 3. Total Charges: Rs.

Signature/Stamp of Nodal Office/Place

INSTRUCTIONS FOR FILLING THE FORM

- a) The form is to be filled by the Subscribers having a PRAN card and Tier 1 account under NPS.
- b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be counter-signed by the applicant.
- c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word. The details marked with (*) are mandatory.
- d) **The Subscriber shall provide copy of PRAN card alongwith the application form.**
- e) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank.
- f) Nodal Office# refers to PAO/DTO/DTA/POP/POP-SP.
- g) Government employees (mandatorily covered under NPS) may submit their application to their associated Nodal Office or to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website www.npscra.nsdl.co.in.
- h) Any Indian citizen (other than government employee mandatorily covered under NPS) may submit the application only to the POP-SP through which they have registered with CRA for Tier 1 account.
- i) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Office where they submit the application.
- j) **Bank Details :**
- a. Bank details are mandatory for Tier-II else, account will not be activated. In case bank details are same as Tier I account, tick mark the corresponding option.
- b. Subscriber shall provide **cancelled cheque**, the details of which should match with the details provided under Point No.2 on Page 1. Even if the bank details are same as in Tier I, the Subscriber should provide a 'cancelled cheque'.

k) Subscriber's Nomination Details

Percentage Share	1) Subscriber can nominate a maximum of three nominees. 2) Subscriber cannot fill the same nominee details more than once. 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 4) Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details shall be mandatory.
The nomination exercised for Tier I shall not be automatically applicable to Tier II. A Subscriber to Tier II is required to make a fresh nomination. In case, you want to retain the same nomination as in Tier I, please select "YES" by putting tick mark in the box.	

l) Subscriber Scheme Preference

<p>Selection of PFM is mandatory both in Active and Auto Choice.</p> <p>Active choice</p> <ol style="list-style-type: none"> PFM selection is mandatory. Allocation under Equity (E) cannot exceed 75% A Subscriber opting for active choice may select the available asset classes ("E", "C", & "G"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table at Point No. 4 (iii) is left blank, the application shall be rejected. <p>Auto choice</p> <ol style="list-style-type: none"> A Subscriber opting for Auto Choice must also select a PFM. In case both investment option and the asset allocation at Point No. 4 (ii) and Point No. 4 (iii) are left blank, the Subscriber's funds will be invested as per Auto Choice. <p>For more details on 'Investment Option', you may visit CRA website (www.npscra.nsdl.co.in).</p>
--

GENERAL INFORMATION FOR SUBSCRIBERS

- The Subscriber can obtain the status of his/her application from the CRA website or through the respective Nodal Office.
- For more information
Visit us at <http://www.npscra.nsdl.co.in>
Call us at 022-4090 4242
Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

To be used by Subscribers having a pre-existing Tier I account under NPS

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

**Request for Scheme Preference Change
NSDL e-Governance Infrastructure Limited**

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For POP-SP use: POP-SP Registration No. : _____

Receipt No.:

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 Receipt Date : __/__/__

PRAN *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Name of the Subscriber *: _____

Scheme Preference Change: Tier I Tier II

(i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected.

*Name of the Pension Funds are given in alphabetical order.

PFM Name (Please select only one)	Please Tick (√) only one
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(ii). Investment Option: [Please Tick (√) in the box given below showing your investment option]

Active Choice Auto Choice

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).
- 4.

(iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A # (Cannot exceed 5%)	Total	Note: 1. Asset class E-Equity and related instruments; Asset class C- Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc
Specify %					100%	

#As per existing NPS guidelines, option to select Asset Class – A is available only for Tier I. In case, you have filled up Asset Class – A for Tier II, your application shall be summarily rejected.

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in **Annexure A**. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv).Auto Choice Option (To be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC) Funds	Please Tick (√) Only One	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75		
LC50		
LC25		

CRA generated Acknowledgement Number (to be filled by POP-SP): _____

	For POP/POP-SP use:	POP/POP-SP Stamp:
_____ Subscriber's Signature/ Thumb Impression	_____ Name & Signature	

(Perforation) - Acknowledgement to the Subscriber

(To be filled by POP/POP-SP)

Scheme Preference change/switch: Tier I Tier II

POP-SP Registration Number: _____ PRAN:

Name of the Subscriber: _____ Date: ___/___/___ Time Stamp: _____

Receipt Number
(To be provided by POP/POP-SP)

1. POP Transaction Charges: Rs. 2. Tax as applicable: Rs.

3. Total Charges: Rs.

Signature/Stamp of POP/POP-SP/Place

Instruction for filling the Form:

- All fields mark with (*) are mandatory. All Dates should be in DDMMYYYY Format.
- The Subscribers shall submit the application to POP-SP through which they have registered with CRA.
- For more details on switch of scheme, you may visit CRA website (www.npscra.nsdl.co.in).
- Separate forms to be submitted for Tier I and Tier II

Subscriber Scheme Preference
<p><u>Active choice</u></p> <p>1. PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.</p> <p>2. Allocation under Equity (E) cannot exceed 75%</p> <p>3. A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.</p>
<p><u>Auto choice</u></p> <p>4. A Subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the Subscriber does not indicate his/her choice of PFM.</p> <p>5. In case of Auto Choice, DO NOT fill up section for Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.</p>
<p>In case both the investment option and the asset allocation are left blank, the Subscriber's funds will be invested as per Auto Choice</p>

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

NATIONAL PENSION SYSTEM (NPS)

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Request For Change/Correction in Subscriber Master Details And/Or Reissue of I-PIN/T-PIN/PRAN Card

[To avoid mistake(s), please read the accompanying instructions carefully before filling up the form]

For POP-SP/DDO/NL-CC use:

Registration No. _____

Date of Receipt: _____

Signature and Stamp of POP-SP/DDO/NL-CC

For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:

Registration No.: _____

Date of Receipt : _____ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/
NL-OO Stamp:

Entered By : _____ Date: _____

V _____ Date: _____

Receipt No.: (Mandatory for POP/POP-SP)

Acknowledgement No.

(To be filled by Nodal Office as generated by NPSCAN / CRA system)

I hereby request for the following details for the change [Please tick (✓)].

A) Change or Correction in Subscriber Master Details **B) Reissue of I-PIN or T-PIN** (Not Applicable for NPS-Lite Subscriber) **C) Reissue of PRAN Card** **Permanent Retirement Account Number *:**

I hereby submit the following details of change. [Please tick (✓) the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.]

Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field) **1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)Name of Applicant in full Shri Smt. Kumari First Name* Middle Name Last Name Subscriber's Maiden Name Father's Full Name:First Name Middle Name Last Name Mother's Full Name:First Name Middle Name Last Name Date of Birth

(Date of Birth should be supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.)

Gender [please tick (✓)] Male Female Others Marital Status [please tick (✓)] Married Unmarried Others PAN CARD Spouse Name

(Refer Sr. No. 1 of instructions)

KYC Number Generated from Central KYC Registry. Submission of proof for the same is necessary.Retirement Adviser Code **KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers** **2. PROOF OF IDENTITY (PoI)** (Any one of the documents need to be provided along with the identification number) [Please refer Sr. No. 2 of the instructions]Passport Passport Expiry Date Voter ID Card PAN Card Driving License Driving License Expiry Date NREGA JOB Card Others Name of the ID I D N u m b e r Please refer Sr. No. 2 of the instructions.UID (Aadhaar) (UIDI [Aadhaar] number not required.)

<input type="checkbox"/> 3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
[Please tick (✓), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS [Please refer Sr. No. 2 of the instructions]

Address Type* Residential/Business Residential Business

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. C o u n t r y

4.2 PERMANENT ADDRESS DETAILS [Tick (✓) in the box in case the address is same as above.] (Please refer Sr. No. 2 of the instructions)

Address Type* Residential/Business Residential Business

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. C o u n t r y

5. CONTACT DETAILS

Tel. (Off) (with STD code) + Tel. (Res) (with STD code) +

Mobile + 9 1 (Mobile Number is required for communication and to get SMS alerts)

Email ID

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

▶ Occupation Details [please tick(✓)]

Private Sector Public Sector Government Sector Professional

Self Employed Homemaker Student Others (Please Specify)

▶ Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above

▶ Educational Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.)

