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Name of Applicant in full		Shi	_				mt.		,	K	uma	ri 🗌																			
First Name*																															
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Subscriber's Maiden Name (if an	y)																														
Father's Name*	F		i		S	t							M	i	d	d		е							L	а	S	t			
(Refer Sr. No. 1 of instructions)						4							5.4	:	d	d												4			
Mother's Name* (Refer Sr. No. 1 of instructions)					>	L							IVI		u	u		е							-	d	5	- L			
Father's name will be printed on PR	AN car	rd. I	In ca	se, m	noth	er's n	ame	to be	printe	ed ins	stead	of fat	her's	nam	e [ P	leas	e tic	k (√	)][												
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Country of Birth*												<u> </u>				<u> </u>								_	_						
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5. CONTACT DETAILS Tel. (Off) (with STD code) + Tel. (Res): (with STD code) + Mobile\* (Mandatory) (Mobile Number is required for communication and to get SMS alerts) + 9 1 Email ID 6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions ) Occupation Details\* [please tick( $\checkmark$ )] 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 Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) Educational Qualifications Þ 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( $\checkmark$ ) ] Savings A/c Current A/c Bank A/c Number Bank Name Branch Name **PIN Code** Branch Address Bank MICR Code IFS Code 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 II in Annexure III (Additional Nomination Form) provided separately) Middle Name First Name Last Name Relationship with the Nominee Date of Birth (In case of Minor) 1 Nominee's Guardian Details (in case of a minor) First Name Middle Name Last Name 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 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) YES NO If Yes, please submit details on Annexure II I would like my PRAN to be printed in Hindi 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 2. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below. 3. 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. 4. Name of the Pension Fund (Please select only one) Please Tick (✓) **Default Choice of Pension Funds** LIC Pension Fund Limited Available in Government sector, if employee/subscriber does not exercise SBI Pension Funds Private Limited choice of PF UTI Retirement Solutions Limited ICICI Prudential Pension Funds Management Company Limited Kotak Mahindra Pension Fund Limited HDFC Pension Management Company Limited Birla Sunlife Pension Management Limited \* Selection of 01 Pension Fund is mandatory for All Citizen subscriber (ii) INVESTMENT OPTION (Please Tick ( $\checkmark$ ) in the box given below showing your investment option). Active Choice Auto Choice Please note: 1. In case you select In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50). 2. 3. 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).

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(iii)	ACTIVE CH	OICE – ASS	ET ALLOC	ATION (to	be fille	d up	o only	in (	case	you	hav	ves	selected	d 'Ao	tive	Ch	oice	' the	ə in	ves	stme	ent (	opti	on)		
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	Asset Class	(Cannot exceed 75%)	(Max up to 100%)	(Max up to 100%)	(Canno exceed s		Total					-	y and re class G													
	Specify %						100%		A-Alte	rnative	e Inv	estn	nent Fund	ds incl	uding	g inst	rume	nts lil	<e cl<="" td=""><td>MBS</td><td>5, MB</td><td>S, R</td><td>EITS</td><td>s, AIF:</td><td>s, Inv</td><td>its etc.</td></e>	MBS	5, MB	S, R	EITS	s, AIF:	s, Inv	its etc.
	Choices in Govt sector	Not ava	ilable	Available	Not availab		In ca	se o	of Gove	ernme	nt er	mplo	yee/subs		the A			ce o	f Ass	set A	llocat	tion	is res	tricte	d to A	Asset
	Please note:		I																							
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	3. The total	will be carried allocation acro					e equal	l to 1	100%.	. In ca	se,	the a	allocatior	n is le	ft bla	ink a	nd/oi	. doe	es no	ot ec	qual 1	100%	%, th	e app	licat	ion shall
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		LC, your fu			-	LC 5	50.																			
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and	any of NPS i	ntermediaries	wherever si	ituated inc	luding sh	aring	g, trans	sfer	and	disclo	sur	e be	etween t	hem	and	to tl	ne al	Itho	rities	s in	and	or o	outsi	de In	idia	of any
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f) I her	eby accept a	nd acknowled	Ige that the N	NPS Trust			e right a	and	autho	ority t	0 Ca	arry	out inve	stiga	tions	s froi	n the	e info	orma	atio	n ava	ailat	ole ir	ו pub	lic d	omain
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Name	of subscribe	er																					i			

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12. DECLARATION BY SUBSCRIE	<b>BER*</b> ( Plea	ase refer t	o Sr n	0.8.0f	the ins	structio	ns )																	
Declaration & Authorization by all			0 01 11	0.001			115 )																	
I have read and understood the terms and declare that the information and Record Keeping Agency/National Pe	and condit documents	ions of the furnished	by me	e are tr	ue and	l corre	ct, to	the	best of	my kno	owlee	dge a	and	beli	ef.Ιι	unde	rtake	to ir	nforn	n imm	ediate	ely tł	ne Ce	entral
understand that I shall be fully liable f	,	,			0						eu b	у п	e. 1 (	uo i		olu a	any p	ле-е	xistii	ig ac	ount	una		P3. I
I further agree to be bound by the te complete or partial without any new d details) & T-PIN.						-							-								-			
Declaration under the Prevention of	-																						_	
I hereby declare that the contribution the right to peruse my found violating the provisions of any I	or share th	ne informa	tion, w	ith oth	ner gov	ernmei	nt aut																	
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13. DECLARATION BY EMPLOYE	R																							
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It is certified that the details prov the address and employment de he/she has read entries/entries l	etails provi	ded abov	ve are	e as p	er the	servi	ce re						nain	tain	ed b	oy u				ed wi furth				
							901																	7
Signature of the Authorised perso	on	Rubber	Stamp	of the	e DDO		5	Signa	ature of	the Au	ithori	ised	pers	son	F	Rubb	er St	amp	of th	ne DT	O/PA	O/C	DDO	_
(In the box above)			he box							he box			<u> </u>							the b				_
Designation of the Authorised Perso	on 🗌						De	sign	ation o	of the	Auth	noris	sed	Per	son									
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14. DECLARATION BY EMPLOYE	R/ CORP	ORATE																						
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Signature of the Authori	ised nerson	(In the br	nx aho				-																	
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Designation of the Authorised Person							]			Rubl	Jer	วเลท	пр с	лíп	e CO	JUDC	nate	(IN	uie	NOX 8	nove	;)		

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15. DECLARATION BY THE AGGREGAT	DR
	Applicable to NPS Lite Subscribers
-	NL - AO) with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS ed /thumb impressed before me byafter (s)he has read the entries/ entries have
Signature of the Authorised per	rson (In the box above) Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	
NPS Lite Account Office (NL-AO) Registration I	
Membership No. allotted by Aggregator (if any Place	) Date ddd/mmm//vvvvv
16. TO BE FILLED BY POP-SP         Receipt No. (17 digits)         Document accepted for date of Birth Pro         Copy of PAN card submitted         YES         Documents Received:         (O)         Identity V	NO     KYC Compliance     YES     NO       riginals V     (Attested) True Copies
Existing Customer:	
Demat/Folio/account (spe The KYC documents available with us f	/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ cify nature of the account) having account number/client IDmaintained atbranch/office. or this customer/client matches the requirement for opening NPS account and are in compliance with PMLA gs Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Name:
	Designation: Place:
POP-SP Seal	Signature of Authorized Signatory     Date     d     d     I     y     y     y
	[To be filled by CRA - Facilitation Centre (CRA-FC)]
Received by	CRA-FC Registration Number
Received at	Date         d         d         I         m         m         I         y         y         y
Acknowledgement Number (by CRA-FC)	
PRAN Alloted	
	ACKNOWLEDGEMENT
Name of the Subscriber:	
Contribution Amount Remitted:	₹
Date of Receipt of Application and Contri	bution Amount: d d / m m / y y y y
	Stamp and Signature of the Employer/PoP:

Ver 1.5

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM **General Guidelines** 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) Please a blank box after each word In case, you mention the KYC number submission of proof for the same is 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 (c) are 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. (d) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted. (f) The subscriber's thumb (g) S. No ltem Item Details Instructions No This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card. Personal Details If married, spouse name is mandatory Spouse Name Father's name is mandatory 1 1 Father's Name If father Annexure II for the same. Mother's name is mandatory If Mother' I. II. Mother's Name Annexure II for the same Please ensure that the date of birth matches as indicated in the document provided in the support. Date of Birth Proof of Address (Copy of any one) S.No Proof of Identity (Copy of any one) S.No Passport issued by Government of India. 1 1 Passport issued by Government of India Ration card with photograph and residential address 2 Ration card with photograph. 2 3 Bank Pass book or 3 with photograph and residential address 4 for an existing customer. for an existing customer. 4 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 of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly Letter from any recognized public authority at the level of Gazetted like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue , Judicial Magistrate etc. 7 7 of address with photograph signed by a Member of Parliament or Member of Legislative Assembly PAN Card issued by Income tax department 8 8 Aadhar Card / letter issued by Unique India clearly showing the address 9 Aadhar Card / letter issued by Unique Authority 9 Authority of Identity, Correspondence & of India Permanent address Job cards issued by NREGA duly signed by an Job cards issued by NREGA duly signed by an of the 10 of the 10 details State Government State Government Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial 11 The identity card/document with address or letter of allotment 2,3&4 2 of accompation 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. Institutions, Colleges to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. Photo. Identity Card issued by Defence, Paramilitary and Police department's / Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old) 12 12 Ex-Service Man Card issued by Ministry of Defence to their Latest Telephone bill (landline & postpaid mobile) in the name of 13 13 the Subscriber / Claimant and showing the address (less than 2 months old) employees. 14 Photo Credit card. Latest Property/house Tax receipt (not more than one year old) 14 Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation) 15 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. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for Politically Exposed Person 3 6 example heads of state or of the government, senior politicians, senior government, judicial or military senior executives of state-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 Name, Bank Account No. and IFS Code should be submitted. Subscriber's Bank 4 7 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. Subscriber's Nomination Details 5 8 Government employee/subscribers can exercice choice of Pension Funds and allocate their investments either in Asset Class'G' under' Actice 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. Pension Fund (PF) 6 10 Selection and Investment Option Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident Sursocition(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 resident registration number) code/number and resident registration for tax purpose in jurisdiction(s) within India. Permanent Account Number (PAN) to be provided as T Declaration by subscriber on FATCA 7 11 Compliance 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 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 Declaration by 8 12 Subscriber Impression in case of females. General Information for Subscribers

**CSRF** 

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

Ver 1.5

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

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%

## **Equity Allocation Matrix for Active Choice**

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.

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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 public domain for confirming the information provided by me to the NPS 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 d d / m m / y	У	у	у																									
Place :												-	Si						•							n bla		ink
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13. DECLARATION BY EMPLOYE	D																											
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14. DECLARATION BY EMPLOYE	R/ CC	ORPO																										
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Certified that the details provided in t employment details provided above a entries / entries have been read over	are as	s per f	the se	rvice	rec	ord c	of the					ntain	ed b	y us	. Als	io, i	t is i	furth								g the s rea		
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15. TO BE FILLED BY POP-SP	
Receipt No. (17 digits)	POP-SP Registration Number
Document accepted for date of Birth P	roof:
Copy of PAN card submitted YES	NO KYC Compliance YES NO
Document Received:	Originals Verified) Self Certified (Attested )True Copies
Identity Verification :	ione
Existing Customer:	
The above applicant is having an ope number/client IDma customer/client matches the requirem	mt/Kumis an existing KYC verified customer. rative Bank/Demat/Folio/branch/office. The KYC documents available with us for this ent for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings 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     d     d     I     y     y     y
	To Be Filled by CRA Branch
Received by	CRA-Branch
Received at	Date d d / m m / y y y
Acknowledgement Number (by CRA-Branch	
PRAN Allotted	
	ACKNOWLEDGEMENT
Name of the Subscriber:	
Contribution Amount Remitted:	
Date of Receipt of Application and Con	tribution Amount d d / m m / y y y

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 a) 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. b) 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 c) 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 d) visibility of the face of the subscriber, the application shall not be accepted.
- e) 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. f)
- g)

6.No	Item No.	Item Details	Instru	iction	IS
		Personal Details	<ul> <li>This Form is only for Resident Indians and there is a separate Form for</li> <li>Currently, Foreign Nationals / Other Country Individuals (OCI) and Pers</li> <li>The applicant shall mention father's name and mother's name and shall</li> </ul>	ons o	f Indian Origin (PIO) are not allowed to open PRAN.
		Spouse Name	If married, spouse name is mandatory.		· · · · · · · · · · · · · · · · · · ·
1	1	Father's Name	<ul> <li>Father's name is mandatory.</li> <li>If father's name has more than 30 digits, you may fill Annexure II for the second second</li></ul>	the sa	me.
		Mother's Name	<ol> <li>Mother's name is mandatory.</li> <li>If Mother's name has more than 30 digits, you may fill Annexure II for</li> </ol>	the s	ame.
		Date of Birth	Please ensure that the date of birth matches as indicated in the document	nt pro	vided in the support.
			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	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, Tehsidar, 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
2	2, 3 & 4	Identity, Correspondence &	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
2	2, 3 & 4	Permanent address details	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 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. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: SSSCentral/State Governr and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Paymen 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) 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 accommodation)
			<ol> <li>If the address on the document submitted for identity proof by the prosper opening form, the document may be accepted as a valid proof of both ide (II) If the address indicated on the document submitted for identity proof differ form, a separate proof of address should be obtained. All future commun If correspondence &amp; Permanent address are different, then proof for both (III) The KYC documents may be submitted within a period of 30 days after g</li> </ol>	entity a ers fro ication have	and address. m the current address mentioned in the account opening form, a ns will be sent to correspondence address. to be submitted.
3	6	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been ent heads of state or of the government, senior politicians, senior government, ju 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 Name, Bank Name, Bank Account Number, and IFS Code. If cheque is not availab bank statement or bank certificate or letter from Bank mentioning Subscriber Nam	ole or o	cheque is not preprinted with Subscriber name, a copy of bank passbook o
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nomine the nomination(s). Sum of percentage share across all the nominees must be nomination(s). Sum of percentage share across all the nominees must be equ will be rejected.	equa	I to 100. If sum of percentage is not equal to accepted in the
6	10	Pension Fun (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and alloca Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subs allocated among 03 Pension Funds namely(i) LIC Pension Fund Limited (ii) SBI Pe	criber	s does not exercises the choices of Pension Fund, their contributions will be
7	11	Declaration by Subscriber	Signature/Thumb impression should only be within the box provided in the for officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thu females.		
8	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence of tax purpos . Jurisdiction(s) of Tax Residence : Since US taxes the global income of its for tax purpose in USA. . Tax Identification Number (TIN) : Tin need not be reported if it has not bee issued a high integrity number with an equivalent level of identification (a that type of number for individual include, a social security/insurance numl registration number I f applicant residence for tax purpose in jurisdiction(s) within India, Permai	citizer n issu 'Func' ber, ci	n, every US citizen of whatever nationality, is also a resident ted by the jurisdiction. However, if the said jurisdiction has tional equivalent"), the same may be reported. Examples of tizen/personal identification/services code/number and resident
			Number (TIN)		rth is US, document evidencing Relinguishment of Citizenship

a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer. b) Subscribers are advised to retain the acknowledgment slip signed/stamped by the designated nodal officer where they submit the application.

c) 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,

Selenuim Building, Financial district,

Nanakramguda, Gachibowli, Hvderabad - 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.

Annexure I to CSRF
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	<u>TIER II</u>	DETAILS	
I hereby submit the following details for activati	on of Tier – II account u	Inder NPS.	
1. PAN card Number (Mandatory) :			
2. Subscribers Bank Details: (All bank details If same as Tier I, Please Tick ( $$ ) else, pro	vide the details below:		Current A/c
	vide the details below.		
Bank A/c Number			
Bank Name			
Branch Name			
Branch Address			PIN CODE
	State/U.T.		C o u n t r y
Bank MICR Code	IFS C	Code	
Subscriber's Nomination Details			
If same as Tier I, Please Tick ( $$ ) else, provide	the details below. In cas	e you desire to nominate r	nore than one person, please fill Annexure III.
3. Name of the Nominee:			
First Name	Middle Name		Last Name
4. Date of Birth (In case of Minor)	m <b>I</b> y y y y		
5. Relationship with the Nominee:			
6. Nominee's Guardian Details (in case of a minor	):		
First Name	Middle Name		Last Name
Subscriber Scheme Preference			1
7. If same as Tier I, Please Tick ( $$ ) else, pro	vide the details below		
(i) PENSION FUND SELECTION (Tier II) : Ple	ase read below conditions	before opting for the choic	e of Pension Funds:
* Name of the Pension Funds are given in alph	abetical order.		
Name of the Pension Fund (Please		Please Tick (√) Only Or	
Birla Sunlife Pension Management Limited			
HDFC Pension Management Company Lin			
ICICI Prudential Pension Funds Managem	ent Company Limited		
Kotak Mahindra Pension Fund Limited			
LIC Pension Fund Limited			
SBI Pension Funds Private Limited UTI Retirement Solutions Limited			
* Selection of Pension Fund is mandatory both in Acti	ve and Auto Choice.		
(ii) INVESTMENT OPTION (Please Tick ( $$ ) in the box given below show	wing your investment opt	ion).	
Active Choice Auto Choice		)•	
Please note:			
1. In case you select			
2. In case you do not indicate any investm	ent option, your funds wi	Il be invested in Auto Choi	ce (LC 50).