▶ Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS [All bank details are mandatory except MICR Code.] (Please refer to Sr no. 4 of the instructions)

You want to change Bank details of: Tier I Tier II

(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)

Tier I Account : Savings A/c Current A/c

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

State/U.T. C o u n t r y

Bank MICR Code IFS Code

Tier II Account: If same as Tier I, Please Tick (✓) else, provide the details below:

Savings A/c Current A/c

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

State/U.T. C o u n t r y

Bank MICR Code IFS Code

8. SUBSCRIBERS NOMINATION DETAILS (Please refer to Sr. No . 5 of the instructions)

You want to change Nomination details of: Tier I Tier II

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 4 & 5 separately.)

First Name	Middle Name	Last Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Tier II Account : If same as Tier I, Please Tick (✓) else, provide the details below:

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on pages 4 & 5 separately)

First Name	Middle Name	Last Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section B – Request for Reissue of I-PIN/T-PIN (Not Applicable for NPS-Lite Subscriber)

I hereby request you to reissue the following

T-PIN I-PIN

Section C – Request for Reissue of PRAN card.

Reissue of T-PIN, I-PIN and reissue of PRAN card will be chargeable to Subscriber/employer by CRA. PRAN Card will be re-printed as per the preference given at the time of registration under NPS.

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date : <input style="width:150px;" type="text"/>	Signature/Thumb Impression* of the Subscriber
--	--

To be filled by POP / POP-SP

KYC Compliance : Yes

KYC document accepted for identify proof : _____

KYC document accepted for address proof : _____

Copy of PAN card submitted : Yes No

PAN Compliance : Yes

	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input style="width:150px;" type="text"/>
POP / POP-SP Seal	

ADDITIONAL NOMINATION FORM
INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I hereby submit the Nomination details for: (Please Tick{✓}) Tier I Tier II account under NPS.

(Please Tick on above both the option (i.e Tier I and Tier II) in case you want to retain same nomination for both account and in case of different nomination kindly fill separate Nomination Form)

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth* (Only in case of a minor):

1st Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2nd Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3rd Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Percentage Share:

1st Nominee <input type="text"/> %	2nd Nominee <input type="text"/> %	3rd Nominee <input type="text"/> %
------------------------------------	------------------------------------	------------------------------------

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

Dated this _____ day of _____ 20 ____ at _____

Signature/ Thumb Impression* of the Subscriber

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
 _____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
 (Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Signature of the Authorised Person

INSTRUCTIONS FOR FILLING THE FORM**General Guidelines**

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
 (b) for carrying out the necessary changes.
 (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
 (d) legibly in BLOCK LETTERS and in BLACK INK only.
 (e) Details Marked with (*) are the manda ctly.
 (f) All Dates should be in "DD/MM/YYYY" Format.
 (g) Reissue of T-PIN, I-PIN (Not Applicable for NPS-Lite Subscriber) and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Spouse Name	If married, spouse name is mandatory.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td></td> <td>3</td> <td>Bank Pass book or with photograph and residential address</td> </tr> <tr> <td>4</td> <td>for an existing customer.</td> <td>4</td> <td>for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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			Note: (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military senior																																																																
4	7	Subscriber's Bank Details	In case, subscriber provides bank details, it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																

General Information for Subscribers

- a) / POP-SP where they submit the application.
 c) For more information, contact CRA:

Website: <https://www.npscra.nsdl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 NSDL e-Governance Infrastructure Limited
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

Section B – Declarations

Declaration by the Subscriber*:

- I hereby declare that information stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of three years in to the NPS as required for partial withdrawal and eligible to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.
- I _____ (name) with PRAN _____ agree that in case of any failure of Direct Credit, for any reason whatsoever or wrong credit to another account (but as per my details), NPS Trust / CRA shall not be responsible. I also agree that NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.

Date

Place :

Signature / Thumb Impression of the Subscriber**

** Left thumb impression in case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal Office(for government sector subscribers):*

I/We hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ is employed with us and I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of DDO

Signature & stamp of the DDO

Date

Registration No. of PAO/CDDO/DTO

Signature & stamp of the DTO/PAO/CDDO

Declaration by POP/Aggregator(for Non government sector subscribers):

I hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ has signed/thumb impressed before me after he/she has read the entries/have been read over by him/her for the request of partial withdrawal under NPS. I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of POP-SP/NL-CC/CHO

Signature & stamp of the Authorised person at POP-SP/NL-CC/CHO

Date

Registration No. of POP/NL-AO

Signature & stamp of the Authorised person at POP/NL-AO

ACKNOWLEDGMENT RECEIPT

Acknowledgment slip to the NPS Subscriber on receipt of partial withdrawal application form
(To be filled by DDO/CDDO/PAO/DTO/POP/Aggregator)

Received from PRAN :

DDO/POP-SP/NL-CC Registration Number:

PAO/CDDO/DTO/POP/NL-AO Registration Number

Acknowledgement Number

Date

Received at

(Under Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto)

Instructions**Instructions for filling up the form:**

1. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
2. The Subscriber shall submit the application to the respective Nodal Office/POP/Aggregator for processing of request.
3. Before submitting the withdrawal form, subscriber should ensure that the bank account details are matched from the bank passbook/ bank statement or cheque etc to ensure that the details are correct. Subscriber should also attach the bank proof (cancelled cheque/copy of bank passbook/bank certificate) with the Partial Withdrawal Form submitted.
4. Subscriber should specify the purpose of Partial Withdrawal and a proof need to be submitted for the same.
5. Subscriber should be in the NPS atleast for a period of 3 years.
A subscriber shall be permitted to withdraw not exceeding 25% of the contributions made by such subscriber to his/her individual pension account,
6. The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber.
7. Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
8. The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
9. In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under PFRDA regulations is permitted.
10. Treatment of specific illness covers the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from the specified illness, which shall comprise of hospitalization and treatment.
11. Withdrawal under skill development/re-skilling is applicable as per following conditions:
 - Skill Development program/activities sponsored by employer for employees is not eligible for partial withdrawal
 - Amount which can be released under Skill Development option shall be subject to the actual fee of the course/training, subject to the maximum ceiling of 25% of employees own contribution without considering returns thereto.
 - Duration of the course should be of 3 months or more
 - The course should be either a regular program or distance education program or a skill development program
12. Withdrawal under establishment of own venture or any start up is applicable to subscribers registered under All India Citizen (UOS) sector only
13. For further details regarding point no 11 & 12 kindly refer PFRDA Circular No: PFRDA/2018/55/Exit/5 dated August 06, 2018.
14. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
15. Frequency: the subscriber shall be allowed to withdraw only a maximum of three times during the entire tenure of subscription under the National Pension System.
16. For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto
17. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to NPS Claims Processing Cell (NPS CPC) at address mentioned below:
NPS Claim Processing Cell,
Central Record Keeping Agency, NSDL,
10th Floor, Times Tower, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel West, Mumbai - 400013
18. Document to be submitted for availing partial withdrawal.

Sr. No.	Type of Withdrawal	Documents Required
1.	For Higher education	Copy of admission letter of the Institute along with Fees schedule
2.	For marriage of his or her children	Self-Declaration
3.	For purchase or construction of a residential house or in his or her own name or in a joint name with his or her legally wedded spouse	Photocopy of Title Documents of the Property. Approved Plan and self-declaration OR Loan offer letter from a housing company or a Bank and self-declaration
4.	For treatment of illnesses: if the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents.	from Doctor
5.	to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber	Disability from a Government surgeon or Doctor (treating such disability or invalidation of subscriber) stating the nature and extent of disability and also certifying that subscriber need not be discharged from duty.
6.	For Skill development/re-skilling or any other self-development activities	a) Admission/Sanctions letter from university in India/abroad with fee detail b) For distance learning programs, copy/s of invoice/s which the payment of required fee for desired course c) For other skill development programmes, copy of invoices payment of fee for the desired course d) study leave sanction letter/NOC provided by the organisation/ department/ministry, if required in terms of the employee's service conditions (not applicable where employee-employer relationship does not exists)
7.	For Establishment of own venture or any start-up	a) Registration C of entity b) Proof of ownership of the entity (it should be in the name of the subscriber) c) Registration number issued by Government Authorities like GST/ Income Tax/Govt. Departments

NATIONAL PENSION SYSTEM – PAN & AADHAAR UPDATION FORM

For Nodal Office# use:

Nodal Office Registration No.: _____

Entered By: _____

Date: _____

Verified By: _____

Date: _____

Date

Acknowledgement Number (Generated by CRA) :

Dear Sir/Madam,

I hereby submit a request to update my PAN and/or seed Aadhaar in my NPS account.

PRAN*:

Name of the Subscriber *: _____

A PAN Number:

B Aadhaar Number:

Declaration

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

Date	d	d	/	m	m	/	y	y	y	y
Place										

Signature / Thumb impression of the Subscriber (LTI in case of male and RTI in case of Female)

TO BE FILLED/ATTESTED BY DDO

Rubber Stamp of the DDO

Signature of the DDO

Name: _____ Designation: _____

TO BE FILLED/ATTESTED BY NODAL OFFICE

Rubber Stamp of the Nodal Office

Signature of the Nodal Office (PAO/DTO/DTA/POP/POP-SP)

Name: _____ Designation: _____

Nodal Office refers to PAO/DTO/DTA/POP/POP-SP.

Submit the copy of self attested Aadhaar card or e-Aadhaar along with originals for verification.

Documents to be enclosed with the application

1. List of documents acceptable as Proof Identity and Address for exit under NPS (for all variants):-

Sl. No	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India	Passport issued by Government of India
b	Ration Card with Photograph	Ration card with photograph and residential address
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address
d	Voters Identity card with photograph and residential address	Voters Identify card with photograph and residential address
e	Valid Driving license with photograph	Valid Driving license with photograph and residential address
f	PAN Card issued by income tax department	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly
h	Aadhar Card/letter issued by Unique Identification Authority of India	Adhar Card/Letter issued by unique identification Authority of India Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an officer of the State Government	Job cards issued by NREGA duly signed by an Officer of the State Government
j	Photo Identity card issued by Government Defence, Paramilitary and Police Department's	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old)
k	Ex-Service Man Card issued by Ministry of Defence to their employees	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old)
l	Photo credit Card	Latest property/house Tax Receipt (not more than one year old)
m	-	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation)

2. In addition to the above, Original PRAN card is required. In case PRAN card is not available, the subscriber needs to submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
3. Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate Containing Name, Bank Account Number and IFS Code, if opted for direct credit or electronic transfer.
4. A pre-signed receipt acknowledging the receipt of the proceeds under NPS by the subscriber/claimant/nominee.
5. In case of Withdrawal of Accumulated Pension Wealth by Claimant/Nominee due to the death of a subscriber, the Claimant/Nominee needs to submit Death certificate in original of the deceased subscriber.

-----x-----x-----x-----

3. Date of Birth* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
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4. Relationship with the Subscriber*:

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share*:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

6. Nominee's Guardian Details*(only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name*	First Name*	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

7. Nominee/Guardian Email id*(If nominee is minor, email id of guardian to be provided):

1st Nominee :	2nd Nominee:	3rd Nominee:
---------------	--------------	--------------

Section C – Nominee's Bank Details (Please refer General Instruction no.6):

I. Bank Details of the 1st Nominee:

1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*:

Cancelled Cheque Bank Certificate

2. Type of Bank Account*: Savings A/c Current A/c

3. Bank A/c Number*

4. Bank Name*

5. Bank Branch*

6. Bank Address*

7. Pin Code * 8. Bank IFS Code*

9. Bank MICR Code (Wherever applicable)

II. Bank Details of the 2nd Nominee:

1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*:

Cancelled Cheque Bank Certificate

2. Type of Bank Account*: Savings A/c Current A/c

3. Bank A/c Number*

4. Bank Name*

5. Bank Branch*

6. Bank Address*

7. Pin Code * 8. Bank IFS Code*

9. Bank MICR Code (Wherever applicable)

III. Bank Details of the 3rd Nominee:

1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*:

Cancelled Cheque Bank Certificate

2. Type of Bank Account*: Savings A/c Current A/c

3. Bank A/c Number*

4. Bank Name*

5. Bank Branch*

6. Bank Address*

7. Pin Code * 8. Bank IFS Code*

9. Bank MICR Code (Wherever applicable)

I/We (as mentioned below), the nominee(s)/legal heir(s)/guardian of minor nominee(s) or minor heir(s) of NPS Subscriber Shri/Smt. _____ do hereby declare that the information provided above is true to the best of my/our knowledge and belief.

1 st Nominee or of guardian of 1 st Nominee	2 nd Nominee or of guardian of 2 nd Nominee	3 rd Nominee or of guardian of 3 rd Nominee
<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Signature/Left Thumb Impression*</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Signature/Left Thumb Impression*</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Signature/Left Thumb Impression*</p> </div>
<p>Name of 1st Nominee or of guardian of 1st Nominee _____</p> <p>Date : <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>	<p>Name of 2nd Nominee or of guardian of 2nd Nominee _____</p> <p>Date : <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>	<p>Name of 3rd Nominee or of guardian of 3rd Nominee _____</p> <p>Date : <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>
<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Self attested photograph of the nominee/guardian</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Self attested photograph of the nominee/guardian</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p>Self attested photograph of the nominee/guardian</p> </div>

***Note: Left thumb impression in case of illiterate male claimants and Right thumb impression in case of illiterate female claimants must be obtained.**

TO BE FILLED/ATTESTED BY POP/POP-SP

Certified that the above declaration and details has been signed / thumb impressed before me by _____ after the nominee(s)/legal heir(s)/guardian of minor nominee(s) or minor heir(s) has read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP/POP-SP

Signature of the Authorised Person

POP/POP-SP Registration Number _____ (Allotted by CRA)

Designation of the Authorised Person : _____

Date :

D D M M Y Y Y Y

POP/POP-SP Office Name : _____

CLAIM FOR THE WITHDRAWAL OF ACCUMULATED PENSION WEALTH BY CLAIMANTS – DUE TO THE DEATH OF THE SUBSCRIBER**This application should be filled by:-**

1. If a valid nomination subsists by the Nominee (s), if the nominee (s) is/are minor (s) guardian of the minor(s)
2. If no nomination subsists: By the family members (family includes posthumous child if any) except major sons and married daughters whose husbands are live, of the deceased family member duly supported by a list of surviving family members furnished by Executive Magistrate indicating complete particulars such as name, relationship with the deceased member (in case of parents whether dependent or not) age, marital status. Also, if any family member is minor by the guardian of the minor.
3. **If both 1 & 2 above are not applicable by legal heir (s) duly supported by a 'legal heir certificate' from the appropriate state authority (Revenue dept).**

Documents to be enclosed with the application:-

1. Death certificate in original of the deceased subscriber.
2. Copy of PRAN card. In case PRAN card is not available, a duly notarized affidavit as to the reasons of non-submission of the PRAN card is needs to be submitted.
3. Certified copy of family member's certificate issued by Executive Magistrate for cases where no nomination was registered with us.
4. Legal heir certificate when the claim is being made by.
5. Cancelled cheque (containing nominee Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFSC code, if opted for direct or electronic transfer.
6. A pre-signed receipt acknowledging the receipt of the proceeds by nominee/nominees/legal heir (as applicable)
7. Identification and address proof of the nominee or nominees, in case of multiple nominees. The documents that can be provided as identification and address proof are as mentioned below:
 - a) Ration Card with photograph and residential address
 - b) Bank Passbook with photograph and residential address
 - c) Credit Card with photograph, any other address proof like latest telephone bill, electricity bill in the name of the nominee.
 - d) Passport
 - e) Aadhar Card issued by UIAD
 - f) Voter's Photo Identity Card with residential address
 - g) Driving license with photograph and residential address
 - h) PAN card and any other address proof like latest telephone bill, electricity bill in the name of the nominee.
 - i) Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted Officer and any other address proof like latest telephone bill, electricity bill in the name of the nominee

In case if the address is not present on any of the above documents or differs with address provided in this form, proof in respect of current residential address like latest telephone bill, electricity bill in the name of the nominee should be submitted.