3. 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%)		Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Goverment 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	
LC 75		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
LC 50		3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
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:	(* Ľ	Signature/Thumb Impression* of Subscriber in black ink II in case of male and RTI in case of female)
	To be filled by POP/POP – SP/Nod	al Office
Copy of PAN Card Submitted YES N	0	
		Name:
		Designation:
		Place:
POP-SP/ Seal	Signature of Authorised Signatory	Date d d / m m / y y y y

## ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if na	ıme	exc	eeds	30	char	acter	's ar	d no	able	e to t	oe co	vere	ed on	page	e 1 of	f the	appl	icati	on fo	orm)						
	First Name																										
	Middle Name																										
	Last Name																										
						-																					
2.	Name of Mother (required if name	ame	exc	eed	s 30	cha	racte	ers a	nd no	ot ab	le to	be co	over	ed or	n pag	e1c	of the	app	olicat	ion	form	)					
2.	Name of Mother (required if national first Name	ame	exc	eed	s 30	cha	racte	ers a	nd no	ot ab	le to	be co	overe	ed or	n pag	e 1 c	of the	app	olicat	ion 1	form	)					
2.		ame	e exc	eed	s 30	cha	racte	ers a	nd nc	ot ab	le to	be co		ed or	n pagi	e 1 c	of the	app	olicat	ion 1	form	)					
2.	First Name	ame	e exc	;eed	s 30	cha   	racte	ers a	nd nc	ot ab	le to	be co		ed or	n pagi	e 1 c	of the	app   	olicat	ion 1	form)	)					

# 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	<b>Father/Mother's Full Name in Hindi</b> (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: d d / m m / y y y y

(\* 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.

,	hereby nominate the person(s) mentioned below who is/are member(s)/
of my far	nily 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            Middle Name            Last Name	First Name            Middle Name            Last Name	First Name
2. Present Communication address of the nomin	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee         d         d         I         m         m         I         y <th< th=""><td>2nd Nominee d d / m m / y y y y</td><td>3rd Nominee d d / m m / y y y y</td></th<>	2nd Nominee d d / m m / y y y y	3rd Nominee d d / m m / y y y y
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            Middle Name            Last Name	First Name            Middle Name            Last Name	First Name         Middle Name         Last Name
Dated this day of		ature/ 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.

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms	TO BE	FILLED/ATTESTED BY POP-SP/DDO/NL-CC	
	Certifie	d that the above declaration and nomination details has been signed	/ thumb impressed before me by Sh/Smt/Ms
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP/SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number         (Allotted by CRA):		-	
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP-SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO Registration Number (Allotted by CRA):         Rubber Stamp of the       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-AO			
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP/SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number         (Allotted by CRA):			
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP/SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number         (Allotted by CRA):			
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP/SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number         (Allotted by CRA):			
POP-SP/DDO/NL-CC Registration Number       Designation of the Authorised Person :         (Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Date       Image: Comparison of the Authorised Person :         POP-SP/DDO/NL-CC Office Name :       POP-SP/DDO/NL-CC Office Name :         Date       Image: Comparison of the Authorised Person :         Pote       POP/SP/DDO/NL-CC Office Name :         POP/SP/PAO/DTO/DTA/PrAO/NL-AO/NL-AO/NL-OO       POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number         (Allotted by CRA):			
(Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :		Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
(Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :			
(Allotted by CRA)       POP-SP/DDO/NL-CC Office Name :			
POP-SP/DDO/NL-CC Office Name :			Designation of the Authorised Person :
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):	(Alio	(led by CRA)	POP-SP/DDO/NL-CC Office Name :
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	Date	d d / m m / y y y y	
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	TO BE	FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO			
	Dubber	Stamp of the DOD/DOD SD/DAO/DTO/DTA/DrAO/NU AO/NU AO	
	Rubbel	Stamp of the POP/POP-SP/PAO/DTO/DTA/PTAO/NL-AO/NL-OO	Signature of the Authorised Person

Annexure NCIS			То	be used for subscribing un	der NPS
		National Pe	nsion System (NPS)		
	NPS	Contribution Instruction Slip (NC	CIS) - All fields marked with *	are mandatory.	
Subscriber Details:					
Subscriber's PRAN*:_	/ New /	Application			
Name of the Subscrib	er* :				
Are you a Govt. Empl (See instructions at Si	loyee covered under NI . No. 1)	PS - Yes No	(please select, if applicab	le)	
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:

1. 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].

2. 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.

3. 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.

4. Copy of PAN should be enclosed in case of cash contribution of Rs. 50,000 and above.

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.

Signature/Left Thumb Impression of Subscriber

(To be filled by POP/POP-SP)			
Received by:		POP-SP Registration N	Number:
Received at:		Date:	_ Time Stamp:
Receipt Number			
(To be provided by POP-SP)			
Perforation) - NCIS Acknowledgement to the Subs	criber		
(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	d 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 P	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].

Annexure-UOS-S5					
<b>National Pension System (NPS)</b> 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					
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 target POP-SP). A photoc of source POP-SP) to (Name/Reg. No. of target POP-SP). A photoc	). opy				
of source POP-SP) to (Name/Reg. No. of target POP-SP). A photoc 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:					
Details verified by: Date: Time Stamp:					
A alw and a draw and fan Sub aanib an	-				
Acknowledgement for Subscriber         (To be filled by POP/POP-SP)					
Received from: POP-SP Registration Number:					
(PRAN)	-				
Received at:    Time Stamp:					
Receipt Number (To be provided by POP-SP)					
Signature/Stamp of POP/POP-SP					
Signature/Stamp 01 rOr/rOr-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).

Annexure GoS-S3 (Ver 1.4)Page 1							
Request for Scheme Preference Change under National Pension System (NPS)							
NSDL e-Governance Infrastructure Limited (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)							
For Nodal Office <sup>#</sup> use:       Nodal Office Registration No. :							
Receipt No.:							
PRAN *: Name of t	PRAN *: Name of the Subscriber *:						
Scheme Preference Change: Tier I							
I. Default Pension Funds (PFs):							
The following Pension Funds (PFs) will act jointly as default PFs: (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Ret	irement Solutions Ltd.						
II. Subscriber Scheme Choice							
In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous allowed only if choice to employees is notified by the respective State Govt/Ministry.							
(i). PENSION FUND SELECTION:							
PFM Name (Please select only one)	Please Tick ( $$ ) only one						
Birla Sunlife Pension Management Limited							
HDFC Pension Management Company Limited							
ICICI Prudential Pension Funds Management Company Limited							
Kotak Mahindra Pension Fund Limited							
LIC Pension Fund Limited							
SBI Pension Funds Private Limited							
UTI Retirement Solutions Limited							
<ul> <li>* Selection of 01 Pension Fund is mandatory</li> <li>(ii). INVESTMENT OPTION [Please Tick (√) in the box given below showing your invest Choice].</li> <li>1. ACTIVE CHOICE</li></ul>	tment option. Please tick only one, either Active Choice or Auto						
Asset Class G 100%Please Tick ( $$ )Note: 1. Asset class G-100% of contribution will be invested in Government Bonds and related instruments 2. In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only							
2. AUTO CHOICE							
Life Cycle (LC) Funds       Please Tick ( $$ Only One       Note: 1. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only 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.							
CRA generated Acknowledgement Number (to be filled by Nodal Office):							
I	declare that						
Date :	Signature/ Thumb Impression of the Subscriber						

Annexure GoS-S3 (Ver 1.4)			Page 2		
Scheme Preference Change:	Tier II				
(i). PENSION FUND SELECTION:					
PFM Name (Please select only one)		Please Tick ( $$ ) only one			
Birla Sunlife Pension Management Lim	ited				
HDFC Pension Management Company	Limited				
ICICI Prudential Pension Funds Manag	ement Company Limi	ed 🗌			
Kotak Mahindra Pension Fund Limited					
LIC Pension Fund Limited					
SBI Pension Funds Private Limited					
UTI Retirement Solutions Limited					
<ol> <li>In case you select Active Choice fill up sec</li> <li>In case you do not indicate any investment</li> <li>In case you have opted for Auto Choice an investment will be made as per Auto Choice</li> <li>(iii). Active Choice Asset Allocation (to</li> </ol>	option, your funds will be i d fill up section (iii) below ce (LC 50).	nvested in Auto Choice (LC 50) elating to Asset Allocation, the Asset Allocation in ase you have selected the 'Active Choi	ice' investment option)		
Class exceed 75%) 100%) Specify %	100%) 100%	Asset class E-Equity and related instrume and related instruments; Asset class G-Go instruments.			
<ul> <li>Please note: <ol> <li>Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.</li> <li>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.</li> <li>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.</li> </ol> </li> <li>iv) <u>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.</u></li> </ul>					
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         LC75       2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset         LC50       3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset         LC25       4. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset					
CRA generated Acknowledgement Number (	to be filled by Nodal Off	ce):			
I		, the applicant, do hereby declare that			

Information stated above is true to the best of my information & belief.

, the applicant, do hereby declare that

Date :

Signature/ Thumb Impression of the Subscriber

Annexure GoS-S3 (Ver 1.4)		Page 3
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:	
Acl	(To be filled by Nodal Office)	
Scheme Preference Change: Tier I		
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 Off	ice/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<sup>#</sup> 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.npscra.nsdl.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.

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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 *:
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
<b>VI)</b> 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) (Last Name) (Last Name)
Relationship with the Nominee:     Date of Birth (In Case of Minor):     D     D     M     M     Y     Y     Y
Nominee's Guardian Details (in case of a minor):
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:       Image: C       D       Image: C       D
e) Department:
f) Ministry:
g) Basic Salary:
h) Pay Scale:
Certified that the above declaration has been signed / thumb impressed before me by
Signature of the Authorised Person Rubber Stamp of the DDO
Designation of the Authorised Person Name of the DDO
Date Department / Ministry

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Section C - Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector
I. Subscriber Scheme Preference*:
Do you wish to continue with the existing Pension Fund and Investment Option: Yes No (If 'No, please submit details on Page 4)
• If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.
• If Subscriber is shifting from Government Sector, please submit Subscriber Scheme Preference details on Page 4.
II. KYC details* (Applicable only if Subscriber is shifting from Government Sector. Refer Instruction No. X)
a) KYC document accepted for Identify Proof:
b) KYC document accepted for Address Proof :
c) Document accepted for Date of birth proof :
d) Existing Customer:
I/we hereby certify/confirm that Shri/Smt/Kum
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).
<b>III. Employment Details</b> * (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)
a) Date of Joining*: b) Date of Retirement*: D D M M Y Y Y Y D D D M M Y Y Y Y
c) Employee ID*:
Certified that the above declaration has been signed before me by
Signature of the Authorised Person
Designation of the Authorised Person Rubber Stamp of the Corporate
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 Intersector Shifting 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       Signature/Left Thumb impression of Subscriber*
For Office use only (To be filled up by the officer accepting the form)
Received by:
Received at:      Time Stamp       Details verified by:      Date:
Receipt Number issued by the receiving office (only for POP-SP)

### Form-ISS (Ver 1.4)

### 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.
	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 accommodation)

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

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

(ii). INVESTMENT OPTION [Please Tick ( $\sqrt{}$ ) 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 '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,
Specify %					100%	MBS, REITS, AIFs, Invlts. Etc.
Choices in Govt sector	Not avai	lable	Available	Not available	In case of Government employee/subscriber the Active choice of Asse Allocation is restricted to Asset Class 'G' only	

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	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 asse
LC75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC50			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
LC25		Available	1. Solt. employee can excluse rate endee of Asset Anotation for De 25 & De 50 only

Date:

Place:

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

Name of Subscriber:

### **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	n System i	n the	event of 1	ny 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://
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### 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	<b>3rd Nominee's Guardian Details</b>
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Dotod	thia
Dated	uns

Signature/ Thumb Impression\* of the Subscriber

	details has been signed / thumb impressed before me by s read the entries / entries have been read over to him / her by me and go
Rubber stamp of the POP-SP/DDO         POP-SP/DDO Registration Number         (Allotted by CRA)	Signature of the Authorised Person         Designation of the Authorised Person :         POP-SP/DDO Office Name
Date: TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DT PrAO	<b>TA</b> POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number         (Allotted by CRA):
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	

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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%

## **Equity Allocation Matrix for Active Choice**

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)** Exit from National Pension System Due to Premature Exit Affix Claim ID Acknowledgement No recent colour photograph of To. 3.5 cm × 2.5 cm size / NPS Trust Passport size Sir/Madam, 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: Signature / Thumb Impression\* \*In case of female right thumb Impression and in case of male left thumb Impression may be taken. of the Subscriber Particular Remarks Sr.No Section A - Subscriber's Personal Details Subscriber Sector\* 1. Govt. Sector 2. All India citizens/corporate 3. NPS Lite / GDS 1 Organisation Name\* (PAO/DTO/CHO/NLAO Name) PRAN\* 2. Full Name\* 3 4 Subscriber Gender\* Male Female 5 Father's Name\* 6 Marital Status\* Married Unmarried/Others 7. Maiden Name (In case of female married subscriber) 8. Spouse's Name\* (only if subscriber is married & spouse is alive) 9 Spouse Gender\* (only if subscriber is married & spouse is alive) Female Male Date of Resignation/Exit\* 10 DD / MM / YYY Date of Birth (As in PRAN Card)\* 11. DD / MM / YYY 12 Aadhar/VID PAN\* 13 **CKYC Number** 14 15 Are you a Politically Exposed Person (PEP)\* Yes No 16. Are you related to a Politically Exposed Person (PEP)\* Yes No Do you have any history of conviction under any criminal 17. Yes No proceedings in India or abroad?\* If Yes, please provide details Contact details Mobile number\*: +91 18 Alternate phone number : E-mail ID\* : 19 Subscriber's full address with pin code\* (Please refer instruction No. 10 for documents to be submitted) Section B - Subscriber's Bank Details - (Please refer instruction No. 7) 20. Bank Account Number\*# : 21. Bank Name\* Bank Branch Name and Address : The monthly pension and lump 22. sum amount would be deposited into this account and hence fill in all the details carefully.\* IFSC Code (attach a cancelled cheque leaf or copy of bank 23. 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) Before attaining superannuation or attaining 60 / 65 years of age a) Would you like to withdraw full amount (if less than or equal to 1 lakh) Yes No or b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)<sup>#</sup> Yes No # 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 Percentage of corpus opted for purchase of Total (100%) (Max 20%) annuity (Min 80%)

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Ver 1.3				
Section D - Subscriber's Annuity Details (Please refer instruction No. 15 & 16) (Not to be filled in case of complete withdrawal)				
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)         Canara HSBC Oriental Bank of       HDFC Life Insurance Co. Ltd.         Commerce Life Insurance Co. Ltd.       ICICI Prudential Life Insurance Co. Ltd.         IndiaFirst Life Insurance Co. Ltd.       Kotak Mahindra Life Insurance Co. Ltd.         Life Insurance Corporation of India       Max Life Insurance Co. Ltd.         SBI Life Insurance Co. Ltd.       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       Annuity for Life with return of purchase price on death         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 che	aice (For Covernment Subscriber, annuity frequency is monthly only)			
Monthly Quarterly Half Year				
Date : DD / MM / YYYY         *In case of female right thumb Impression and in case of male left thumb Impress         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	<b>PAN</b> <sup>\$</sup>	Date of Birth <sup>s</sup>	
1.	Spouse <sup>\$</sup>				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:	Note: In case of children being more than 3, please specify in an additional sheet.					

Fields marked with\* are mandatory.