INSTRUCTIONS FOR FILLING UP THE FORM

1. All the columns in the form should be filled with black ink pen without any overwriting
2. Fields marked with (*) are mandatory.
3. The day on which CRA receives the confirmation of funds transferred to Subscriber's nominee(s) accounts; the PRAN will be deactivated in the CRA System.
4. Correct postal address, including the pin code should be provided
5. The literate claimant should sign the application form. In case of the claimant being illiterate, Left hand thumb impression by illiterate male claimant and Right hand thumb impression by illiterate female should be affixed in the claim form.
6. If the Nominee/ legal heir is minor, Bank account number should be in the name of nominee/ legal heir. Bank account's guardian should be same as mentioned in the withdrawal form.

For the purpose of this document Pension Wealth means: The total amount of contributions made by the subscriber in the scheme plus the investment income derived from the investment of the contributions made by the subscriber from the date of joining of National Pension System till the date of execution of withdrawal request in the CRA System.

**CLAIM FOR THE WITHDRAWAL OF ACCUMULATED PENSION WEALTH BY CLAIMANTS –
DUE TO THE DEATH OF THE SUBSCRIBER UNDER National PENSION SYSTEM**

Advanced Stamped Receipt

1st Nominee/ Guardian of 1st Nominee (if nominee is minor)

Received a sum of Rs. /- (Rupees.....Only)
from National Pension System / National Pension System Trust by deposit in my Saving Bank / Current account towards the
settlement of National Pension System account of late
Shri/Smt.....with PRAN Number

Affix 1 Rupee
Revenue Stamp
and sign across

Signature or Left/ Right hand thumb impression of the Nominee/Guardian*

2nd Nominee/ Guardian of 2nd Nominee (if nominee is minor)

Received a sum of Rs. /- (Rupees.....Only)
from National Pension System / National Pension System Trust by deposit in my Saving Bank / Current account towards the
settlement of National Pension System account of late Shri/Smt.....with
PRAN Number

Affix 1 Rupee
Revenue Stamp
and sign across

Signature or Left/ Right hand thumb impression of the Nominee/Guardian*

3rd Nominee/ Guardian of 3rd Nominee (if nominee is minor)

Received a sum of Rs. /- (Rupees.....Only)
from National Pension System / National Pension System Trust by deposit in my Saving Bank / Current account towards the
settlement of National Pension System account of late Shri/Smt.....with
PRAN Number

Affix 1 Rupee
Revenue Stamp
and sign across

Signature or Left/ Right hand thumb impression of the Nominee/Guardian*

(*Note: Left thumb impression in case of illiterate male claimants and right thumb impression in case of illiterate female claimants must be obtained.)

(TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY ATTESTED BY AN OATH COMMISSIONER OR NOTARY PUBLIC)

AFFIDAVIT

I, (name of the person), son of (fathers name) aged about....years, resident of (full address), do hereby solemnly affirm and declare as under.

1. I am subscribed to the National Pension System vide PRAN No..... and was issued a PRAN Card bearing my personal details.
2. That I have superannuated from service on..... and or on attaining the age of 60 years and have become eligible for withdrawing benefits as provided under NPS in accordance with the applicable rules for withdrawal.
3. That I am unable to submit the PRAN Card due to the following reasons:
 - i)
 - ii)
 - iii)
 - iv)

Thus I request that I may be exempted from the requirement of depositing the original PRAN Card along with my claim application for withdrawal.

4. I undertake to deposit with CRA/PFRDA, if the PRAN Card is found by me in future and will not misuse the card in any manner.

DEPONENT

VERIFICATION

Verified at.....(Name of Place) on this.....day of.....(date to be specified) that the contents of my above affidavit are true and correct to my personal knowledge, that no part of it is false and nothing material has been concealed therefrom.

DEPONENT

(TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY ATTESTED BY AN OATH COMMISSIONER OR NOTARY PUBLIC)

AFFIDAVIT

I, (name of the person), son of (fathers name) aged about....years, resident of (full address), do hereby solemnly affirm and declare as under.

1. I am claiming the benefits under the National Pension System vide PRAN No..... and was issued a PRAN Card to Sh/Smt/Ms.....(deceased subscriber's name).
2. That Sh/Smt/Ms..... (deceased subscriber's name) is related to me as my.....(provide your relation).
3. That Sh/Smt/Ms..... (deceased subscriber's name) died on(DD/MM/YYYY).
4. That I am unable to submit the PRAN Card due to the following reasons:
 - i)
 - ii)
 - iii)
 - iv)

Thus, I request that I may be exempted from the requirement of depositing the original PRAN Card of Sh/Smt/Ms.....(deceased subscriber's name) along with my claim application for withdrawal.

5. I undertake to deposit with CRA/PFRDA, if the PRAN Card is found by me in future and will not misuse the card in any manner.

DEPONENT

VERIFICATION

Verified at.....(Name of Place) on this.....day of.....(date to be specified) that the contents of my above affidavit are true and correct to my personal knowledge, that no part of it is false and nothing material has been concealed therefrom.

DEPONENT

Handwritten mark

(On Rs.100 Stamp paper)

INDEMNITY BOND

I, _____, _____(relationship) of Late _____, resident of _____ hereby undertake to indemnify the CRA/PFRDA/NPS Trust for any loss or detriment that may be caused on account of settling the claim for withdrawal of accumulated pension wealth due on the death of my _____, Late _____, in my favour on behalf of other legal heirs of the said Late _____ Viz., _____.

Place:

(_____)

Date:

Signature of Deponent

NATIONAL PENSION SYSTEM (NPS) - REQUEST FOR CONTINUATION/DEFERMENT NSDL E-GOVERNANCE INFRASTRUCTURE LIMITED

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

Section A - General Information* (Mandatory for all Subscribers. Please tick the respective block which is applicable.)

I) Subscriber's Name *: _____
(First Name) (Middle Name) (Last Name)

II) PRAN (Permanent Retirement Account Number) *:

III) Date of Retirement/ Attaining 60 years *:

IV) Mobile Number *:

V) Email Id:

VI) Target PRAN association (In case of Government & Corporate Subscribers) (Refer Instruction No. II)

a) Sector: * eNPS POP (Kindly provide POP Reg. No & Name)

b) POP Reg. No: * _____ POP Name: * _____

VII) PAN*

Section B: Type of Deferment* (Mandatory for all Subscribers. Please tick the respective block which is applicable.)

Deferred Lump sum – (Lump sum part will be deferred till 70 years of age – No contribution is allowed)

Deferred annuity – (Annuity part will be deferred for 3 years – No contribution is allowed)

Both – (Annuity will be deferred for 3 years & Lump sum will be deferred for 10 years i.e till 70 years of age – No contribution is allowed)

Continuation – (Subscriber will continue to contribute till 70 years of age)

Age up to which subscriber would like to contribute (mandatory if subscriber opts for continuation) (subscriber won't be able to contribute in PRAN after the age selected in this option)

61 62 63 64 65 66 67 68 69 70

Reason for Delay in submission of request - it is mandatory for those subscribers who have not exercised the continuation option within the period of fifteen days prior to attaining the age of sixty years or age of superannuation

I forgot to opt for continuation within stipulated time

I was not aware of Continuation option

Other (kindly write reason for delay in application)

Declaration (Applies to Subscribers across all sectors):

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Continuation/Deferment request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date : _____	Place : _____
Name of Subscriber : _____	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)

Section C: SUBSCRIBER SCHEME PREFERENCE: (Only For Government Sector Subscriber) (Refer Instruction No III)

(i) **PENSION FUND SELECTION – TIER I** (Select only one PFM) (In case of Government Subscribers)

PFM Name (in alphabetical order)	Please Tick (✓) only one
<input type="checkbox"/> Birla Sunlife Pension Management Limited	
<input type="checkbox"/> HDFC Pension Management Company Limited	
<input type="checkbox"/> ICICI Prudential Pension Funds Management Company Limited	
<input type="checkbox"/> Kotak Mahindra Pension Fund Limited	
<input type="checkbox"/> LIC Pension Fund Limited	
<input type="checkbox"/> SBI Pension Funds Private Limited	
<input type="checkbox"/> UTI Retirement Solutions Limited	

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

(ii) **INVESTMENT OPTION** (Please Tick (✓) in the box given below showing your investment option).

Active Choice

Auto Choice

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) **ASSET ALLOCATION** (To be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note: 1. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected. 2. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc
Specify %						

(iv) **AUTO CHOICE OPTION** (to be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC) Funds	Please Tick (✓) Only One	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75		
LC50		
LC25		

Date : _____	Place : _____	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
Name of Subscriber : _____		

TO BE FILLED/ATTESTED BY POP-SP/DDO/CHO

that the above declaration has been signed / thumb impressed before me by Sh/Smt/Ms. _____ after he / she have

Rubber stamp of the POP-SP/DDO/CHO

Signature of the Authorised Person

POP-SP/DDO/CHO Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

Date: _____

INSTRUCTIONS FOR FILLING THE FORM

- I. In case of UOS sector subscribers, existing POP and POP-SP will remain the same
- II. In case of Government sector & Corporate sector subscribers, after Date of retirement subscriber mapping will change and hence selection of Target
- III. In case of Government Sector subscriber, selection of Investment Option and Pension Fund Manager is mandatory
- IV. In case of Government Sector Subscribers, balance in existing scheme will be redeemed on date of retirement and will be reinvested as per Investment Option & Pension Fund Manager Selected.
- V. Active choice - Under Active choice, Subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
 - a) PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
 - b) Allocation under Equity (E) cannot exceed 50.
 - c) A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VI. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
 - a) A Subscriber opting for Auto Choice must also select a PFM. . The form shall be rejected if a PFM is not opted for.
 - b) In case both investment option and the asset allocation table are left blank, the Subscriber's funds will be invested as per Auto Choice.For more details on investment options and asset classes, please refer to the scheme information available on CRA website (www.npscra.nsdl.co.in).
- VII) Government Sector Subscribers are requested to submit duly filled & authorized Continuation request form to NSDL-CRA Mumbai Office for processing, till further notification.**

(On Rs.100 Stamp paper)

RELINQUISHMENT DEED

This deed of relinquishment is made and executed on this ___day of _____ by _____, _____(relationship) of Late _____ and _____, _____ of Late _____, residents of _____, hereinafter called the EXECUTANTS/RELEASORS

IN FAVOUR OF

_____, _____ (relationship) of Late _____ hereinafter called the Releasee.

Whereas Late _____, was a subscriber under the National Pension System with PRAN _____.

Whereas the said Late _____ died intestate and without nominating anyone to receive the claim for withdrawal of accumulated pension wealth, leaving behind the following legal heirs:-

Sr no.	Name	Age	Relationship	Address
A				
B				
C				

NOW THIS DEED WITNESSETH AS UNDER:

The Executants/Releasers out of natural love and affection and without any monetary consideration, hereby wish to release and relinquish their respective shares in the claim under National Pension System, in favour of _____, ____ (relationship) of Late _____, and hereby affirm and declare that they and their legal heirs shall have no right, claim or interest in the said claim for withdrawal of accumulated pension wealth of Late _____ and same shall vest absolutely in the said _____, _____(relationship) of Late _____, the Releasee.

IN WITNESS WHEREOF the Executants/Releasers and the Releasee have signed this deed of relinquishment on this day, month and year first mentioned above in the presence of the following witnesses;-

(A- _____) (B- _____) (C- _____)

(Executants/Releasers)

Witnesses:

Particulars	1st Witness	2nd Witness
Name		
Address		
Signature		

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM FOR NON RESIDENT INDIAN (NRI) AND OVERSEAS CITIZEN OF INDIA (OCI)

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Affix recent photograph of 3.5 cm x 2.5 cm size / Passport size

Please select your category [Please tick (✓)] Non Resident Indian (NRI) Overseas Citizen of India (OCI)

To,
National Pension System Trust.

Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

***indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen.** (Refer general guidelines at instructions page)

KYC Number (if applicable) _____ Generated from Central KYC Registry

Retirement Adviser Code (If applicable) _____

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri Smt. Kumari

First Name* _____

Middle Name _____

Last Name _____

Applicant's Maiden Name (if any) _____

Father's Name* F i r s t _____ M i d d l e _____ L a s t _____

(Refer Sr. No. 1 of instructions)

Mother's Name* F i r s t _____ M i d d l e _____ L a s t _____

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]

Date of Birth* d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof)

Place of Birth* _____

Country of Birth* _____

Gender* [Please tick (✓)] Male Female Transgender Nationality* _____

Marital Status* Married Unmarried Divorced

Spouse Name* F i r s t _____ M i d d l e _____ L a s t _____

(Refer Sr. No. 1 of instructions)

PAN Card* _____

As per the Prevention of Money-Laundering (Maintenance of Records) , PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

2. IDENTITY DETAILS* (Documents need to be provided) [Please tick (✓)] Passport OCI Card (Mandatory for OCIs)

Passport No. / OCI Card No. _____ Date of issue d d / m m / y y y y

Place of issue _____ Passport Expiry Date d d / m m / y y y y

Visa/Work Permit Date of Expiry d d / m m / y y y y Passport with Visa/Work Permit [Please tick (✓)] Yes No

OCIs Foreign Passport No. _____

3. PROOF OF ADDRESS (PoA)* Overseas Address Proof (Mandatory for OCIs) Indian Address Proof (Mandatory for NRIs)

Please tick (✓), as applicable. #Not more than 2 months old. Please refer Sr.No. 2 of the instructions	Passport/OCI Card / Driving License / Others (specify)	Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Bank Passbook/Registered Lease/Sale agreement of residence/ Municipal Tax Receipt/#Latest Piped Gas/Water/Electricity/Telephone [Landline or postpaid mobile] Bill/ issued by Magistrate, DC, MLA, MP, Govt Depts., Authorities, PSBs, PSUs, Fis & POPs.
--	--	--

4.1 OVERSEAS ADDRESS DETAILS* – Proof of Overseas Address is Mandatory for OCIs.

Address Type* Residential/Business Residential Business

Address 1 _____

Address 2 _____

City _____

State / Province _____

Country _____ ZIP / PIN Code _____

4.2 INDIAN ADDRESS DETAILS* – Proof of Indian Address in Mandatory for NRIs

Address Type* Residential/Business Residential Business

Flat/Room/Door/Block no. _____ Landmark _____

Premises/Building/Village _____

Road/Street/Lane _____

Area/Locality/Taluk _____

City/Town/District _____ PIN Code _____

State/U.T. _____ C o u n t r y _____

5. PREFERRED ADDRESS FOR COMMUNICATION

[Please tick(✓)] Overseas Address Indian Address (Communication at overseas address would entail extra charges)

6. CONTACT DETAILS* (Include country code for Overseas phone numbers)

Landline Phone* (Overseas No.-with ISD code) +

Tel. (Res) : (with ISD code) +

Mobile* (Overseas No.) + (Mobile Number is required for communication and to get SMS alerts)

Email ID*

7. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

► Occupation Details* [please tick(✓)]

Private Sector Public Sector Government Sector Professional

Self Employed Homemaker Student Others (please specify)

► Income Range (Rs. per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above

► Educational Qualifications Below 10th std 10th 12th Graduate Masters Professionals (CA, CS, CMA, etc.)

► Please Tick (✓) If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3)

8. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)*

(All bank details are mandatory except MICR Code)

Account Type [please tick(✓)] NRE Account NRO Account

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code/ZIP

City Country

Bank MICR Code IFS Code

NRIs/OCIS should make contributions through NRE/FCNR/NRO account only.

9. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire Annexure II (Additional Nomination Form) provided separately)

First Name Middle Name Last Name

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name Middle Name Last Name

10. REPATRIATION OPTION (Please tick (✓) as applicable)

I would like to open account on* Repatriation Basis Non-Repatriation Basis

For Repatriation of corpus, the contributions should be made from NRE account only.

I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details in Annexure I

11. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr. No. 6 of the instructions)

(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:

(a) Subscriber to choose any one of the PFs as per their choice, in the table below:

*Names of the Pension Funds are given in alphabetical order.