<sup>s</sup>Mandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option

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### 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	Signature / Left thumb Impression of the Proposer	e Affix a recent self signed photograph
Name and Address of witnes	SS:	
Place:		
Date:	DD/MM/YYYY	
Declaration when Proposal for Not to be filled in case of complete	m is filled by person other than proposer/proposer signs in a withdrawal)	n vernacular language/proposer is illiterate
I hereby state that I have read of relevant documents to the pro- understood the same and agree to affixed his/her/their signature/thur	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	
Signature of the person making the declaration		the information provided by me/us.
Name & Address		
		Signature / Left thumb Impression of the Proposer
Place	Date: DD / MM / YYYY	

/er 1.3							
Section G - Declaration & Attestation by Nodal Office							
<ul> <li>TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP</li> <li>1. 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.</li> <li>2. 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)</li> <li>3. 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</li> </ul>							
4. It is o deta	<ul><li>been verified and can be accepted as final.</li><li>4. 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).</li></ul>						
	Rubber Stamp of the DDO/POP-SP/N	ILCC	Signature	of the Authorised Person			
DDO/PC	P-SP/NLCCRegistrationNumber						
Designa	tion of the Authorised Person :		_ DDO/POP-SP/NLCC Offic	e Name:			
Date	D D I M M I Y Y Y Y						
	Rubber Stamp of the DTO/PAO/POP/Ag	gregator	Signature	of the Authorised Person			
DTO/PA	O/POP/Aggregator Registration Number						
Designa	tion of the Authorised Person :		DTO/PAO/POP/ Aggreg	jator Office Name:			
Date	D D I M M I Y Y Y Y						
[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							
	or less than rupees 1,00,000/	S/D/M//o		, aged about y	0000		
Ι,							
residing	at			_ do hereby solemnly affirm and declare as u	nder:		
<ol> <li>That I am a Subscriber of National Pension System, holding PRAN</li></ol>							
Date :							
Place :			* S	ignature/Thumb Impression of the Subscr	iber		
*In case of female right thumb impression and in case of male left thumb impression may be taken.							
Rub	per Stamp of the DDO/POP-SP/ NLCC	Signature of the	DDO/POP-SP/ NLCC	Date D D / M M / Y Y Y Registration No. of DDO/POP-SP/ NLC			
	Rubber Stamp of the DTO/PAO/POP/Aggregator		ature of the /POP/Aggregator	Date D D / M M / Y Y Y Registration No. of DTO/PAO/POP/ Aggregator	Y		

## 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:

- 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.
- 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:
  - 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:

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

SI. No.	Proof of Identity (Copy of any one of the given below	Proof of Address (Copy of any one of the given below	
	documents)	documents)	
а	Passport issued by Government of India.	Passport issued by Government of India.	
b	Ration Card with Photograph.	Ration card with photograph and residential address.	
С	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.	
е	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, Judical Magistrate etc.	
g	Certificate of identify with photograph signed by a Member of Parliament or Member of	Certificate of address with photograph signed by a Member of Parliament or member of	
h	Legislative Assembly. Aadhar Card/letter issued by Unique identification Authority of India.	Legislative Assembly. 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).	
I	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.	following: Central/State Government and its Departments, Statuary/ Regulatory Authorities, Public Sector Undertakings, Schedules	

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, 1<sup>st</sup> 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:

- 1. 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
- 3. 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.
- 4. 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:

#### $\underline{www.npscra.nsdl.co.in/annuity-service-providers.php}$

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):

(a) living dependent mother of the deceased subscriber;

(b) 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.

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	<b>NATIONAL PENSION SYS</b> Exit from National Pension System Due to Super		
Claim ID To, NPS Trust.	Acknowledgement No	Affix recent colour photograph of 3.5 cm × 2.5 cm size /	
Sir/Madam,			Passport size
I		hereby apply for the payment	
	nulated pension wealth in my NPS Tier-I account as per the relevant punder NPS) Regulations, 2015 as amended.	rovisions of the PFRDA (Exits and	
	entire accumulated pension wealth in Tier II account would be paid a	along with lumpsum withdrawal of	
Tier I accour	nt. ve below the necessary details:		
i nerewar gi			Signature / Thumb Impression*
ļ,	female right thumb Impression and in case of male left thumb Impres	ssion may be taken.	of the Subscriber
Sr.No	Particular A - Subscriber's Personal Details	Re	marks
Section	A - Subscriber's Personal Details	1	
	Subscriber Sector*	<ol> <li>Govt. Sector</li> <li>All India citizens/corporate</li> <li>NPS Lite / GDS</li> </ol>	
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)		
2.	PRAN* Full Name*	First	Middle Last
4.	Subscriber Gender*		nale
5.	Father's Name*		Middle Last
6.	Marital Status*	Married Unn	narried/Others
7.	Maiden Name (In case of female married subscriber)	First	Middle Last
8.	Spouse's Name* (only if subscriber is married & spouse is alive)	First	Middle Last
9. 10.	Spouse Gender* (only if subscriber is married & spouse is alive) Date of Retirement / attaining 60 / 65 years of age / Discharge	Male Fen	nale
10.	(In case of Incapacitation)* Date of Birth (As in PRAN Card)*	DD / MM / YYYY	
12.	Aadhar/VID		
13.	PAN*		
14. 15.	CKYC Number		
16.	Are you a Politically Exposed Person (PEP)* Are you related to a Politically Exposed Person (PEP)*	Yes No	
10.	Do you have any history of conviction under any criminal	Yes No	
17.	proceedings in India or abroad?*		
		Mobile number* : +91	
18.	Contact details	Alternate phone number : E-mail ID* :	
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 N	lo. 7)	
20.	Bank Account Number*# :		
21.	Bank Name* Bank Branch Name and Address : The monthly pension and lump		
22.	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 mark	xed with * are mandatory. # Should be same where last salary credite	ed in case of Government sector/Cor	porate sector subscribers
Section C	C - Subscriber's Withdrawal Details - (Please refer instrue	ction No. 8)	
On attaining	superannuation or attaining 60 / 65 years of age or superannuation	due to Incapcitation	
	ou like to withdraw full amount (if less than or equal to 2 Lakh/1 Lakh or ou like to have normal Withdrawal (Lump sum & Annuity Withdrawal		
c) Would y	or rou like to opt for Withdrawal of Deferred Corpus <sup>#</sup> :	Yes No	
	or ou like to opt for Phase withdrawal : Yes No		
	ithdrawal amount Withdraw total holdings vide the Percentage of corpus that you wish to opt for lump sum with	drawals and nurchase of appulity	
% of corpu	us opted for lump sum withdrawal Percentage of corpus opted	, ,	6)
(Max 60%)	annuity (Min 40%)		

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Section D - Subscriber's Annuity Details - (Please refer instruct of Deferred Lump Sum Corpus & phase withdrawal)	ion No. 12 & 13) (Not to be filled in case of complete withdrawal, Withdrawal
Select Annuity Service Provider (please tick one of the below options as	per your choice)
	ife Insurance Co. Ltd.
	idential Life Insurance Co. Ltd.
	ahindra Life Insurance Co. Ltd.
	Insurance Co. Ltd.
	on Dai-ichi Life Insurance Co. Ltd.
Select Annuity Scheme (please tick one of the below options as per your	r 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 Ye	early 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 Impr	ression may be taken
Section E - Subscriber's Nomination Details*	
Nomination Details: Applicable to those eligible sums as per regulations.	Name :
Nominee must be immediate family member of subscriber (Spouse,	Relationship : Percentage Share:
Children etc) in general except for exceptions as provided in Regulations.	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 :
	Cuardian Signature (Only in access of minor)
	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 :
	1
	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	<b>PAN</b> <sup>\$</sup>	Date of Birth <sup>\$</sup>
1.	Spouse <sup>s</sup>				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: I	n case of children being more	e than 3, please specify in an additional sl	heet.		

Fields marked with\* are mandatory. <sup>s</sup>Mandatory 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	e
			Affix a recent self signed photograph
Name and Address of witnes	SS:		
Place:			
Date:	DD/MM/YYYY		
eclaration when Proposal for ot to be filled in case of complete	m is filled by person withdrawal, Withdrawa	other than proposer/proposer signs in a al of Deferred Lump Sum Corpus & phase with	n <b>vernacular language/proposer is illiterate</b> drawal)
relevant documents to the pro	poser in to abide by the terms a	contents of this proposal form and all other language, he/she/they have nd conditions of the resulting policy and have proposal form in my presence.	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 of the person naking the declaration			
Name & Address			
			Signature / Left thumb Impression of the Proposer
Place		Date: DD / MM / YYYY	

Section G - Declaration & Attestation by Nodal Office TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP 1. 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. 2. 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) 3. 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. 4. 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). 5. 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/NLCCOfficeName: \_ D D I M M I Y Y Y Y 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 D D I M M I Y Y Y Y [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 \_\_\_ S/D/W/o \_\_\_ Ι. \_, aged about \_\_\_\_ \_\_ vears. 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/-(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. D D I M M I Y Y Date Rubber Stamp of the DDO/POP-SP/ NLCC Signature of the DDO/POP-SP/ NLCC Registration No. of DDO/POP-SP/ NLCC Date Rubber Stamp of the Signature of the Registration No. of DTO/PAO/POP/Aggregator DTO/PAO/POP/Aggregator 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:

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

01	Design of Islam (1) (Or an i	Dura of a find days of (Orange f
SI. 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)
а	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
С	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, Judical 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
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	of the State Government. 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
I	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, 1<sup>st</sup> 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:

1. Annuity for life - On death of the annuitant, payment of annuity ceases

2. 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.

3. 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.

4. 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) :

(a) living dependent mother of the deceased subscriber;

(b) 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. (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, ....., aged about ......years, 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	about	ye	ars,	residing
at.				,	do	hereby
so	emnly 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

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

Annexure-UOS-S6	
	onal Pension System (NPS) request to change Point of Presence
[To be used by Subscribers of NPS –All Citizens of	f India (for Tier- I & Tier- II Account) & other Subscribers only for Tier-II account]
Receipt No.	(To be filled by POP-SP)
(Please fill all the details in CAPITAL LETTI	ERS & 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 a	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 PRAM	I card is attached. My NPS related details are provided below:
Permanent Retirement Account Number*:	
(As allotted by CRA)	
Date Signature/Left Thumb im	pression of Subscriber*
(To	be filled by POP/POP-SP)
Received by:	•
Received at:	
Details verified by:	
	Fine sump
	Acknowledgement
(To be fil	led 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)	
Signa	ature/Stamp of POP/POP-SP
	NSDI CRA

## Annexure-UOS-S6

## 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 <u>https://cra-nsdl.com/CRA/cgmsMenuOnloadFormForSub.do?ID=-1950958717&getName=null</u>

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.

<u>Annexure UOS - S13</u>	Page 1
Request for One Way Switch (from (Please fill all the details in CAPITAL LE	n Tier II to Tier I) under NPS
For POP-SP use:	TEKS & IN BLACK INK ONLY.)
POP-SP Registration No.:	
Receipt No.:	Data:
Entered By: Verified By:	Date: Date:
Date :   Acknowledgement Nur     (Generated by CRA)	mber :
Sir/Madam,	
I hereby submit a request for switch and give below the necessary de	etails:
PRAN *:	
Name of the Subscriber *:	
Amount to be Switched (from Tier II to Tier I) : Rs.	
(Amount in rupees)*:	
,	
hereby declare that Information stated above is true to the best of my in	, the applicant, do formation & belief.
Date :	Signature/ Thumb Impression of the Subscriber
TO DE EILLEN « ATTECTEN DV DOD OD	
TO BE FILLED &ATTESTED BY POP-SP	
Rubber Stamp of the POP-SP	Name and Signature of the POP-SP
Acknowledgement fo	or Subscriber
(To be filled by POP	/POP-SP)
Received from: (PRAN)	POP-SP Registration Number:
Received at: Date:	: Time Stamp:
Receipt Number	
(To be provided by POP-SP)	
Signature/Stamp of F	POP/POP-SP
Instruction for filling the Form: <ol> <li>All fields marked with * are mandatory. All dates should be in DI</li> <li>Out these basilities for Time Lange at a data NDS. All Cities</li> </ol>	
<ol> <li>Only the subscribers having Tier I account under NPS- All Citize</li> <li>The Subscriber shall submit the application only to the POP-SP v</li> </ol>	ns of India or Corporate Sector can request for 'One Way Switch'. 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 m	andatory.						
Section A – Subscriber's Po	ersonal Details						
1. Name of the Subscriber							
2. PRAN							
3. Registered Mobile							
4. Registered Email ID							
Section B – Withdrawal Re	quest Details						
Withdrawal Type							
A. For Marriage of	of his or her children						
I hereby dec	lare and state that this withdrawal is only for the purpose ofas is permitted under PFRDA (Exits and						
Withdrawals ເ thereto	under National Pension System) Regulations 2015 and amendments						
thereto							
Aged: Da	te of Marriage://						
Address of Marriage:							
	r construction of residential house or flat in his or her own name e with his or her legally wedded spouse.						
I hereby dec	lare and state that this withdrawal is only for the purpose of as is permitted under PFRDA (Exits						
and Withdrav amendments t	vals under National Pension System) Regulations 2015 and						
Property Address:							
Date :							
Place :							
	Signature/Thumb impression of the Subscriber**						
**Left Thumb impression in respect of illiterate female c	respect of illiterate male claimant and right thumb impression in laimant.						

<u>Annexure S12</u>	<u>Pa</u>	<u>ge 1</u>
Withdrawa	al form for Tier II account under NPS	
(Please fill all the For Nodal Office <sup>#</sup> use:	e details in CAPITAL LETTERS & in BLACK INK only.)	1
Nodal Office Registration No.:		
Receipt No.:		
(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 belo	ow the necessary details:	
PRAN *:		
Type of Withdrawal* (Please Tick any one):		
I. Amount Wise Withdrawal (Please Tick and	any one)	
Partial Withdrawal		
	mount in Figures) (Amount in words)	
Complete Withdrawal		
II. Scheme Wise Units Withdrawal	Scheme E <sup>*</sup> No. of Units) Scheme C Scheme G (No. of Units) (No. of Units) (No. of Units)	ts)
I Information stated above is true to the best of my information &	, the applicant, do hereby declare that	
Date :		
D D M M Y Y Y Y	Signature/ Thumb Impression of the Subs	) scriber
TO BE FILLED/ATTESTED BY DDO (Mandatory if the request is processed by the associated Nodal Office)		
request is processed by the associated round office)		
	Signature of the DDO	
Rubber Stamp 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							
Tier II Withdrawal: Nodal office Registration Number: Name of the Subscriber:	(To be filled by Nodal Office) PRAN: Date: / / Time Stamp:						
Receipt Number (Mandatory for POP/POP-SP)							
1. Transaction Charges:Rs.3. Total Charges:Rs.	2. Service Tax (as applicable): Rs.						
	Signature/Stamp of Nodal Office/Place						

### Instruction for filling the Form:

- 1. Nodal Office<sup>#</sup> 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 11.
- 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.

Annexure S10 (Ver1.3) Request for Activation of Tier-II account under National Pension System (NPS)
<b>NSDL e-Governance Infrastructure Limited</b> 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 <sup>#</sup> use:
Nodal Office Registration No. :
Receipt No.:
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 ( $$ ) else, provide the details below:
Savings A/c Current A/c (please refer to Sr. No. j of the instructions)
Bank A/c Number*
Bank Name*
Bank Branch*
Bank Address*
Pin Code* Bank MICR Code
IFS code*
3. Subscriber's Nomination Details (Please refer to Sr. No. k of the instructions)
Do you want to retain the same nomination as in your Tier I account? YES NO
If NO, please fill in the details below (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 3.)
Nominee's Name:
(First Name) (Middle Name) (Last Name)
Relationship with the Nominee:    Date of Birth (In Case of Minor):    (dd/mm/yyyy)
Nominee's Guardian Details (in case of a minor) :
4. Subscriber Scheme Preference (Please refer to Sr. No. I of the instructions for further details):
(i). Pension Fund (PF) Selection* (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a cho
of PFM, your application form shall be summarily rejected.
*Name of the Pension Funds are given in alphabetical order.
PFM Name (Please select only one)     Please Tick ( $$ ) only one
Birla Sunlife Pension Management Limited
HDFC Pension Management Company Limited
ICICI Prudential Pension Funds Management Company Limited
Kotak Mahindra Pension Fund Limited
LIC Pension Fund Limited
SBI Pension Funds Private Limited
UTI Retirement Solutions Limited

### Annexure S10 (Ver 1.3)

(ii). Investment Option : [Please Tick ( $\sqrt{}$ ) in the box given below showing your investment option]

Active Choice	Auto Choice
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
Specify %				100%	and related instruments.