Name of the Pension Fund (Please select only one)	Please Tick (✓) Only One
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

* Selection of Pension Fund is mandatory both in Active and Auto Choice.

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One
LC 75	<input type="checkbox"/>
LC 50	<input type="checkbox"/>
LC 25	<input type="checkbox"/>

Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):**Section I***US Person* Yes No **Section II***For the purposes of taxation, I am a resident in the following countries and my T
out below or I have indicated that a

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
T				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or
- d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any becomes incorrect and to
- e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS T
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of Applicant

Signature/Thumb Impression* of Applicant
(* LTI in case of male and RTI in case of females)

13. DECLARATION BY APPLICANT* (Please refer to Sr no. 8 of the instructions)**Declaration & Authorization by all applicant**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by intermediaries registered with PFRDA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date

Place :

Signature/Thumb Impression* of Applicant
(* LTI in case of male and RTI in case of females)

14. DECLARATION BY EMPLOYER / CORPORATE**Applicable to Corporate Employees only****Employees Employment Details to be filled and attested by Corporate (All Details are Mandatory)**

Date of Joining Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

employment details provided above are as per the service record of the employee maintained by us.

Date :

Place :

Signature of the Authorised person (in the box above)	Rubber Stamp of the Corporate (in the box above)

15. DECLARATION BY POINT OF PRESENCE (POP)

Receipt No. (17 digits)

POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted Yes No KYC Compliance Yes No

Documents Received: (Originals V (Attested) True Copies

Identity Verification Done

Existing Customer of the POP:

The above applicant is having an operative Bank / Demat / Folio / account (specify nature of the account) having account number / client ID.....maintained at branch / The KYC documents available with us for this NRI/OCI customer / client matches the requirement for opening NPS account and are in compliance with PML Rules. I/We further that the Bank a/c of Sh / Smt / Kum is an NRE/NRO account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date / /

Acknowledgement Number (by CRA-FC)

PRAN Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount: / /

Stamp and Signature of the PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the CKYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (d) The applicant should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the applicant, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The applicant thumb impression should be attested by the designated representative of POP/POP-SP.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Non Resident Indians (NRIs) & Overseas Citizen of India (OCIs) ii. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother name and shall select the option to be printed on PRAN Card																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
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		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
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3	7	Other Details (Occupation Details)	Fund transfers by NRIs /OCIs would be subject to regulatory requirements as prescribed by RBI / Government from time to time and FEMA requirements.																																																																
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political figures etc.																																																																
4	8	Applicant Bank Details	Applicant is required to provide the details of NRE/NRO account only . Please attach proof for the bank details containing Subscriber Name, Bank Name, Bank Account Number and IFS Code (any one of the following) (i) Cancelled Cheque (ii) A copy of bank passbook (iii) Bank statement (v) Letter from Bank																																																																
5	9	Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	11	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', you may visit NPS Trust website <www.npstrust.org.in>																																																																
7	12	Declaration by Applicant on FATCA Compliance	g details if applicant residence for tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none"> Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity TIN number with an equivalent level of (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, TIN, Social Security Number, National Identification Number, etc. If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as T In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided to be provided 																																																																
8	13	Declaration by Applicant	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated representative of POP/POP-SP Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																

General Information for Applicant

- a) The applicant can obtain the status of his/her application from CRA
 b) Applicant are advised to retain the acknowledgement slip signed/ stamped by t
 c) For more informa

Website: <https://www.npscra.nsdl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 NSDL e-Governance Infrastructure Limited
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

ADDITIONAL REQUEST DETAILS**1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

First Name	
Middle Name	
Last Name	

2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

First Name	
Middle Name	
Last Name	

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

	Name:
	Place:
Signature/Thumb Impression* of Subscriber in black ink	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee		2nd Nominee		3rd Nominee	
First Name		First Name		First Name	
Middle Name		Middle Name		Middle Name	
Last Name		Last Name		Last Name	

2. Present Communication address of the nominees:

Address of 1st Nominee		Address of 2nd Nominee		Address of 3rd Nominee	

3. Date of Birth* (Only in case of a minor):

1st Nominee	dd / mm / yyyy	2nd Nominee	dd / mm / yyyy	3rd Nominee	dd / mm / yyyy
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4. Relationship with the Nominee:

1st Nominee		2nd Nominee		3rd Nominee	

5. Percentage Share:

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
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6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details		2nd Nominee's Guardian Details		3rd Nominee's Guardian Details	
First Name		First Name		First Name	
Middle Name		Middle Name		Middle Name	
Last Name		Last Name		Last Name	

Dated this _____ day of _____ 20 ____ at _____

Signature/ Thumb Impression* of the Subscriber

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

TO BE FILLED/ATTESTED BY POP-SP

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
_____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP

Signature of the Authorised Person

POP-SP Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP Office Name : _____

Date / /

TO BE FILLED/ATTESTED BY POP/POP-SP

Rubber Stamp of the POP/POP-SP

POP/POP-SP Registration Number
(Allotted by CRA): _____

Signature of the Authorised Person

Application Form for Corporate Registration
NSDL e-Governance Infrastructure Limited

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with * are mandatory.)

Corporate Registration Number:
(To be allotted by CRA)

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Sir/Madam,

We hereby submit a request to be registered as a Corporate. The necessary details are provided below:

1. Name of the Corporate*:

2. Head Office/ Registered Office Address*:

Flat/Unit No, Block no. *																									
Name of Premise/Building/Village																									
Area/Locality/Taluka																									
District/Town/City *																									
State / Union Territory *																									
Country *																									

Pin Code *

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3. Phone No. *:

STD Code

Phone Number

4. Mobile No.

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5. Fax No.*:

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6. Email ID * (Email ID should be official Email ID of the HO & not of any individual person):

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7. Nodal Officer's Details *:

Name *:

First Name *:

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Middle Name:

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Last Name:

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Designation *:

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Phone No. *:

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STD Code

Phone Number

Mobile No.

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Email ID *:

(Note: Email ID& Phone Number should be Nodal Officer's and not of the HO's official Email ID and any Board Number.)

(iii). Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option.):

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total (100%)	Note: 1.The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected. 2.Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc
Specify %						

(iv). Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, funds will be invested as per LC 50.)

Life Cycle (LC)Funds	Please Tick (√) Only One	Note:1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75		
LC50		
LC25		

13. CRA Charges to be borne by* - Employer Employee

We hereby declare and agree that we have read and understood the Offer Document, terms and condition. We further declare that the information supplied in the application, is complete and true. And we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

Corporate Head Office Seal	<input style="width: 100%; height: 20px;" type="text"/>
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y Department : _____

To be Filled by POP

A. POP Registration No.

B. Submitted KYC documents : Yes No

POP Seal	<input style="width: 100%; height: 20px;" type="text"/>
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y Department : _____

[To be filled by CRA]

Received by: _____

Received at: _____ Date: _____

Acknowledgement Number (by CRA)

Note:

- Corporate has to select one PFM out of the latest list of PFMs who would invest the fund as per selected investment choice.
- Examples of 'E', 'C', 'G' & 'A' mix are as follows:-

E (Equity)	C (Fixed Income)	G (Government Securities)	A(Alternative Investment Funds)
50% (max)	25%	20%	5%
50% (max)	20%	25%	5%
0%	50%	50%	0%
0%	100%	0%	0%
0%	0%	100%	0%
30%	25%	40%	5%
20%	50%	30%	0%

Document to be Submitted to POP : Documents as a proof for KYC on the status of corporate/entity.

National Pension System Application Form for Corporate Registration

(Please fill all the details in CAPITAL LETTERS & Preferably in BLACK INK. All Fields mark with * are mandatory.)

Corporate Registration Number:
(To be allotted by CRA)

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Sir/Madam,

We hereby submit a request to be registered as a Corporate. The necessary details are provided below:

1. Name of the Corporate*:

2. Head Office/ Registered Office Address:

Flat/Unit No/Block no*.