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
LC75		2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC50		3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
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 declare that the information provided above is true to the best of	, the ap, the	plicant, do hereby	Signature/Thumb
Date : (DD	/MM/YYYY)		Impression* of Subscriber
TO BE FILLED/ATTESTED BY DDO (Mandatory if the request is processed by the associated Nodal Office)			
Rubber Stamp of the DDO	Name :	Signature of the DDC Designation:	
To be filled by Nodal Office (PAO/DTO/DTA/POP/POP-SP)			
		Signature of Authorized Sign	natory
	Name :		·
	Désignation :	Date :	
Nodal Office Seal			

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

Page-2

### ADDITIONAL NOMINATION FORM

Page-3

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscrib	er 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\*:

4. Kerationship 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 N	ominee's Guardian Details	3rd Nominee's Guard	lian 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 \_\_

	re S10 (Ver 1.3)			Page-3
Acknowled	gement to the Subscriber			
Tion II Ao	tivation	(To be filled by N	dal Office)	
<u>Tier II Ac</u> Nodal Off	fice Registration Number:		PRAN:	
	C			
Name of t	the Subscriber:		Date:/_/	Time Stamp:
	eccipt Number bory for POP/POP-SP)			
1. Transac	ction Charges:	Rs.	2. Tax as applicable: Rs	
3. Total C	harges:	Rs.		
			Signature/Stamp of N	odal Office/Place
f) No g) Go list h) An reg i) Sul j) <b>Ba</b> a. b.	andatory fields are left blank. odal Office# refers to PAO/DTO, overnment employees (mandator t of POP-SPs rendering services ny Indian citizen (other than gow gistered with CRA for Tier 1 acc bscribers are advised to retain th <b>nk Details :</b> Bank details are mandatory for Subscriber shall provide <b>cancel</b>	<ul> <li>/DTA/POP/POP-SP.</li> <li>ily covered under NPS) may submit thunder NPS is available on CRA websit ernment employee mandatorily covered ount.</li> <li>e acknowledgement slip signed/ stampe</li> <li>Fier-II else, account will not be activate led cheque, the details of which should iber should provide a 'cancelled cheque</li> <li>1) Subscriber can nominate a maxim 2) Subscriber cannot fill the same m 3) Percentage share value for all the in the nomination(s).</li> </ul>	nder NPS) may submit the application on by the Nodal Office where they submit th In case bank details are same as Tier I ac natch with the details provided under Poir m of three nominees.	fice or to any POP-SP of their choice. T ally to the POP-SP through which they has the application. Execut, tick mark the corresponding option of No.2 on Page 1. Even if the bank deta
	Nominee's Guardian Details	entire nomination will be rejected.	's guardian details shall be mandatory.	
	The nomination exercised for	Tier I shall not be automatically applica	e to Tier II. A Subscriber to Tier II is requ	
	In case, you want to retain the	same nomination as in Tier I, please se	et "YES" by putting tick mark in the box.	
l) Su	<ul> <li>Active choice <ol> <li>PFM selection is man</li> <li>Allocation under Eq</li> <li>A Subscriber opting allocation across all t allocation table at Po</li> </ol> </li> <li>Auto choice <ol> <li>A Subscriber opting</li> <li>In case both investm be invested as per Automatical and an an</li></ol></li></ul>	uity (E) cannot exceed 75% for active choice may select the availab he selected asset classes must equal 100 int No. 4 (iii) is left blank, the applicati for Auto Choice must also select a PFM ent option and the asset allocation at F	nt No. 4 (ii) and Point No. 4 (iii) are left	t equal to 100%, or the asset
		• • • •	אינספוני (איאיאיווויפנו מאוואטו.כטאווו).	
	• For more information Visit us at http://www.npsc Call us at 022-4090 4242 Write to: Central Recordse	the status of his/her application from th	CRA website or through the respective N astructure Limited, 1 <sup>st</sup> Floor, Times Towe abai - 400 013.	

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%

### **Equity Allocation Matrix for Active Choice**

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.

(Please fill all the details in CAPITAL LETTERS & in BLAC	it in the only.
For POP-SP use:     POP-SP Registration No. :	
Receipt No.:	Receipt Date ://
PRAN *: Name of the Subscrit	ber *:
Scheme Preference Change: Tier I 🗌 Tier II 🗌	
i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mand	
n case you do not indicate a choice of PFM, your application form shall be sun	nmarily rejected.
*Name of the Pension Funds are given in alphabetical order. PFM Name (Please select only one)	Please Tick ( $$ ) only one
	Please Tick (√) only one
PFM Name (Please select only one)	Please Tick (√) only one
Birla Sunlife Pension Management Limited	Please Tick (√) only one         □         □         □         □         □         □
PFM Name (Please select only one)         Birla Sunlife Pension Management Limited         HDFC Pension Management Company Limited	Please Tick (√) only one         □         □         □         □         □         □         □         □         □         □         □         □         □         □
PFM Name (Please select only one)         Birla Sunlife Pension Management Limited         HDFC Pension Management Company Limited         ICICI Prudential Pension Funds Management Company Limited	Please Tick (√) only one         □
PFM Name (Please select only one)         Birla Sunlife Pension Management Limited         HDFC Pension Management Company Limited         ICICI Prudential Pension Funds Management Company Limited         Kotak Mahindra Pension Fund Limited	Please Tick (√) only one         □

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
Specify %					100%	and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc

#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.

## Annexure S3 (Ver 1.3)

<u>you uo no</u>	i mulcate a choice of LC	, your funds will be invested	as per LC 30.)
Life Cycle	Please Tick ( $$ ) Only One		
(LC)Funds			fund where the Cap to Equity investments is 75% of the total asset
LC75			fund where the Cap to Equity investments is 50% of the total asset
LC50		3. LC 25- It is the Life cycle	fund where the Cap to Equity investments is 25% of the total asset
LC25			
Subscriber's	For F	Ber (to be filled by POP-SP): POP/POP-SP use: Name & Signature	POP/POP-SP Stamp:
	mpression		
	0	Perforation) - Acknowledgemen	t to the Subscriber
o be filled by POP/	POP-SP)		
heme Preference	change/switch: Tier	Tier II	
OP-SP Registration	Number:	PRAN:	
ame of the Subscrib	er:		Date: _/_/ Time Stamp:
eceipt Number o be provided by P	OP/POP-SP)		
POP Transaction C	Charges: Rs.	2. Tax a	s applicable: Rs.
. Total Charges:	Rs.		
			Signature/Stamp of POP/POP-SP/Place
<ul><li>The Su</li><li>For mo</li></ul>	bscribers shall submit the ap	ne, you may visit CRA website (v	MYYYY Format. ch they have registered with CRA.
		Subscriber Scheme Pr	eference
1	<ul> <li>Allocation under Equity</li> <li>A Subscriber opting for However, the sum of per</li> </ul>	or active choice may select the recentage allocation across all the	a PFM is not opted for. available asset classes ("E", "C", "G", & "A"). selected asset classes must equal 100. If the sum of allocation table is left blank, the application shall be
4	Auto choice A Subscriber opting for Subscriber does not indi	cate his/her choice of PFM.	a PFM. The application shall be rejected if the set Allocation. In case you do, the Asset Allocation

In case both the investment option and the asset allocation are left blank, the Subscriber's funds will be invested as per Auto Choice

## Annexure A to S3 (Ver 1.2)

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%

## **Equity Allocation Matrix for Active Choice**

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 Chan	nde/Co	orrec	tion in	Subse	rihe	r Maste	r Det	aile Ar	nd/Or	Reiss	ue of		/T-P		2 ΔΝ C	ard
Request i of onal	ige/ot					accompanyin						1-1 11	/ 1 - 1			Jaru
For POP-SP/DDO/NL-CO	use:				1	For PO	P/POP-	SP/PAO/	DTO/DT	A/PrAO/	NL-AC	)/NL-00	) use:			
Registration No.		_							210/21			, <u></u>				
Date of Receipt:		_				-						SP/PAC			r∆∩/NI	-40/
						Date of	receipt				DO Sta		10101	DIAI	ROME	-401
Signature and Stamp of P	OP-SP/[	DDO/NI	L-CC			Entered	By :			Date	:					
						V				Date	:					
Receipt No.: (Mandatory for PC	)P/POP-SF	P)														
Acknowledgement No. To be filled by Nodal Office as ge	enerated b	y NPSC/	AN / CRA s	system)												
nereby request for the followi	ng details	s for the	change	Please tick	(✓)].											
) Change or Correction	in Sub	scribe	r Mastei	<sup>·</sup> Details		B) Re	issue c	f I-PIN (	or T-PIN	(Not Appl	icable fo	r NPS-Lite	e Subsc	riber)		
) Reissue of PRAN Car	d															
ermanent Retirement Ac	count l	Numbe	er *:													
nereby submit the following o	details of	change	. [Please	tick (✓) the	box or	ı left margin	of appro	priate rov	w where c	hange/cor	rection	is require	ed and	provide	the detai	ils in tl
prresponding rows.]		•	-			-		-		-		-	-			
ection A – Change or Co	orrectio	n in Su	lbscribe	er Master	Detail	s ( * Indica	tes Mano	latory Fie	eld)							
1. PERSONAL DETAIL	S: (Pleas	e refer t	o Sr. No.1	of the instr	uctions)											
Name of Applicant in full		Shri		Smt.		Kumar										
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		/ m	m /													
(Date of Birth should be sup	ported by	relevant	t documer	ntary proof.	Nodal C	office shall v	erify the s	ame befo	ore updatir	ng details	in the C	RA syste	m.)			
Gender [please tick ( $\checkmark$ )]		Male		Fema	е		Others									
Marital Status [please tic	k (√)]	Marrie	ed	Unma	rried		Others									
PAN CARD																
Spouse Name (Refer Sr. No. 1 of instructions)																
KYC Number									Generated	from Centra	I KYC Rec	istry. Submi	ssion of p	roof for the	same is ne	ecessary.
Retirement Adviser Code																
KYC Number, Retirement A	dviser Co	ode and	Spouse	Name fields	are no	t applicable	for Gov	ernment	& NPS Lit	e Subscr	ibers					
2. PROOF OF IDENTIT	<b>Y (Pol)</b> (	Any one	of the do	cuments ne	ed to be	e provided a	long with	the identi	fication nu	Imber) [PI	ease refe	r Sr. No. 2	of the in	structions	]	
Passport							Passp	ort Expir	v Date	d			1			
Voter ID Card							PAN C		,							
Driving License									e Expiry	Date		/ m	m	/ y		
NREGA JOB Card																
Othera	Name o	f tha IC	)									Please	refer Sr	No. 2 of t	ne instructi	ions.
Others	Name 0		·									0000	0.01 0			

Annexure - S2

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) Card/Ration Card/Others Registered Lease/Sale agreement of resic Receipt #Latest Piped Gas/Water/Electricity/Telep mobile] Bill	dence/Municipal Tax	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					
4.1 CORRESPONDENCE ADDR	ESS DETAILS [Please refer Sr. No. 2 of the instructions	5]						
Address Type*     Resident       Flat/Room/Door/Block no.     Image: Comparison of the second secon	lential/Business Residential	Business Landma	ark					
Area/Locality/Taluk								
City/Town/District			PIN Code					
State/U.T.								
4.2 PERMANENT ADDRESS DE	<b>FAILS</b> [Tick (✓) in the box in ca	ase the address is same	as above.] (Please refer Sr. No. 2 of the instructions)					
Address Type* Resid	lential/Business Residential	Business						
Flat/Room/Door/Block no.		Landma	ark					
Premises/Building/Village								
Road/Street/Lane								
Area/Locality/Taluk								
City/Town/District			PIN Code					
State/U.T.								
5. CONTACT DETAILS								
Tol (Off) (with CTD code)	Tel.	(Res) (with STD code) +						
Tel. (Off) (with STD code) +								
Mobile + 9 1		obile Number is require	ed for communication and to get SMS alerts)					
	(Ma o Sr no. 3 of the instructions) k(✓) ]		ed for communication and to get SMS alerts)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tic Private Sector Public Self Employed       Public Home         Income Range (per annum)       U         Educational Qualifications       B         Please Tick If Applicable       P	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Pro maker Student Oth pto 1 lac 1 lac to 5 lac 5 la elow SSC SSC HSC Gra	ofessional ners (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tic Private Sector Public Self Employed       Public Home         Income Range (per annum)       U         Educational Qualifications       B         Please Tick If Applicable       P	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Pro- maker Student Oth- pto 1 lac 1 lac to 5 lac 5 la elow SSC SSC HSC Gra olitically exposed person Related S [All bank details are mandatory except MIC	ofessional ners (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       Image: Sector Se	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Pro- maker Student Oth- pto 1 lac 1 lac to 5 lac 5 la elow SSC SSC HSC Gra olitically exposed person Related S [All bank details are mandatory except MIC	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       Image: Sector Se	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tic Private Sector Public Self Employed       Public Home         Income Range (per annum)       -         Educational Qualifications       -         Please Tick If Applicable       -         7. SUBSCRIBER BANK DETAIL       You want to change Bank details         (In case you want to change bank       -	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tide       Private Sector       Public       Public         Self Employed       Homen       -       -       -         Income Range (per annum)       U       -       -         Educational Qualifications       B       -       -         Please Tick If Applicable       P       -       -         7. SUBSCRIBER BANK DETAIL       -       -       -         You want to change bank       -       -       -         Tier I Account :       Savings       -       -	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tid Private Sector Public Self Employed Home       -       -         Income Range (per annum)       -       -       -         Educational Qualifications       -       -       -         Please Tick If Applicable       -       -       -         7. SUBSCRIBER BANK DETAIL       -       -       -         You want to change Bank details       -       -       -         (In case you want to change bank       -       -       -         Bank A/c Number       -       -       -       -	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -         Occupation Details [ please tiden in the private Sector Public Self Employed Homen       -       Public Self Employed Homen         Income Range (per annum)       -       -       -         Educational Qualifications       -       -       -         Please Tick If Applicable       -       -       -         7. SUBSCRIBER BANK DETAIL       You want to change bank       -       -         You want to change Bank Adventer       -       -       -         Bank A/c Number       -       -       -       -         Bank Name       -       -       -       -	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals ( CA, CS, CMA, et ad Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tid Private Sector Public Self Employed Home       -       -         Income Range (per annum)       -       -       -         Educational Qualifications       -       -       -         Please Tick If Applicable       -       -       -         7. SUBSCRIBER BANK DETAIL       You want to change Bank details (In case you want to change bank       -       -         Tier I Account :       Savings       -       -       -         Bank A/c Number       -       -       -       -         Branch Name       -       -       -       -	o Sr no. 3 of the instructions) k(✓)] Sector Government Sector Promaker Other pto 1 lac 1 lac to 5 lac 5 lac elow SSC SSC HSC Gradient olitically exposed person Related S [All bank details are mandatory except MIC s of: Tier I Tier II Government details in both Tier I & Tier II Account, tick bother S [All South State II]	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tid Private Sector Public Self Employed Home       -       -         Income Range (per annum)       -       -       -         Educational Qualifications       -       -       -         Please Tick If Applicable       -       -       -         7. SUBSCRIBER BANK DETAIL       You want to change Bank details (In case you want to change bank       -       -         Tier I Account :       Savings       -       -       -         Bank A/c Number       -       -       -       -         Branch Name       -       -       -       -	o Sr no. 3 of the instructions)   ik(√)]   Sector   Government Sector   Promaker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   olitically exposed person   Related   S [All bank details are mandatory except MIC sof: Tier I   S of: Tier I   Tier II   A/c   Current A/c	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Maste d to Politically expose CR Code. ] ( Please refe	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         Occupation Details [ please tid Private Sector Public Self Employed Home       -       -       -         Income Range (per annum)       -       -       -       -         Educational Qualifications       B       Please Tick If Applicable       P         7. SUBSCRIBER BANK DETAIL       You want to change Bank details (In case you want to change bank       -       -         Tier I Account :       Savings       Bank A/c Number       -       -       -         Branch Name       -       -       -       -       -       -         Bank MICR Code       -       -       -       -       -       -       -         Bank MICR Code       -       -       -       -       -       -       -       -       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -       -         • Occupation Details [ please tid Private Sector Public Self Employed Homer       -       Public Self Employed Homer         • Income Range (per annum)       -       -       -         • Educational Qualifications       -       -       -         • Please Tick If Applicable       -       -       -         7. SUBSCRIBER BANK DETAIL       You want to change bank       -       -         You want to change Bank Alccount :       Savings       -       -         Bank A/c Number       -       -       -       -         Branch Name       -       -       -       -         Bank MICR Code       -       -       -       -         Tier II Account: If same as T       -       -       -       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -         • Occupation Details [ please tid Private Sector Public Self Employed Homen       Public Self Employed Homen         • Income Range (per annum) U       -       Educational Qualifications B         • Please Tick If Applicable       P         7. SUBSCRIBER BANK DETAIL       You want to change Bank details (In case you want to change bank         Tier I Account :       Savings         Bank A/c Number       -       -         Branch Name       -       -         Branch Address       -       -         Bank MICR Code       -       -         Tier II Account:       If savings         Bank A/c Number       -       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -         • Occupation Details [ please tides in private Sector Public Self Employed Homen       Public Self Employed Homen         • Income Range (per annum)       U         • Educational Qualifications       B         • Please Tick If Applicable       P         7. SUBSCRIBER BANK DETAIL       You want to change bank         You want to change Bank A/c Number       -         Bank Name       -         Branch Address       -         Bank MICR Code       -         Tier II Account: If same as Tier II Account: If same as Tier II Account in the savings         Bank MICR Code       -         Bank A/c Number       -         Bank Name       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -         Occupation Details [ please tid Private Sector Public Self Employed Homen       Public Self Employed Homen         Income Range (per annum) U       Educational Qualifications B         Please Tick If Applicable       P         7. SUBSCRIBER BANK DETAIL         You want to change Bank details (In case you want to change bank         Tier I Account :       Savings         Bank A/c Number       -         Branch Name       -         Bank MICR Code       -         Tier II Account: If same as T Savings         Bank A/c Number       -         Bank Name       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ad Person (Please refer instruction no.3) er to Sr no. 4 of the instructions) PIN Code PIN Code					
Mobile       +       9       1         Email ID       -       -       -         6. OTHER DETAILS (Please refer       -       -         • Occupation Details [ please tides in private Sector Public Self Employed Homen       Public Self Employed Homen         • Income Range (per annum)       U         • Educational Qualifications       B         • Please Tick If Applicable       P         7. SUBSCRIBER BANK DETAIL       You want to change bank         You want to change Bank A/c Number       -         Bank Name       -         Branch Address       -         Bank MICR Code       -         Tier II Account: If same as Tier II Account: If same as Tier II Account in the savings         Bank MICR Code       -         Bank A/c Number       -         Bank Name       -	o Sr no. 3 of the instructions)   k(✓)]   Sector   Government Sector   maker   Student   Oth   pto 1 lac   1 lac to 5 lac   5 lac   elow SSC   SSC   HSC   Gradie   of: Tier I   Tier II   details in both Tier I & Tier II Account, tick both   A/c   Current A/c   State/U.T.   IFS Code	ofessional hers (Please Specify) ac to 10 lac 10 lac aduate Master d to Politically expose CR Code. ] ( Please reference th check box)	c to 25 lac 25 lac and above ers Professionals (CA, CS, CMA, et ed Person (Please refer instruction no.3) er to Sr no. 4 of the instructions)					