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Name of Premise /Building /Village

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Area /Locality/Taluka

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District/Town/City*

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State/Union Territory*

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Country*

I	N	D	I	A					
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Pin Code*

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3. Mobile No. + 9 1

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4. Phone No. *:

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(STD code)

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(Phone No.)

5. Fax Number

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6. Email ID*: (Email ID should be of official Email ID & not of any individual person)

7. Nodal Officer's Details :

First Name*:

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Middle Name:

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Last Name:

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Designation*:

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Phone No. *:

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STD Code

Phone Number

Mobile No. + 9 1

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Email ID*: (Note: Email ID & Phone Number should be Nodal Officer's and not the HO's official Email ID and any Board Number.)

Form CHO-1**8. Alternate Nodal Officer's Details :**First Name*: Middle Name: Last Name: Designation*: Phone No. *: (STD code) Mobile No. + 9 1 (Phone No.)Email ID*:

(Note: Email ID& Phone Number should be Nodal Officer's and not the HO's official Email ID and any Board Number.)

9. a Corporate PAN* : b Corporate TAN :

10. Corporate Office is Co-Contributor (Please tick only one):

Yes No 11. Retirement Age (in Years)*: Retirement during the month Retirement at the month end 12. **Details of Scheme Preference***: Selection of Scheme Preference by: Subscriber Corporate

13. If choice of investment is to be made by the Corporate on behalf of the employees (selected as Corporate in clause no. 12) then the following fields are mandatory:

(A) PFM Selection*:

PFM Name (in alphabetical order)	Please tick only one (Select only one PFM)
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(B) Investment option* : In case you do not indicate any investment option, your funds will be invested in **Auto Choice.**Active Choice Auto Choice **Asset Allocation** (Please, indicate asset allocation pattern of Active Choice is selected)

Asset Class	E(Cannot exceed 75%)	C	G	A(Cannot exceed 5%)	Total	Please Note : 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation. 2. From 51 years and above, maximum permitted Equity Investment will be as per the asset allocation matrix provided in CSRF Annexure IV. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
% share					100%	

Auto Choice Option (to be filled up on only in case you have selected the 'Auto Choice' investment option). Incase you do not indicate a choice of LC, your funds will be invested as per LC50.

Life Cycle (LC) Funds	Please Tick() Only One	Note : 1. LC 75 - It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50 - It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25 - It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 75	<input type="checkbox"/>	
LC 50	<input type="checkbox"/>	
LC 25	<input type="checkbox"/>	

14. CRA Charges to be borne by* - Employer Employee

Form CHO-1

We hereby declare and agree that we have read and understood the NPS product and its features. We further declare that the information supplied in the application, is complete and true. And we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

	Signature of Authorised Signatory																	
	Name : _____	Place : _____																
Corporate Head Office Stamp	Designation : _____	Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
	Department : _____																	

To be Filled by POP

A. POP Registration No.

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B. Submitted KYC documents Yes No

	Signature of Authorised Signatory																	
	Name : _____	Place : _____																
POP Stamp	Designation : _____	Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
	Department : _____																	

To be filled by CRA

Received by: _____

Received at: _____ Date : _____

Document to be Submitted to POP :

Documents as a proof for KYC on the status of corporate/entity

Application Form for Corporate Scheme Preference Change NSDL e-Governance Infrastructure Limited

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with * are mandatory.)

Corporate Registration Number* :

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Sir/Madam,

We hereby submit a request for Scheme Preference change. The necessary details are provided below:

1. Name of the Corporate*:

2. Phone No. *:

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STD Code Phone Number

Mobile No.

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3. **Details of Scheme Preference***: Selection of Scheme preference by: Subscriber Corporate

4. If choice of investment is to be made by the Corporate on behalf of the employees (selected as Corporate in clause no. 3) then the following fields are mandatory:

(i). PFM Selection for Active and Auto Choice*:

***Name of the Pension Funds are given in alphabetical order.**

PFM Name (Please select only one)	Please Tick (✓) only one
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Ltd.	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

(ii). Investment Option: Please Tick (✓) in the box given below showing your investment option]

Active Choice Auto Choice

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your fund will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).
4. In case scheme preference is to be selected by Subscriber, then the Corporate should accordingly advise its Subscribers to provide the necessary information while filling up the Subscriber Registration Form.

(iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total (100%)	Note: 1.The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected. 2.Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc
Specify %						

(iv). Auto Choice Option (To be filled up only in case you have selected the ‘Auto Choice’ investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC)Funds	Please Tick (√) Only One	Note:1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC75		
LC50		
LC25		

We hereby declare and agree that we have read and understood the Offer Document, terms and condition. We further declare that the information supplied in the application, is complete and true. And we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

Corporate Head Office Seal	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <div style="text-align: center; margin-left: 100px;">D D M M Y Y</div>
	Department : _____

To be Filled by POP

POP Registration No.

POP Seal	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <div style="text-align: center; margin-left: 100px;">D D M M Y Y</div>
	Department : _____

[To be filled by CRA]

Received by: _____

Received at: _____ Date: _____

Acknowledgement Number (by CRA)

Note:

- Corporate has to select one PFM out of the latest list of PFMs who would invest the fund as per selected investment choice.
- Examples of 'E', 'C', 'G' & 'A' mix are as follows:-

E (Equity)	C (Fixed Income)	G (Government Securities)	A(Alternative Investment Funds)
50% (max)	25%	20%	5%
50% (max)	20%	25%	5%
0%	50%	50%	0%
0%	100%	0%	0%
0%	0%	100%	0%
30%	25%	40%	5%
20%	50%	30%	0%

Document to be Submitted to POP : Documents as a proof for KYC on the status of corporate/entity.

Application Form for Corporate for POP Change

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Field mark with * are mandatory.)

Corporate Registration Number*:

Grid for Corporate Registration Number

Sir/Madam,

We hereby submit a request to change POP. The necessary details are provided below:

1. Name of the Corporate*:

Large grid for Name of the Corporate

2. Phone No.

Grid for Phone No. (STD Code and Phone Number)

STD Code

Phone Number

Mobile No.

Grid for Mobile No.

3. Details of POP Change:

Name of existing POP : _____

Existing POP registration no. : _____

Name of targeted POP* : _____

Targeted POP registration no* : _____

We hereby declare and agree that we have read and understood the Offer Document, terms and condition. We further declare that the information supplied in the application, is complete and true, and we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

Signature and Seal section with fields for Name, Place, Designation, Date, Department, and Corporate Head Office Seal

To be filled by Target POP

POP Registration No.

<p>POP Seal</p>	<input type="text"/>
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Department : _____
	<p>D D M M Y Y</p>

[To be filled by CRA]

Received by : _____

Received at : _____ Date : _____

Acknowledgement Number (by CRA)

INSTRUCTIONS FOR FILLING THE FORM

- This form is to be used for the purpose of changing of one POP to another POP across the different POP.
- The request should be submitted at the target POP. The target POP is the POP to which the Corporate wants to shift
- The change request has to be submitted by the Corporate Head office with correct Corporate Registration number.
- On successful shifting of the corporate all the underlying subscribers will be linked to Target POP.
- Subsequent requests on subscriber maintenance like subscriber modification, withdrawal requests, Scheme preference change etc. are to be executed through the Target POP.

For more information

Visit us at <http://www.npscra.nsdl.co.in>
Call us at CRA Toll free number 1800 22 2080

Write to:

**Central Recordkeeping Agency,
NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower Building, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel (W), Mumbai – 400 013.**

Request For Change/Correction in Subscriber Master details And/Or Reissue of I-Pin/T-Pin/PRAN Card

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

PRAN is mandatory. Fill only the field(s) which is/are to be modified with the revised details.

I hereby request for the following details for the change. (Please tick)

(A) Changes or Correction in Personal details (other than DOB)

(D) Reissue of PRAN Card

(B) Changes or Correction in Nomination details

(E) Changes or Correction in Date of Birth

(C) Reissue of I PIN and/or T PIN

Permanent Retirement Account Number *:

I hereby submit the following details of change. (Please tick the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.)

Section A: Change in Personal Details (Please refer to Sr. No.1 to 5 of the instructions for supporting document)

Change or Correction in Name (* Indicates Mandatory Field)

1. Full Name (Full expanded name: Initials are not permitted)

Please Tick as applicable Shri Smt. Kumari

First Name *

Middle Name

Last Name

If the correction in the name to be made in Hindi, Yes (Please provide the details in the annexure on Page No. 7)

2. Gender : Male Female

3. PAN (PAN should be supported by copy of PAN card)

4. Category (Please tick (√) any one): Government Private Sector Self Employed NRI Others

5. Father's Full Name:

First Name *

Middle Name

Last Name

In case of changes in details pertaining to the point 1 or 3 or 6, CRA shall reprint the PRAN card and shall send the same to the subscriber. This will be charged by CRA.

6. Present Address* (NRIs may please refer to Sr. No. 5 of the instructions):

Flat/Unit No, Block no.

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City

State / Union Territory

Country

Pin Code

7. Permanent Address*: If same as above, Please Tick else,

Flat/Unit No, Block no.

[Grid for Flat/Unit No, Block no.]

Name of Premise/Building/Village

[Grid for Name of Premise/Building/Village]

Area/Locality/Taluka

[Grid for Area/Locality/Taluka]

District/Town/City

[Grid for District/Town/City]

State / Union Territory

[Grid for State / Union Territory]

Country

[Grid for Country]

Pin Code

[Grid for Pin Code]

8. Phone No. [Grid] [Grid]

STD Code

Phone No.

9. Mobile No. [Grid]

10. Email ID [Grid]

11. Do you want to subscribe to SMS Alerts (To be made available later, on a chargeable basis): Yes No

12. Subscribers Bank Details:(please refer to Sr. No. 6 of instruction)

You want to change Bank details of: Tier I Tier II

(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)

Tier I Account:

Savings A/c

Current A/c

Bank A/c Number

[Grid for Bank A/c Number]

Bank Name

[Grid for Bank Name]

Bank Branch

[Grid for Bank Branch]

Bank Address

[Grid for Bank Address]

Pin Code

[Grid for Pin Code]

Bank MICR Code

[Grid for Bank MICR Code]

IFS code (Wherever applicable)

[Grid for IFS code]

Tier II Account: If same as above for Tier I Yes OR,

Savings A/c

Current A/c

Bank A/c Number

[Grid for Bank A/c Number]

Bank Name

[Grid for Bank Name]

Bank Branch

[Grid for Bank Branch]

Bank Address

[Grid for Bank Address]

Pin Code

[Grid for Pin Code]

Bank MICR Code

[Grid for Bank MICR Code]

IFS code (Wherever applicable)

[Grid for IFS code]

5. Nominee's Guardian Details (in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Section C –Request for Reissue of I-PIN/T-PIN

I hereby request you to reissue the following.

T-PIN I-PIN

Section D– Request for Reissue of PRAN card.

Reissue of T-Pin, I-Pin and reissue of PRAN card will be chargeable by the CRA.

Section E- Change or Correction in Date Of Birth

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (* Employer certification is Mandatory & Please refer to Sr. No.8 of the instructions.)

<p>I _____, the applicant, do hereby Declare that the information provided above is true to the best of my knowledge & belief.</p> <p>Date : <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> D D M M Y Y Y Y</p>									Signature/Thumb Impression* of the Subscriber

* Certified that the above declaration regarding correction/change in Date of Birth has been signed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth details is as per employee records available with the Corporate.

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Signature of the Authorised Person

--

Rubber Stamp of the Corporate

Designation of the Authorised Person : _____

Name of the corporate: _____

Date :

--	--	--	--	--	--	--	--

 D D M M Y Y Y Y

(* Note: Employer Certification is mandatory only if there is any correction change in Date of of Birth.)

To be filled by POP-SP

Copy of PAN card submitted

: Yes

No

	Signature of Authorized Signatory
	Name : _____ Place : _____
	Désignation : _____ Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
POP-SP	

[To be filled by CRA/CRA-FC]

Received by: _____

CRA-FC Registration Number: _____

Received at : _____

Date: _____

Acknowledgement Number
(To be provided by CRA-FC)

INSTRUCTIONS FOR FILLING THE FORM

- a. This form is to be used for the purpose of change/correction in subscriber personal details, nominee details, reissue of I-Pin /T-Pin or reissue of PRAN card.
- b. The form is to be submitted at the POP-SP for carrying out the necessary changes.
- c. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be counter-signed by the applicant.
- d. Please tick the box on the left margin of appropriate row where change/correction is required" and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e. **Details Marked with (*) are the mandatory fields.**
- f. **Mention 12 digits PRAN correctly.**
- g. All dates Should be in "DDMMYYYY" Format
- h. Application incomplete in any respect and/or not accompanied by required documents is liable to be rejected. The application is liable to be rejected if mandatory fields are left blank.
- i. **Reissue of T-Pin, I-Pin and reissue of PRAN card will be chargeable by the CRA.**
- j. **Subscribers are advised to retain the acknowledgement slip signed/ stamped by the POP-SP where they submit the application**

Subscriber's Personal Details			
Sr. No.	Item No.	Item Details	Guidelines for Filling the Form
Section A – Subscriber's Personal Details			
1.	1.	Full Name	In case of change in name please provide the requisite proof such as marriage certificate or Gazette copy of name change.
2.	2.	Gender	Please provide a copy of Gazette Notification supporting the change
3.	4.	Category	Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.
4.	6& 7.	Present Address& Permanent Address	An NRI subscriber would need to furnish an Indian address as present address for communication and bank details within India. All future communications will be sent to present address. List of documents accepted as proof of address is given below.
5.	12	Bank Details	The subscribers shall provide a cancelled cheque , the details of which should match the bank details provided.
Section B - Subscriber's Nomination Details			
6.	1 to 4	Nomination Details	1) Subscriber can nominate a maximum of three nominees. 2) Subscriber cannot fill the same nominee details more than once for same tier. 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 4) Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
7.	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details shall be mandatory.
Section E - Subscriber's Date of Birth Details			
8.	1.	Date of Birth	Please ensure that this matches with the Date of Birth as indicated in the document provided in support

Illustrative list of documents acceptable as proof of identity and address		
Sr. No.	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India	Passport issued by Government of India
b	Ration card with photograph	Ration card with photograph and residential address
c	Bank Pass book or certificate with Photograph	Bank Pass book or certificate with photograph and residential address
d	Voters Identity card with photograph and residential address	Voters Identity card with photograph and residential address
e	Valid Driving license with photograph	Valid Driving license with photograph and residential address
f	PAN Card issued by Income tax department	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
h	Aadhar Card / letter issued by Unique Identification Authority of India	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
i	Job cards issued by NREGA duly signed by an officer of the State Government	Job cards issued by NREGA duly signed by an officer of the State Government
j	Photo Identity Card issued by Government, Defence, Paramilitary and Police Department's	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 6 months old)
k	Ex-Service Man Card issued by Ministry of Defence to their employees	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 6 months old)
l	Photo Credit card	Latest Property/house Tax receipt (not more than one year old)
m		Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)
NOTE : You are required to bring original documents & two self-attested photocopies(originals will be returned over-the-counter)		

GENERAL INFORMATION FOR SUBSCRIBERS

- For any further clarification please refer to the PFRDA website www.pfrda.org.in or call on our toll free no. **1800110708**
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective employer.
- For more information

Visit us at <http://www.npscra.nsdl.co.in>

Call us at 022-24994200 or e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, „A“ Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

प्रान कार्ड हिंदी में मुद्रित कराने के लिए विवरण दें। (कृपया विवरण देवनागरी लिपि में ही दें):

कृपया नोट करें कि इस अनुलग्नक में दिए अनुसार ही आपका नाम प्रान कार्ड पर दर्शाया जाएगा। तथापि, जन्मतिथि केवल अंग्रेजी में ही मुद्रित होगी।

अभिदाता का पूरा नाम :

प्रथम नाम* :
 मध्य नाम :
 अंतिम नाम :

पिता का नाम :

प्रथम नाम* :
 मध्य नाम :
 अंतिम नाम :

(* अनिवार्य स्थान दर्शाता है)

अभिदाता के हस्ताक्षर/अंगूठेकानिशान*

.....
 अभिदाताकानाम :