Annexure - S2

8. SUBSCRIBERS NOMINATION DETAILS (PI	ease refer to Sr. No . 5 of the instructions)	
You want to change Nomination details of: Ti	er I Tier II	
	n both Tier I & Tier II Account, tick both check box)	
Tier I Account :		
First Name	imum of 3 nominees and if you desire so please II in Addition Middle Name	Last Name
Relationship with the Nominee	Date of Birth (In case of I	Minor) d d / m m / y y y y
	· · · · · · · · · · · · · · · · ·	
Nominee's Guardian Details (in case of a minor)	Middle Name	Loot Nome
First Name		Last Name
Tier II Account : If same as Tier I, Please	Tick ( $\checkmark$ ) else, provide the details below:	
	imum of 3 nominees and if you desire so please II Additional	
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
per the preference given at the time of reginned in the applicant, do hereby declare that the information & belief. Date : d d / m m / y y y y 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 PAN Compliance : Yes	, provided above is true to the best of my knowledge	Signature/Thumb Impression* of the Subscriber
POP / POP-SP Seal	Signature of Aut Name : Designation :	

Annexure - S2

	ADDITIONAL NOMINATION F	ORM							
	INSTRUCTIONS FOR FILLING IN TH	IE FORM							
are withdrawn is to be provided hereunder (Please	refer instruction no: 5). Also, please note th sent in the NPS account of the Subscriber	in case of the demise of the Subscriber before entire proceeds at in case of demise of the Subscriber after opting for deferred shall be withdrawn upon receiving the request and paid to the e 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, of my family to receive the amount in my PRAN acc		minate the person(s) mentioned below who is/are member(s)/ e event of my death.							
1. Name of the Nominee:									
1st Nominee	2nd Nominee	3rd Nominee							
First Name         Middle Name         Last Name	First Name Middle Name Last Name	First Name         Middle Name         Last Name							
2. Present Communication address of the nom	inees:								
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee							
3. Date of Birth* (Only in case of a minor):									
1st Nominee       d       I       m       m       I       y       y       y       y         4       Relationship with the Nominee:	2nd Nominee d d / m m / y	y y y 3rd Nominee d d / m m / y y y y							
4. Relationship with the Nominee:									
	2nd Nominee       d       d       /       m       m       /       y       y         2nd Nominee	y y y 3rd Nominee d d / m m / y y y y 3rd Nominee  3rd Nominee							
4. Relationship with the Nominee:									
4. Relationship with the Nominee: 1st Nominee	2nd Nominee								
4. Relationship with the Nominee: 1st Nominee 5. Percentage Share:	2nd Nominee	3rd Nominee							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee	2nd Nominee	3rd Nominee       %       3rd Nominee							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a	2nd Nominee	3rd Nominee           %         3rd Nominee							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a starting	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         First Name       %							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a starting	2nd Nominee 2nd Nominee 2nd Nominee a minor): 2nd Nominee's Guardian Details	3rd Nominee         %         3rd Nominee         %         3rd Nominee's Guardian Details							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a starting of a	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         s       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         %         6. Nominee's Guardian Details (Only in case of a standard price)         First Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         First Name							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a starting of a	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         s       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:     1st Nominee      5. Percentage Share:     1st Nominee     %      6. Nominee's Guardian Details (Only in case of a starting of a	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         s       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         9%         6. Nominee's Guardian Details (Only in case of a standard details)         First Name         Middle Name         Last Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         s       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         9%         6. Nominee's Guardian Details (Only in case of a standard details)         First Name         Middle Name         Last Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         s       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         9%         6. Nominee's Guardian Details (Only in case of a standard details)         First Name         Middle Name         Last Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %       3rd Nominee         %       3rd Nominee's Guardian Details         First Name       Middle Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         9%         6. Nominee's Guardian Details (Only in case of a standard details)         First Name         Middle Name         Last Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %         3rd Nominee         %         3rd Nominee's Guardian Details         First Name         Middle Name         Last Name							
4. Relationship with the Nominee:         1st Nominee         5. Percentage Share:         1st Nominee         9%         6. Nominee's Guardian Details (Only in case of a standard details)         First Name         Middle Name         Last Name	2nd Nominee         2nd Nominee         a minor):         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name	3rd Nominee         %         3rd Nominee         %         3rd Nominee's Guardian Details         First Name         Middle Name         Last Name							

\*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	I 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 / entr	ies 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
	P/DDO/NL-CC Registration Number	Designation of the Authorised Person :
(71101		POP-SP/DDO/NL-CC Office Name :
Date	d d I m m I y y y y	
TO BE F	ILLED/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):
Rubbor	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
TUDDEI		Signature of the Authorised Person
		·

Annexure - S2

#### 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. for carrying out the necessary changes. (b) (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. legibly in BLOCK LETTERS and in BLACK INK only. (d) Details Marked with (\*) are the manda ctly (e) All Dates should be in "DD/MM/YYYY" Format. (f) 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. (g) S Item **Item Details** Instructions No No. 1 1 Spouse Name If married, spouse name is mandatory. S.No Proof of Identity (Copy of any one) S.No Proof of Address (Copy of any one) Passport issued by Government of India Passport issued by Government of India 1 1 2 Ration card with photograph. 2 Ration card with photograph and residential address 3 3 Bank Pass book or with photograph and residential address 4 for an existing customer. 4 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 of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly Letter from any recognized public authority at the level of Gazetted like District Magistrate, Divisional commissioner, 7 BDO, Tehsildar, Mandal Revenue , Judicial Magistrate etc. 8 PAN Card issued by Income tax department 8 of address with photograph signed by a Member of Parliament or Member of Legislative Assembly Identity, Correspondence & 9 Aadhar Card / letter issued by Unique Authority 9 Aadhar Card / letter issued by Unique Authority of of India India clearly showing the address Permanent address details 10 Job cards issued by NREGA duly signed by an of the 10 Job cards issued by NREGA duly signed by an of the State Government State Government 2 2,3&4 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. 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. 11 Photo. Identity Card issued by Defence, Paramilitary and Police department's Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old) 12 12 Latest Telephone bill (landline & postpaid mobile) in the name of 13 Ex-Service Man Card issued by Ministry of Defence to their 13 the Subscriber / Claimant and showing the address (less than 2 months old) employees. 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 accommodation) 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. Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign Politically Exposed 3 6 country, for example heads of state or of the government, senior politicians, senior government, judicial or military Person In case, subscriber provides bank details, it should be supported by a documentary proof. Please attach a cancelled cheque Subscriber's Bank containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not 4 7 Details 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. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall Subscriber's 5 8 not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage Nomination Details 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

FORM	<b>1: 60</b> 1		ITA																				
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	Declarations		
Declaration b	y the Subscriber*:		
years in	declare that information stated above is true and correct to the best to the NPS as required for partial withdrawal and eligible to withdraw on mentioned above.		
2. I of Direct agree tha	Credit, for any reason whatsoever or wrong credit to another accoun at NPS Trust / CRA shall not be responsible/liable for any losses that	PRAN (but as per my detain may arise due to inc	ils), NPS Trust / CRA shall not be responsible. I also
Date d	d I m m I y y y y		
Place :			
			/ Thumb Impression of the Subscriber**
** Left thumb	impression in case of illiterate male claimant and Right thumb impre	ession in case of illite	rate female
Declaration b	by Nodal Office(for government sector subscribers):*		
	leclare that the subscriber Sh./Smt/Kum		with
	is employed with us and I have verified the ted by him/her in respect of his/her request for partial withdrawal are	-	e reasons for his/her withdrawal request and bank
Date	d d <b>I</b> m m <b>I</b> y y y y		
	Registration No. of DDO		
			Signature & stamp of the DDO
Date	d d I m m I y y y y		
	Registration No. of PAO/CDDO/DTO	Signa	ture & stamp of the DTO/PAO/CDDO
Iherebydeclare has signed/thu	by POP/Aggregator(for Non government sector subscribers): ethatthesubscriber Sh./Smt/Kum umb impressed before me after he/she has read the entries/have bee the genuineness of the reasons for his/her withdrawal request and b e correct.		
Iherebydeclare has signed/thu I have verified	ethatthesubscriberSh./Smt/Kum umb impressed before me after he/she has read the entries/have bee the genuineness of the reasons for his/her withdrawal request and b		ner for the request of partial withdrawal under NPS.
Iherebydeclard has signed/thu I have verified withdrawal are	e that the subscriber Sh./Smt/Kum         umb impressed before me after he/she has read the entries/have been the genuineness of the reasons for his/her withdrawal request and the correct.         d       d       /       m       m       /       y       y       y         d       d       /       m       m       /       y       y       y		ner for the request of partial withdrawal under NPS.
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Iherebydeclard has signed/thu I have verified withdrawal are Date Date	e that the subscriber Sh./Smt/Kum	Signature & stam	her for the request of partial withdrawal under NPS. d by him/her in respect of his/her request for partial p of the Authorised person at POP-SP/NL-CC/CHO amp of the Authorised person at POP/NL-AO rawal application form or)

## **FORM: 601 PW**

(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 - 4000013

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	<ul> <li>a) Admission/Sanctions letter from university in India/abroad with fee detail</li> <li>b) For distance learning programs, copy/s of invoice/s which the payment of required fee for desired course</li> <li>c) For other skill development programmes, copy of invoices payment of fee for the desired course</li> <li>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)</li> </ul>					
7.	For Establishment of own venture or any start-up	<ul> <li>a) Registration C of entity</li> <li>b) Proof of ownership of the entity (it should be in the name of the subscriber)</li> <li>c) Registration number issued by Government Authorities like GST/ Income Tax/Govt. Departments</li> </ul>					

# National Pension System





NATIONAL PENSION SYST	EM – PAN & AADHAAR U	JPDATION FORM
For Nodal Office# use:		
Nodal Office Registration No.:		
Entered By:	I	Date:
Verified By:	I	Date:
Date Acknowledg	gement Number (Generated by CRA) :	
Dear Sir/Madam,		
I hereby submit a request to update my PAN and/or seed Aadhaa	r 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 D authenticate my identity through the Aadhaar Authentication system (Aa Delivery of Financial and other Subsidies, Benefits and Services) Act, 2 (physical and / or digital, as the case maybe) submitted for availing ser timeframe decided by PFRDA, the regulator of NPS, whichever is later. Aadhaar based authentication is ensured by CRA registered with PFRDA	dhaar based e-KYC services of UIDAI) in ac 016 and the allied rules and regulations not vices under NPS will be maintained in NPS I understand that Security and confidentialit	cordance with the provisions of the Aadhaar (Targeted ified thereunder. I understand that the Aadhaar details till the time the account is not inactive in NPS or the y of personal identity data provided, for the purpose of
Date     d     d     /     m     m     /     y     y     y     y       Place	Signature / Thumb impression of the Subscriber (LTI in case of male and F in case of Female)	זדא
TO BE FILLED/ATTESTED BY DDO		
	Signa	ature of the DDO
Rubber Stamp of the DDO	Name:	
TO BE FILLED/ATTESTED BY NODAL OFFICE		
Rubber Stamp of the Nodal Office		ffice (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.	

	National Pension System (NPS) Inter CRA Subscriber Shifting (ICSS)						
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields/ sections marked in * are mandatory) (Please tick the respective block which is applicable to you)							
For POP-SP use:							
Date of Receipt:	POP-SP Registration No. :						
Receipt No:							
	GENERAL INFORMATION						
I) Subscriber's Name*							
First Name Middle Name							
Last Name							
II) PRAN (Permanent F	Retirement Account Number)*						
III) Date of Birth (DD/M	IM/YYYY)*						
IV) Aadhaar No							
V) PAN							
VI) Existing PRAN asso	ociation (Source Office Details)						
POP-SP Reg. No.*:							
POP-SP Name*:							
VII) Target PRAN asso	ciation (Target Office Details)						
POP-SP Reg. No.*:							
POP-SP Name*:							

## **Declaration by Subscribers:**

I agree to be bound by the terms and conditions for the target CRA (in which my PRAN will belong after processing of this Inters CRA Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the service completely or partially without any new Declaration/Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target CRA. I understand that in case of pending transaction at the time of shifting will automatically be cancelled by Source CRA.

Date:

Signature/Left thumb Impression:

## Documents to be enclosed with the application

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

S1. 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)
а	Passport issued by Government of India	Passport issued by Government of India
b	Ration Card with Photograph	Ration card with photograph and residential address
с	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, Judical 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)
1	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.
- 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-

Withdrawal Form for Claim of (Ple         (Ple       (Ple         Date :       (DD/MM/YYY)         POP Registration No.:	ase fill all the detPOP-SP Re;	ails in CAP Acknowled (Generate gistration N	ion We: ITAL LET gement Nu d by CRA)	alth by C TERS & in F mber :	<b>laiman</b> BLACK IN		e to de	ath o	f the	<u>subsc</u>	ribe
(Ple Date :	ase fill all the detPOP-SP Re;	ails in CAP Acknowled (Generate gistration N	ITAL LET gement Nu d by CRA)	TERS & in E	BLACK IN			ath o		<u>subsc</u>	<u>ribe</u>
Date :	POP-SP Re;	Acknowled (Generate gistration N	gement Nu d by CRA)	mber : [							
(DD/MM/YYYY) POP Registration No.: Receipt Number issued by receiving office: Entered By: Date: Sir/Madam, I/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the decease	POP-SP Re	(Generate gistration N	d by CRA)		_			1 1			
POP Registration No.: Receipt Number issued by receiving office: Entered By: Date: Sir/Madam, I/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the decease	urdian of minor	gistration N	lo.:								
Receipt Number issued by receiving office: Entered By: Date: Sir/Madam, I/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the decease	urdian of minor										
Entered By: Date: Sir/Madam, //We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the decease	ardian of minor	Verified E	By:								
Sir/Madam, I/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the deceas	ardian of minor	Verified E	By:		_						
/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the deceas					Date: _						
I/We being a nominee(s)/legal heir(s)/gua accumulated pension wealth of the deceas											
accumulated pension wealth of the decease		• •	、 .	1 . ( ) 6		1 1	ч	1 0	.1		6.1
	sed subscriber u							oply fo	r the pa	iyment	t of th
tion A – Subscriber's Details:	seu subsenber u		and g			ary uctar	15.				
I. PRAN*:											
2. Full Name (As in PRAN Card) *:											
First Name*											
Middle Name											
Last Name											
3. Father's name/Spouse' Name *:											
First Name*											
Middle Name											
Last Name											
4. Date of Birth of the deceased subscribe	er *(As in PRA	N Card):				(DE	MMYY	YY)			
		, , , , , , , , , , , , , , , , , , ,									
on B – Nominee's Details:											
ume of the Nominee* (Please refer instruction n	o 1-3 under section	n "This annli	ication shou	ld be filled by	')·						
1st Nominee			2nd Nomi	•	).			lomine	e		
Name*	First Name	e*				First Na	me*			<del></del>	
	Middle Na	ime				Middle 1	Name				
dle Name											
dle Name		<b>,</b>				Last Nai	ne				
	Last Name							i 1	1 1	1	1 1
	Last Name										
dle Name	Last Name										
	Last Name	2nd Nomir	nee			3rd No	minee				
Name ninee's Address*:		2nd Nomin					minee No, Bloc				
Name Name Name Name Name Name Name Name	Flat/Unit No	2nd Nomir o, Block no	*			Flat/Unit		k no*_			
Name       ninee's Address*:       1st Nominee       nit No, Block no*       of Premise/Building/Village	Flat/Unit No	2nd Nomin o, Block no emise/Build	* ling/Village	e		Flat/Unit	No, Bloc Premise/I	k no* Buildin	g/Villag	ge	
Name       ninee's Address*:       1st Nominee	Flat/Unit No	2nd Nomir o, Block no emise/Build	* ling/Village	e		Flat/Unit Name of Area/Lo	No, Bloc	k no* Buildin uka	g/Villag	ge	

 State / Union Territory\*\_\_\_\_\_
 State / Union Territory\*\_\_\_\_\_

 Country\*\_\_\_\_\_
 Pin Code\*\_\_\_\_\_

 Country\*\_\_\_\_\_
 Pin Code\*\_\_\_\_\_\_

Country\*\_\_\_\_\_Pin Code\*\_\_\_\_\_

<u>Form 303</u>														<u>Pa</u>	<u>ge 2</u>	
Date of Birth* (Only in the Nominee	case of a minor):		2nd Nominee						3rd	Nomine	e					Т
Relationship with the	Subscriber*:							<u> </u>								<u></u>
t Nominee	Subscriber .		2nd Nominee						3rd	Nomine	e					-
)																
Percentage Share*: t Nominee		%	2nd Nominee	<u>,</u>				%	3rd	Nomine	e					
Iominee's Guardian I	etails*(only in case	of a minor)														
1st Nominee's Gu		, or a minor).	2nd Nominee'	s Guardia	an Details					d Nomii		uardia	n Detai	is		
irst Name*			First Name*						Firs	t Name*						
1iddle Name			Middle Name	<u>;</u>					Mid	dle Nan	ne					Т
ast Name			Last Name						Loci	Name						
										Inallie						
Jaminaa/Cuardian En	ailid*(If nomines i		ail id of guardia	n to ho n	novidad).											
Nominee/Guardian En st Nominee :	an id (if nominee i	s minor, em	2nd Nominee	-	iovided).				3rd	Nomine	e:					
<ol> <li>Bank A/c Nun</li> <li>Bank Name*</li> <li>Bank Branch*</li> </ol>																
6. Bank Address*																L
																<u> </u>
7. Pin Code *		8. Ba	nk IFS Code*													
9. Bank MICR C	ode (Wherever	applicable)														
I. Bank Details of	the 2 <sup>nd</sup> Nominee		<u> </u>													
1. For Electronic		1		FI/RTG	iS, Proot	attach	ied for	Bank I	Jetails	*:						
Cancelled		-	k Certificate				-									
2. Type of Bank		Savings A	A/c	Curre	nt A/c											
3. Bank A/c Nun	ıber*								1 1							r
4. Bank Name*				<u> </u>												
5. Bank Branch*														$\top$	<u> </u>	
6. Bank Address*	I						· · ·	I	I			ı — I- 1 — T-		 	 	
																I
7. Pin Code *		8. Ba	nk IFS Code*	•												
9. Bank MICR C	ode (Wherever	applicable)														

<u>Form 303</u>		Page 3					
III. Bank Details of the 3rd Nominee:							
1. For Electronic transfer or Direct Credit th	ough ECS/NEFT/RTGS, Proof attached for Bank De	tails*:					
Cancelled Cheque Bar	ık 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. B	ank IFS Code*						
9. Bank MICR Code (Wherever applicable							
	heir(s)/guardian of minor nominee(s) or minor heir(s declare that the information provided above is true t						
	-						
1 <sup>st</sup> Nominee or of guardian of 1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee or of guardian of 2 <sup>nd</sup> Nominee	3rd Nominee or of guardian of 3rd Nominee					
Signature/Left Thumb Impression*	Signature/Left Thumb Impression*	Signature/Left Thumb Impression*					
		mpression					
Name of 1 <sup>st</sup> Nominee or of guardian of 1 <sup>st</sup>	Name of 2 <sup>nd</sup> Nominee or of guardian of 2 <sup>nd</sup>	Name of 3rd Nominee or of guardian of 3rd					
Nominee		Nominee					
Date : $D D M M Y Y Y Y$	Date : D D M M Y Y Y Y	Date : D D M M Y Y Y Y					
Self attested photograph of the	Self attested photograph of the nominee/guardian	Self attested photograph of the nominee/guardian					
nominee/guardian							
*Note: Left thumb impression in case of illit obtained.	erate male claimants and Right thumb impression	in case of illiterate female claimants must be					
<b>TO BE FILLED/ATTESTED BY POP/POP-SP</b> Certified that the above declaration and details	has been signed / thumb impressed before me by						
after the no been read over to him / her by me and got conf	minee(s)/legal heir(s)/guardian of minor nominee( $\overline{s}$ ) of	or minor heir(s) has read the entries / entries have					
been read over to him / her by me and got com							
Rubber Stamp of the POP/POP-5	Rubber Stamp of the POP/POP-SP         Signature of the Authorised Person						
(Allotted by CRA)							
Date : D D M M Y Y Y Y	POP/POP-SP Office Name :						

#### Form 303

# <u>CLAIM FOR THE WITHDRAWAL OF ACCUMULATED PENSION WEALTH BY CLAIMANTS – DUE TO THE DEATH OF THE SUBSCRIBER</u>

### 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 sate 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.
  - 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 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.

	Advanced Stamped Receipt	
1 <sup>st</sup> Nominee/ Guardian of 1 <sup>st</sup>	Nominee (if nominee is minor)	
settlement of	Reven	ent account towards the of late
	Signature or Left/ Right hand thumb impression of	the Nominee/Guardian <sup>*</sup>
•	Affiz Rever	account towards thewith a 1 Rupee nue Stamp ign across
3 <sup>rd</sup> Nominee/ Guardian of 3 <sup>rd</sup>	Nominee (if nominee is minor)	
•		account towards the
	Affix Rever and s	a 1 Rupee nue Stamp ign across

<u>Form 303</u>	Page 6
ACKNOWLEDGMENT RECEIPT	
Acknowledgment slip to the 1 <sup>st</sup> Claimant on receipt of completed application form for W	ithdrawal due to death of the subscriber
(To be filled by POP/POP-SP)	
Received from PRAN :	
POP-SP Registration Number :       POP Registration Number:	
Received at: Date :	Time:
Acknowledgement Number : (Generated by CRA)	
ACKNOWLEDGMENT RECEIPT	
Acknowledgment slip to the 2 <sup>nd</sup> Claimant on receipt of completed application form for W (To be filled by POP/POP-SP)	ithdrawal due to death of the subscriber
Received from PRAN :	
POP-SP Registration Number : POP Registration Number:	
Received at: Date :	Time:
Acknowledgement Number : (Generated by CRA)	
ACKNOWLEDGMENT RECEIPT	
Acknowledgment slip to the 3 <sup>rd</sup> Claimant on receipt of completed application form for W (To be filled by POP/POP-SP)	Tithdrawal due to death of the subscriber
Received from PRAN :	
POP-SP Registration Number : POP Registration Number:	
Received at:          Date :	Time:
Acknowledgement Number :	
(Generated by CRA)	

## (TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY ATTESTED BY AN OATH COMISSIONER 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.

2

1st

## (TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY

## ATTESTED BY AN OATH COMISSIONER 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).
- 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

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.

## (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 \_\_\_\_\_\_.

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* (Manda	atory fo	or all	Subsci	riber	s. P	leas	se tie	ck tł	he re	espe	ecti	ve	blo	ocł	k wh	nich	ı is	app	olica	able	.)
I) Subscriber's Name *:									<u></u>											<u>,</u>	
II) PRAN (Permanent Retirement Account Number)	*.	()	irst Name	e)				(N		e Nar	me)	٦					(La	ast N	ame	e)	
<ul><li>III) Date of Retirement/ Attaining 60 years *:</li></ul>			/		/				 	1											
IV) Mobile Number *:		9	1		<u>/</u>					]											
V) Email Id:																					
VI) Target PRAN association (In case of Government	& Corp	orate	Subscrib	ers) (	Refe	r Inst	tructi	on N	o. II)												
a) Sector: * eNPS POP b) POP Reg. No: *	(Kin	dly pr	rovide PC ne: *	, ,																	
VII) PAN*										]											
Section B: Type of Deferment* (Mandato	ory for a	all S	ubscrib	ers.	Plea	ase	tick	the	res	pect	tive	bla	ocł	kи	vhic	h is	s aj	oplic	cab	le.)	
Reason for Delay in submission of request - i of fifteen days prior to attaining the age of six         I forgot to opt for continuation within stipu         I was not aware of Continuation option         Other (kindly write reason for delay in ap         Declaration         I agree to be bound by the terms and conditions for request) and understand that CRA may, as approvundertaking being signed. Further, I agree to pay a         Date :       Place :	red for 3 Lump s Intribute ribute (r 64 t is man ty years alated tir plication (Applie or the tai yed by l	yean um v till 70 mand dator or an ne ) ) es to PFRE	rs – No co vill be defe 0 years of atory if su 65 [ ry for thos ge of supe Subscrill sector (in DA, amen	ontribu erred f age) ubscri 6 6 e sub erann bers a which d any	ution for 1 ber o 6 oscrib uatio	is all 0 yea opts fr oers v n ss all PRA	lowe ars i. or cc ] 67 who l who l I sec .N wi ervic	d) e till ontinu have	70 ye uation not o ): long ompl	after etely	pro	d the	er w ] 6 e co	yon 69 onti	't be inuat	abl iion	e to 70 opt	o conf ) ion w	tribu vithir	n the	period
Name of Subscriber :						S	-											<b>er in</b> f fem			nk
Section C: SUBSCRIBER SCHEME PRE	FERE	NCF	: (Onlv	For	Gou	/ern															) <i>   </i> )
(i) PENSION FUND SELECTION – TIER I (Select o														/ (							/
PFM Name (in alphabetical order)					<u>Plea</u>	se T	ïck (	√) or	nly o	ne											
Birla Sunlife Pension Management Limited	d																				
HDFC Pension Management Company Li	mited																				
ICICI Prudential Pension Funds Managen	nent Cor	npan	y Limited																		
Kotak Mahindra Pension Fund Limited																					
LIC Pension Fund Limited																					
SBI Pension Funds Private Limited	SBI Pension Funds Private Limited																				
UTI Retirement Solutions Limited																					
(Selection of PFM is mandatory both in Active and	d Auto C	hoice	e. In case	you o	do no	t indi	icate	a ch	oice	of Pl	FM,	you	r a	ppl	icatio	on f	orm	sha	ll be	sum	marily

(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 ( $\sqrt{}$ ) 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;
Specify %						Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc

## (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	
LC75		Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC50		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
LC25		

Date : Place : 
Name of Subscriber : \_\_\_\_\_\_

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

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

that the above declaration has been signed / thumb impressed before me by Sh/Smt/Ms. \_\_\_\_

Rubber stamp of the POP-SP/DDO/CHO

Signature of the Authorised Person

\_\_\_\_\_after he / she have

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
			,(relati	ons	ship) of	f Late	2			_ and			,
		_ c	of Late			_,resi	idents of _						
									_, 1	nereinafte	er	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
А				
В				
С				

### 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 Please select your category [Please tick ( </ )] Non Resident Indian (NRI) Overseas Citizen of India (OCI) recent photograph of 3.5 cm × 2.5 cm size / To. Passport size 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) Generated from Central KYC Registry KYC Number (if applicable) 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\* (Refer Sr. No. 1 of instructions) Mother's Name' (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 / 1 (Date of Birth should be supported by relevant documentary proof) Place of Birth\* Country of Birth\* Female Nationality\* Gender\* [Please tick ( $\checkmark$ )] Transgender Male Marital Status\* Married Divorced Unmarried Spouse Name\* (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) 1 Passport No. / OCI Card No. Date of issue 1 Place of issue Passport Expiry Date / m 1 Visa/Work Permit Date of Expiry / 1 Passport with Visa/Work Permit [Please tick (<)] Yes No OCIs Foreign Passport No. 3. PROOF OF ADDRESS Indian Address Proof (Mandatory for NRIs) **Overseas Address Proof** (Mandatory for OCIs) (PoA)\* Please tick ( $\checkmark$ ), as Passport/OCI Card / Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Bank Driving License / Others applicable. #Not more Passbook/Registered Lease/Sale agreement of residence/Municipal Tax Receipt/#Latest (specify) ..... Piped Gas/Water/Electricity/Telephone [Landline or postpaid mobile] Bill/ than 2 months old. issued Please refer Sr.No. 2 of by Magistrate, DC, MLA, MP, Govt Depts., Authorities, PSBs, PSUs, Fis & POPs. the instructions 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 ZIP / PIN Code Country 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.

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5. PREFERRED ADDRESS FOR	COMMUNICATION					
[Please tick(✓)] Overseas Addr	ress India	n Address	(Communicatio	on at overseas add	Iress would entail extra	charges)
6. CONTACT DETAILS* (Include	country code for Overseas	phone numbe	ers)			
Landline Phone* (Overseas No	with ISD code) +					
Tel. (Res) : (with ISD code)	+					
Mobile* (Overseas No.)	+			(Mobile Number is re	equired for communication a	nd to get SMS alerts)
Email ID*						
7. OTHER DETAILS ( Please refer	to Sr no. 3 of the instructions )					
Occupation Details* [ plea	ase tick(✓)]					
		mment Sector				
Self Employed Income Range (Rs. per annun			5 lac to 1	olease specify) 0 lac 10 lac	to 25 lac 25 lac	and above
<ul> <li>Educational Qualifications</li> </ul>			<sup>h</sup> Graduate	e Master	rs Professionals ( C	A, CS, CMA, etc.)
▶ Please Tick (✓) If Applicab	le Politically exposed pers	on	Related to Poli	tically exposed Pe	erson (Please refe	er instruction no.3)
8. SUBSCRIBER BANK DETAIL	S* ( Please refer to Sr no. 4 of	the instructions	)#			
(All bank details are mandatory	, , ,					
Account Type [ please tick(✓) ] Bank A/c Number	NRE Account	NRO Ac	count			
Bank Name						
Branch Name						
Branch Address					PIN Code/ZIP	
Dianon Address	City			Count		
Bank MICR Code			IFS Code			
# NRIs/OCIS should make cont	tributions through NRE/FC	NR/NRO acco				
9. SUBSCRIBERS NOMINATION			· · ·			
Name of the Nominee (You can r		nominees and if	f you desire	Annexure II	(Additional Nomination For	m) provided separately)
First Name		Middle	Name		Last Name	
Relationship with the Nominee						
Nominee's Guardian Details (in	case of a minor)		Date of Birth (	In case of Minor)	d d / m m /	у у у у
First Name		Middle	Name		Last Name	
10. REPATRIATION OPTION (Plea	ase tick ( $\checkmark$ ) as applicable)					
I would like to open account on*		on-Repatriation	Basis			
For Repatriation of corpus, the cont			-	lataila in Annavura I		
I would like my PRAN to be printed				letails in Annexure I		
11. PENSION FUND (PF) SELECT		•		· · · · · · · · · · · · · · · · · · ·		
(i) PENSION FUND SELECTI (a) Subscriber to choose any or	ne of the PFs as per their choic			r the choice of Pens	sion Funds:	
*Names of the Pension Funds a Name of the Pension F	are given in alphabetical order. Fund (Please select only one)	Please Ti	ick (√) Only One	]		
Birla Sunlife Pension Manager	ment Limited					
HDFC Pension Management ( ICICI Prudential Pension Func	Sompany Limited	ted				
Kotak Mahindra Pension Fund						
LIC Pension Fund Limited SBI Pension Funds Private Lir	nited					
UTI Retirement Solutions Limi * Selection of Pension Fund is ma		Choice		]		
(ii) INVESTMENT OPTION	and along bour in Active and Adlo (	5110165.				
(Please Tick ( $\checkmark$ ) in the box give		ent option).				
Please note:	o Choice					
<ol> <li>In case you select</li> <li>In case you do not indicate</li> </ol>						
3. In case you have opted for be made as per Auto Choir		n (iii) below relati	ing to Asset Alloca	tion, the Asset Alloca	tion instructions will be ign	ored and investment will
(iii) ACTIVE CHOICE – ASSET	ALLOCATION (to be fille	d up only in c	case you have	selected 'Active	Choice' the investmer	it option)
Asset Class (Cannot	C G (Max up to (Max up to				ed instruments; Asset class s G-Government Bonds ar	
exceed 75%)		exceed 5%)	Asset Clas		estment Funds including in	
Specify % Please note:		10	100 /0   WIDG, KEI			
	maximum permitted Equity Inve				provided in Appevure A	e tapering off of equity
allocation will be carried ou	ut as per the matrix on date of t	pirth.				
3. The total allocation across be rejected.	E, C, G and A asset classes mu	ust be equal to 10	100%. In case, the	allocation is left blan	k and/or does not equal 10	u‰, the application shall
(iv) Auto Choice Option (to be choice of LC, your funds			ted the 'Auto C	hoice' investmen	it option). In case, you	do not indicate a
Life Cycle (LC)Funds	Please Tick (✓) Only One		i- It is the Life cycle	e fund where the Car	to Equity investments is 7	5% of the total asset
LC 75 LC 50		2. LC 50-	)- It is the Life cycle	e fund where the Cap	o to Equity investments is 5	50% of the total asset
LC 25		3. LC 25-	5- It is the Life cycle	e fund where the Cap	o to Equity investments is 2	25% of the total asset

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12. DECLARATION ON FATCA* (Foreign A	Account Tax Compliand	ce 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 out below or I have indicated that a	t in the following countrie	es and my T		
Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
	Address Line 1			
Address in the jurisdiction for Tax	City/Town/Village			
Residence	State			
	ZIP/Post Code			
Т				
TIN/ Functional equivalent Number Issuing	J Country			
Validity of documentary evidence provided (	Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy
<ul> <li>c) I permit/authorise the NPS Trust to colle NPS Trust and any of NPS intermediarie</li> <li>d) I undertake the responsibility to declare provided in the Form, its supporting Anne</li> <li>e) I also agree that in case of my failure to c authority designated by the Government the NPS T</li> <li>f) I hereby accept and acknowledge that t</li> <li>g) I also agree to furnish such information a India or abroad in the subject matter here</li> <li>h) I shall indemnify NPS Trust for any loss t</li> </ul>	es wherever situated inclu- and disclose within 30 exures as well as in the d disclose any material fact of India (GOI) /RBI/IRD/ he NPS Trust shall have and/or documents as the ein.	luding sharing, transfer days from the date of documentary evidence t known to me, now or A/PFRDA for the purpo e the right and authori Trust e NPS Trust may requi	r and disclosure between them a change, any changes that may provided by me or if any in future, the NPS Trust may repo use or take any other action as m ty to carry out investigations from re from time to time on account	nd to the authorities in and/o take place in the informatior becomes incorrect and to ort to any regulator and/or any ay be deemed appropriate by m the information available ir of any change in law either ir
Date d d / m m / v v v	V			
Place :				
			Signature/Thumb Impl (* LTI in case of male and	
Name of Applicant				
13. DECLARATION BY APPLICANT* ( Pleat Declaration & Authorization by all applicant I have read and understood the terms and command declare that the information and documer Record Keeping Agency/National Pension Sy understand that I shall be fully liable for submit I further agree to be bound by the terms and comby PFRDA, whether complete or partial without a and view details) & T-PIN. Declaration under the Prevention of Money I hereby declare that the contribution paid by the right to peruse my or share found violating the provisions of any law relation.	It ditions of the National Pension the furnished by me are true ystem Trust, of any change ission of any false or incorre- nditions of provision of service inny new declaration being furn <b>/ Laundering Act, 2002</b> me/on my behalf has been the information, with other	ion System and hereby ag and correct, to the best o in the above information ect information or docume es by intermediaries registe nished by me. I shall be bou derived from legally deck government authorities. I	f my knowledge and belief. I undertal f urnished by me. I do not hold any nts. red with PFRDA, from time to time and nd by the terms and conditions for the u	ke to inform immediately the Cent pre-existing account under NPS any amendment thereof as approvisage of I-PIN (to access CRA webs e. I understand that NPS Trust h
Date   d   I   m   I   y   y	<u>y y</u>	5		
Place :			Signature/Thumb Imp	pression* of Applicant d RTI in case of females)

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14. DECLARATION BY EMPLOYER / CO		
Employees Em	Applicable to Corporate Employees only nployment Details to be filled and attested by Corporate (All Details are Mandatory)	
Date of Joining	D D M M Y Y Y Date of Retirement D D M M Y Y Y	
Employee Code/ID		
Corporate Regd. Number (CHO No.) A	sllotted by CRA	/
CBO No. allotted by CRA		
employment details provided above are	e 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 PRESE	ENCE (POP)	
Receipt No. (17 digits)		
POP-SP Registration Number		
Document accepted for date of Birth P		
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 one	erative Bank / Demat / Folio /account (specify nature of the account) having account numbe	or /
client IDmaintained at		
	and are in compliance with PML Rules. I/We further that the Bank a/c of Sh / Smt / Kum	
an NRE/NRO account (applicable in ca		
	· 1	_
To be filled by POP-SP	Name:	
	Designation: Place:	
		$-\parallel$
POP-SP Seal	Signature of Authorized Signatory     Date     d     d     I     y     y     y	
	[To be filled by CRA - Facilitation Centre (CRA-FC)]	
Received by	CRA-FC Registration Number	
-		
Received at	Date d d / m m / y y y	У
Acknowledgement Number (by CRA-FC)		
PRAN Allotted		
	ACKNOWLEDGEMENT	
Name of the Subscriber:		
Contribution Amount Remitted:	₹	
Date of Receipt of Application and Conti	ribution Amount: dd//mm///v/v/v/v	
	Stamp and Signature of the PoP:	

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<ul> <li>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.</li> <li>(b) In case, you mention the CKYC number submission of proof for the same is necessary.</li> <li>(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</li> <li>(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 accuments should b</li> <li>(e) Copies of all the documents submitted by the applicant should b</li> <li>(f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.</li> </ul>	er 1.	5		NSRINSRI
Para         Para <th< td=""><td></td><td></td><td></td><td></td></th<>				
<ul> <li>Application scoreigne names and second second</li></ul>		be cou	ntersigned by the applicant.	writing 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 Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
the above the section that the societ.  Section that the societ.  A result of the section that the societ.  Section that	(c)	Applica	ations incomplete in any resp	
	(d)	The ap the app	plicant should not sign acro plicant, the application shall	not be accepted.
No.         No. <td>(f)</td> <td>Name</td> <td>and Address of the applican</td> <td>t mentioned on the form, should match with the documentary proof submitted.</td>	(f)	Name	and Address of the applican	t mentioned on the form, should match with the documentary proof submitted.
Image: Second Details         L Currently, Policy Matchell and Presson of Indian Chip; IPOL anne and Bail Social Soci			Item Details	Instructions
Space Name         Image:			Personal Details	ii. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN.
Path B Family         If Inflater         Amesance III for the same.           Moder's Name         Moder's Name         Moder's Name         Moder's Name           Other of Sum         Passes of Sum (Not Su	1	4	Spouse Name	If married, spouse name is mandatory.
Number Solution         I. Muthet         Anticipation         End of solution         Provide if the support.           2         Address of solution         Provide if the support.         SNo         Provide if the support.           2         SNo         Provide if the support.         SNo         Provide if the support.           3         SNo         Provide if the support.         SNo         Provide if the support.           4         SNo         Provide if the support.         SNo         Provide if the support.           5         SNo         Provide if the support.         SNo         Provide if the support.           5         SNo         Provide if the support.         SNo         Provide if the support.           6         Voide SNo         Provide if the support.         SNo         Provide if the support.           7         Voide SNo         Provide if the support.         SNo         Provide if the support.           7         Provide if the support.         Provide if the support.         Provide if the support.           8         Address Details         Provide if the support.         Provide if the support.           7         Lefter from any recognized public support.         Provide if the support.         Provide if the support.           8         Pro	'	1	Father's Name	ii.         If father'         Annexure II for the same.
2         3.6         5.80         Proof of Address (Copy of any one) - For CCIs         9.80         Proof of Address (Copy of any one) - For CCIs           2         Address (Copy of any one) - For CCIs         1         Passport issue by Country of his/her Citizensity           3         Address (Copy of any one) - For CCIs         1         Passport issue by Country of his/her Citizensity           4         Address (Copy of any one) - For CCIs         1         Passport issue by Country of his/her Citizensity           4         Address (Copy of any one) - For CCIs         1         Passport issue by Country of his/her Citizensity           5         Votra Identity cand with pholograph and residential address         6         Bark account address book or Bark with pholograph           6         Votra Identity cand with pholograph and residential address         6         Bark account address book or Bark with pholograph           7         Latter from any recognate with pholograph and residential address         6         Bark Account address         6           7         Latter from any recognate with pholograph and residential address         6         Bark Account address         6           7         Latter from any recognate with pholograph and residential address         6         Bark Account address         6           7         Latter fore form any recognate with pholograph and residentiad address <td></td> <td></td> <td></td> <td>ii. If Mother' Annexure II for the same.</td>				ii. If Mother' Annexure II for the same.
1         Passport issued by Coverment of Inda         1         Passport issue by Country of his/her Citizensity           2         3         Bank, Fass book of Bank, with pholograph and Salver			Date of Birth	
2         3         Bank Pass book or Sank with photograph and 3         Valid Driving License with photograph and residential address - 4           4         Bank Pass book or Sank with photograph and residential address - 5         Bank Account statement in the county of residence         4           5         Vetra Identity can with photograph and residential address - 6         Bank Account statement in the county of residence         6           6         Valid Driving License with photograph and residential address - 6         Bank Account statement in the county of residence           7         Letter from any recognized public authonity at the level of Gazetter         0         May Other Address in the photograph and residential address - 6           7         Letter from any recognized public authonity at the level of Gazetter         0         Address public authonity of the level of Gazetter           10         Letter from any recognized public authonity of the level of Gazetter         -1         -1           11         The identity of Address with photograph and residential address or the for Gazetter         -1           12         Letter from any recognized public address or the for Gazetter         -1           13         Cardie Sasted by NECEA duity signed by a Molember of Lindsacetter address or the for Gazetter         -1           14         The identity contraint address or the following Companies for the photogazet address address hore following following he address (Gaze				
Image: Participant of the second se				
8         Reference         Image: Control in the control of the contr				residential address
8         8         Address Details         6         Wild Driving license with photograph and residential address         6         Any other document (staud by the Covernment of the Country of his/mer Citezenship evidencing the Overseas address approvided           2         3.4         7         Lefter from any recognized public authority at the level of Gazetted on Member of Legislative Assembly.         9         Address on Photograph Signed by a Member of Legislative Assembly.         1				and residential address
2         3.4         F         Letter from any recognized public autority at the level of Cazeted with explort Maginate. Divisional Maginata.           2         3.4         Address Details         F         Letter from any recognized public autority at the level of Cazeted with explort Maginate. Divisional Maginata.           2         3.4         S         F         Address of Letter State Query Maginate. Divisional Adjustate.         Autority of Internet Adjustate.         Autority of Internet Adjustate.           2         3.4         Address of Letter State Query Maginate.         Autority of Internet Adjustate.         Autority of Internet Adjustate.         Autority of Internet Adjustate.           2         3.4         Address Details         F         Address of Letter State Query Adjustate.         Autority of Internet Adjustate.           3         Address Details         F         Cadetes Details         F         Cadetes Details         F           1         The Identity card/Gournet with address or letter of allotheren of the Divisor Cade Details of Internet address or letter of Adjustate.         F         F         Cadetes Details Divisor Cade Details Divisor				6 Valid Driving license with photograph and residential address 6 Any other document issued by the Government of India or the Government of the Country of his/her Citizenship evidencing the
8         Address Details         8         of address with photograph signed by a Member of Parliament of Member of Lessued by Unique         Authority of Authority of           2         3.4.5         Address Details         Parliament of Member of Lessued by Unique         Authority of           2         3.4.5         Address Details         Parliament of Member of Lessued by Unique         Authority of           2         3.4.5         Address Details         Parliament of Member of Lessued by any of the following: Central/ State Government and the Departments Assatus/Pelapitationy Authority Pelapitationy Pelapitation Autory Pelapitationy Authority Pelapitationy Pelapitatis Pelapitationy Pelapitationy Pelapitationy Pelapitatis				7 Letter from any recognized public authority at the level of Gazetted like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue , Judicial Magistrate
2         3.4 8.5         Address Details India Leady showing the address India Leady Showing the address (less than 2 India Leady Showi				8 of address with photograph signed by a Member of
2         3.4 8.5         4         10         Lob cards issued by INEGA doly signed by an of the State Government of accommodation issued by any of the following: Central/ State Government and the Departments, Status/Pregulatory Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Gov. Uppartments, Status Status Pregulatory Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Gov. Uppartments, Status Status Pregulatory Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Gov. Uppartment or Status Status Pregulatory Banks, Financial Institutions and Status Protector / Clammant and Showing the address (less Status Department or Status Status Pregulatory Banks, Financial Institutions and Status Protector / Clammant and Showing the address (less Status Department or Status Status Pregulatory Banks, Financial Institutions Banks, Financial Institutions Banks, Financial Institution Banks, Financon Bank Banks, Financial Insthe Institution Banks, Financon Ban			Address Details	9 Aadhar Card / letter issued by Unique Authority of
2         \$ 5         Image: State Government with address or letter of allotment of accommodation issues db yary of the following: Central State Government and its Departments. StatusCyvRegulatory Authorities, Public Becker Undertakings, Scheduled Commercial employees. Pension or Family Pension Payment Orders issued by Government and ashwing the address (ess than 2 months old).         Image: State Government and ashwing the address (ess than 2 months old).           12         Latest Electricity/water/opied gas bill in the name of the Subscripter / Claimant and showing the address (ess than 2 months old).         Image: State Government and ashwing the address (ess than 2 months old).           13         Latest Electricity/water/opied gas bill in the name of 2 months old).         Image: State Government and ashwing the address (ess than 2 months old).           14         Latest Propert/house Tax receipt (not more than one year old).         Image: State Government and address.           14         Latest Propert/house Tax receipt (not more than one year old).         Image: State Government and address.           16         Existing valid registered lease agreement of the house on stamp paper (in case of rentel/leased accommodation).           16         Image: State Government in main and andress.           17         Indeters indetade on Passpot / OCI Card differs from the address mentioned in the account opening form, the document may be accepted as a walid proof of both identity cardinals who are or have been entrusted with prominent public functions in a foreign country. For example heads of state or of the government, senior politicials, senior government, judicial or militar			Address Details	10 Job cards issued by NREGA duly signed by an of the
8         8         Applicable Exposed         Portion issued by any of the following: Central/ State Government and its Departments/ State Government and its Departments/ State Government and its Departments/ State Government and its Departments/ Battary/Regulatory Authonites, Public Sector Undertakings, Scheduled Commercial By Govt. Departments or PSU containing address.           12         Latest Electricity/waterpriciped gas. bill Subscriber / Claimant and showing the address (less than 2 months old)	2	3, 4 & 5		
8         8         Authonities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees, Pension or Family Pension Payment Orders issued imployees, Pension or Family Pension Payment Orders issued imployees Pension or Family Pension Payment Orders issued imployees. Pension or Family Pension Payment Orders issued imployees Pension or Family Pension Payment Orders issued in the address indicated on Pasport in the sace on stamp paper (in case of rentedleased account opening form, the document may be accepted as a valid proof of both obtained. (ii) If the address indicated on Pasport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address should be obtained. (iii) An NRI applicant is required to furnish an Indian address. Policically Exposed Person Person Person Partice Part Partice Part Partice Part Partice Part Payment, senior political address indicated on Pasport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address indicated (iii) An NRI applicant is required to furnish as prescribed by RBI / Government from time to time and FEMA requirements. (iii) Carceled Cheque Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of rate or of the government, senior political or functional senior executives of state-owned corporations, important political (i) Carceled Cheque (i) Acco				of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory
8         4         8         Applicant Bank Dolts         Politically Exposed Persons (PEPs) are individual who are or have bear individual who are or have beare individual who are or have beare individual who are or have bear				Authorities, Public Sector Undertakings, Scheduled Commercial Banks Financial Institutions and listed companies for their
8         Politically Exposed Politically Politically Exposed Politically Exposed Politically				employees. Pension or Family Pension Payment Orders issued
k         k				12 Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2
Image: space in the s				the Subscriber / Claimant and showing the address (less than 2 months old)
8       Image: second sec				15 Existing valid registered lease agreement of the house on stamp
identity and address.       identity and address.         (i)       If the address indicated on Passport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address should be obtained.         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, judicial or military senior executives of state-owned corporations, important political 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 politicalis, senior government, judicial or military senior executives of state-owned corporations, important political Politically Exposed Person         4       8       Applicant Bank Details in case of more than one nominee, percentage share value for all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.         6       111       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       . Jurisdiction(s) of Tax Residence: Since US taxes the global income of its oitzen, every US ditzen of hunders of individual include, a soci				
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.         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.         4       8       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 Person         4       8       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) Bank statement         5       9       Nomination Details 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       Selection and Investment Option       g details if applicant residence for tax purposes in jurisdiction(s) outside India • 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.         7       12       Declaration by Applicant on FATCA Compliancet on FATCA Compliancet on FATCA Compliancet on FATCA Compliancet • I applicant residence for tax purposes in jurisdiction(s) outside India • In case applicant is declaring US person status as				identity and address.
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.           3         7         Politically Exposed Person				obtained.
3       7       Politically Exposed Person       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-owned corporations, important political         4       8       Applicant Bank Details (i) Cancelled Cheque (ii) A copy of bank passbock (iii) Bank statement (v) Letter from Bank       Applicant Bank Details (ii) Cancelled Cheque (iii) A copy of bank passbock (iii) Bank statement (v) Letter from Bank         5       9       Nomination Details (i) Accept 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       Number (TIN): TIN need not be reported if thas not been issued by the jurisdiction.(s) outside India a social security/insurance 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 Citizenship should be to be provided         8       13       Declara</www.npstrust.org.in>				
4       8       Applicant Bank Details       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 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       • 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.         7       12       Declaration by Applicant on FATCA Compliance       • 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 umber with an equivalent level of (a 'Functional equivalent'), the same may be reported. Examples of that type of number for individual include, ent registration number)         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 POP-SP       Signature / Thumb Impression in case of males and Right Thumb Impression in case of females.</www.npstrust.org.in>	3	7	Politically Exposed	
4       8       Applicant Bank Details       (i) Cancelled Cheque (ii) A copy of bank passbook (iii) 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 across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire 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       • 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.         7       12       Declaration by Applicant on FATCA Compliance       • 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.         7       12       Declaration by Applicant on FATCA Compliance       • Jurisdiction(S) vita neguivalent level of a social security/insurance number • In case 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 to be provided in the form. Thumb impression, if used, should be attested by the designate</www.npstrust.org.in>				Account Number and IFS Code (any one of the following)
Image: state in the state	4	8	Applicant Bank Details	(i) Cancelled Cheque (ii) A copy of bank passbook
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         • 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 cit country of Birth is US, document evidencing Relinquishment of Citizenship should be to be provided           8         13         Declaration by Applicant         Signature / Thumb impression should only be within the box provided in the form. Thumb impression in case of females.         of POP/</www.npstrust.org.in>				
6         11         Pension Fund (PF) Selection and Investment Option         For more details on 'Investment Option', you may visit NPS Trust website          Selection (s) outside India           7         12         Declaration by Applicant on FATCA Compliance         G details if applicant residence for tax purposes in jurisdiction(s) outside India         • 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.           7         12         Declaration by Applicant on FATCA Compliance         • Tax social security/insurance 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 Citizenship should be 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 of POP/         of POP/	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
Investment Option         g details if applicant residence for tax purposes in jurisdiction(s) outside India           7         12         Declaration by Applicant on FATCA Compliance         • 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.           8         13         Declaration by Applicant         Signature / Thumb impression should only be within the box provided in the form. Thumb impression in case of females.		-	Pension Fund (PF)	
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7       12       Declaration by Applicant on FATCA Compliance       number with an equivalent level of a social security/insurance number       (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, ent registration number)         8       13       Declaration by Applicant       Signature / Thumb impression should only be within the box provided in the form. Thumb impression in case of females.				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.
8       13       Declaration by Applicant       Signature / Thumb impression should only be within the box provided in the form. Thumb impression in case of females.       of POP/	7	12		number with an equivalent level of (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include,
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The applicant can obtain the status of his/her application from CRA Applicant are advised to retain the acknowledgement slip signed/ stamped by t For more informa a) b) c)

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

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%	

## **Equity Allocation Matrix for Active Choice**

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

 7. 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

 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	<b>Father/Mother's Full Name in Hindi</b> (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	<b>Date:</b> d d / m m / y y y y

(\* 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.

, <u> </u>	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 Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nomi	nees.	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee         d         I         m         m         I         y <th< td=""><td>2nd Nominee d d / m m / y y y y</td><td>3rd Nominee         d         I         m         m         y         y         y         y</td></th<>	2nd Nominee d d / m m / y y y y	3rd Nominee         d         I         m         m         y         y         y         y
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:	-	
1st Nominee %	2nd Nominee %	3rd Nominee %
6 Naminas's Cuardian Datails (Only in soos of a	minorly	
6. Nominee's Guardian Details (Only in case of a 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
Dated this day of		nature/ 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	
after he / she have read the entries / en	tries have been read over to him / her by me and got confirmed by him / her.
Dubban Observe of the DOD OD	Discrete as fills Authorized Descen
Rubber Stamp of the POP-SP	Signature of the Authorised Person
POP-SP Registration Number De	signation of the Authorised Person :
(Allotted by CRA)	
	POP-SP Office Name :
Date d d / m m / y y y	
	1
TO BE FILLED/ATTESTED BY POP/POP-SP	POP/POP-SP Registration Number
	(Allotted by CRA):
Rubber Stamp of the POP/POP-SP	
	Signature of the Authorised Person

Ver 1.4		Applica	tion Fo	rm for	· Corp	orate F	Registra	ntion	СН
		NS	DL e-Govo	ernance I	nfrastru	cture Lim	ited		
	(Please fill all t	he details in CA	APITAL LET	TERS & in I	BLACK IN	K only. All I	Fields mark w	vith * are manda	atory.)
Corporate I (To be	Registration Num allotted by CRA	mber: A)							
Sir/Madam,									
We hereby submit a re	quest to be regi	stered as a Corp	porate. The ne	cessary deta	uls are prov	vided below:			
1. Name of the Corpor	ate*:					<u> </u>			
2. Head Office/ Regist	ered Office Add	dress*:	II					1 1	
Flat/Unit No, Block n	0. *								
Name of Premise/Buil	ding/Village								
Area/Locality/Taluka									
District/Town/City *									
State / Union Territory	*								
Country *									
Pin Code *									
3. Phone No. *:					4. Mobi	e No.			
	STD Code	Phone N	umber						
5. Fax No.*:									
6. Email ID * (Emai	I ID should be o	official Email II	D of the HO a	¢ not of any	individual	person):			
Nodal Officer's Details	*•								
Name *: First Name *:									
Middle Name:									
Last Name:									
signation *:									
one No. *:						Mobile N	o.		
STD	Code	Phone Number	er						
Email ID *:	· · · · ·	· · ·	<del></del>			<del>, , , , , , , , , , , , , , , , , , , </del>		· · ·	
Note: Email D& D	one Number al	hould be Nodel	Officer's and	not of the	HO's offici	al Email ID /	and any Poer	d Number )	
(Note: Email ID& P	ione inumber si	noulu de Nodal	oncer s and	not of the		ai Eilläll ID 8	anu any Boar	u mumber.)	

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Note : Email ID & Phone Number should be of the alternate Nodal Officer's an	d not of the HO's En	nail ID a	nd any	Board	Numb	ber.)				
		orporate			11)41	41	- 6-11-		¢ -1 J	
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emplandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Per PFM Name (Please select only one)</li> </ul>	oyees (selected as 'Co	corporate	alpha				e follo	owing	fields a	are
<ol> <li>If choice of investment is to be made by the Corporate on behalf of the emplandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Performance)</li> </ol>	oyees (selected as 'Co nsion Funds are gi	corporate	alpha				e follc	owing	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emphandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Per PFM Name (Please select only one)</li> <li>Birla Sunlife Pension Management Limited</li> </ul>	oyees (selected as 'Co nsion Funds are gi	corporate	alpha				e follo	owing	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emplandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Per PFM Name (Please select only one)</li> <li>Birla Sunlife Pension Management Limited</li> <li>HDFC Pension Management Company Ltd.</li> </ul>	oyees (selected as 'Co ision Funds are gi	corporate	alpha				e follc	owing :	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emphandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Per PFM Name (Please select only one)</li> <li>Birla Sunlife Pension Management Limited</li> <li>HDFC Pension Management Company Ltd.</li> <li>ICICI Prudential Pension Funds Management Company Limited</li> </ul>	oyees (selected as 'Co ision Funds are gi	corporate	alpha				e follc	wing	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emphandatory:</li> <li>i). PFM Selection for Active and Auto Choice*: (*Name of the Per PFM Name (Please select only one)</li> <li>Birla Sunlife Pension Management Limited</li> <li>HDFC Pension Management Company Ltd.</li> <li>ICICI Prudential Pension Funds Management Company Limited</li> <li>Kotak Mahindra Pension Fund Limited</li> </ul>	oyees (selected as 'Co ision Funds are gi	corporate	alpha				e follo	owing '	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emphandatory:</li> <li>a). PFM Selection for Active and Auto Choice*: (*Name of the Perpendication of the Perpendi</li></ul>	oyees (selected as 'Co ision Funds are gi	corporate	alpha				e follc	owing 5	fields a	are
<ul> <li>2. If choice of investment is to be made by the Corporate on behalf of the emplandatory:</li> <li>a). PFM Selection for Active and Auto Choice*: (*Name of the Perpenditude of th</li></ul>	oyees (selected as 'Consion Funds are gines of the second	iven in only of	alpha	betica	l orde	er.)				

- 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). 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. 4.

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(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
Specify %						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

(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	Please Tick																
	(LC)Funds	One		Note:1. LC 75- It is the	Life c	ycle fund	where th	ne Cap	to Ec	quity i	nvest	ments	is 75%	% of	f the t	otal as	set	
	LC75			2. LC 50- It is the														
	LC50			3. LC 25- It is the	Life c	ycle fund	where the	he Cap	p to Ec	quity i	invest	ments	is 25%	% of	f the t	otal as	set	
	LC25																	
13.	CRA Charges	to be borne by	y* - Ei	nployer	En	ployee												
We hereb applicatio applicatio	on, is complete	agree that we and true. An	have read and d we will no	d understood the Offer tify Central Recordkeep	Docur oing A	nent, terr gency (C	ns and c CRA) im	onditi media	on. W ately a	e fur bout	ther d any c	eclare change	that t in th	the ne ii	inforr nform	nation ation	supplied i provided i	n the n the
							Signa	tuna	of 1	horio	ad Ci	anata					L	
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То	be Filled by	POP																
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A. P	OP Registration	n No.																
B. S	Submitted KYC	documents	:Ye	s No														
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Note:				· · · · · · · · · · · · · · · · · · ·													•	·····
		te has to select es of 'E', 'C', 'G		of the latest list of PFM	s who	would in	vest the	fund a	is per	select	ed inv	estme	nt cho	oice.	-			
		E (Equity)	C (Fixed	G (Government	A	Alternati	/e											
		(Equity)	Income)	Securities)		vestment												
		50% (max)	25%	20%	5%													
		50% (max)	20%	25%	5%			_										
		)% )%	50% 100%	50% 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

(Ple	ease fill all tl					ETTERS		refer	ably	/ in E	BLAC	K INI	<. A	II Fi€	elds	ma	ark	wit	h *	are	e m	an	dat	ory	.)	
				pe allo																						
/Madam,																										
e hereby subm	it a request	to he r	egister	red a	saC	ornora	te. T	he n	ece	ssarv	v det	tails a	are	orov	vide	d h	elo	w.								
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## Form CHO-1

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

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 Autho	rised Signatory
	Name :	Place :
	Designation :	Date :
Corporate Head Office Stamp	Department :	D D M M Y Y Y

### To be Filled by POP

A. POP Registration No.									
<b>B. Submited KYC documents</b> Yes	No								
	Signatur	e of Authorised Signator	ry						
	Name :	Place :							
	Designation :	Date :							
POP Stamp	Department :	[	D	DM	Μ	Y	Y	Y	Y
To be filled by CRA									
Received by:									
Received at:	Date :								

#### Document to be Submited 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**

Comparete Degistration Numbersky				ACK INK	-	1									
Corporate Registration Number* :															
Sir/Madam,															
Ve hereby submit a request for Scheme Preference change.	The ne	ecessary	details	are provi	ded bel	ow:									
. Name of the Corporate*:		,		I I											
. Phone No. *:			Ν	lobile No	).										
STD Code Phone Number					_		_								
.Details of Scheme Preference*: Selection of Scheme pre	ference	e by:	Subscri	ber	C	orpora	te								
. If choice of investment is to be made by the Corporate on	behalf	f of the e	employe	es (select	ted as C	Corpor	te in	clause	no.	3) then	the fo	llowir	ng fields	s are	
nandatory:															
i). PFM Selection for Active and Auto Choic	<u>e*:</u>														
*Name of the Dension Funds are given in alphabetic	al and a														
*Name of the Pension Funds are given in alphabetic: PFM Name (Please select only one)	ai oi ue			Please Ti	iak (s), c	nly on									
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HDFC Pension Management Company Ltd. ICICI Prudential Pension Funds Management Company Limited Kotak Mahindra Pension Fund Limited LIC Pension Fund Limited SBI Pension Funds Private Limited UTI Retirement Solutions Limited Selection of PFM is mandatory both in Active and Auto Ch												hall be	e summ	arily reje	ecte

- In case you do not indicate any investment option, your rand will be invested in rate choice (DC 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). 3.

Annexure CHO-2 (Ver 1.3)

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%)	<b>Note:</b> 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
Specify %						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

Page 1

#### Annexure CHO-2 (Ver 1.3)

# (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	
LC75		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
LC50		3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
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.

	Signature of Authorized Signatory
	Name : Place :
	Designation :          Date :
Corporate Head Office Seal	Department :
T. I. FIN. II. DOD	
To be Filled by POP	
POP Registration No.	
	Signature of Authorized Signatory
	Name : Place :
	Name         Prace           Designation :         Date :         -
POP Seal	Department :
[To be filled by CRA]	
Received by:	
Received at:	Date:
Acknowledgement Number (by CRA)	
Note: 1. Corporate has to select one PFM out of the 2. Examples of 'E', 'C', 'G' & 'A' mix are as fo	latest list of PFMs who would invest the fund as per selected investment choice. llows:-
E (Equity) C (Fixed C	G (Government A(Alternative

E (Equity)	C (Fixed	G (Government	A(Alternative
	Income)	Securities)	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.

Page 2

Ver 1.0

Central Recordkeeping Agency (CRA	A) –NSDL e-Governance Infrastructure Limited
(To avoid mistake(s), please read the acc	<b>count Details under National Pension System (NPS)</b> companying instructions carefully before filling up the form) DP/CHO) registered under NPS to update/modify Bank Account details in the CRA system.
(PrAO/DTA/PAO/DTO/POP/CHO Registr (allotted by CRA)	
We hereby submit request to update/modify Bank Account details as per th	he particulars given below:
1. Bank Details: (Please refer instruction no.3) Bank A/c Number*	
Beneficiary A/c Name*	
Bank Name*	
Bank Branch*	
Bank Address*	
Pin Code*	
Bank IFS Code*	
Bank MICR Code	
Proof of Bank Account details*: ((Please Tick $$ ) [Please refer instruction	on no .3])
i) Cancelled Cheque ii) Bank-Passbook	iii) Bank Statement iv) Bank Certificate
We hereby agree and declare that the information provided in the application	on, is complete and true.
	Signature of Authorised signatory of PAO/CDDO/DTO/POP/CHO
	Name: Place:
	Designation: Date:
PAO/CDDO/DTO/POP/CHO Stamp	
	Signature of Authorised signatory of Pr.AO/DTA
PrAO/DTA Stamp	
PrAO/DTA Reg. No. (Allotted by CRA)	Name: Place:
(Refer instruction no.4&5)	Designation: Date:
	Received on :
	Name of the officer :
	Signature of the officer :
CRA Stamp	

#### **Instructions for filling the form:**

- 1. The form is to be submitted to the address Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400013.
- 2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word. **Details marked with (\*) are mandatory fields.**
- 3. Please attach a Cancelled cheque/ Bank Passbook/Bank Statement/Bank Certificate (having Bank account details like Beneficiary name, Bank name, Bank Account Number and IFS code).
- 4. Bank details updation request of PrAO/DTA/POP/CHO has to be duly signed by authorized signatory of PrAO/DTA/POP/CHO.
- 5. Bank details updation request of PAO/CDDO/DTO has to be duly signed by authorized signatory of PAO/CDDO/DTO and to be authorised by the associated Pr.AO/DTA registered at CRA.
- 6. For more information contact CRA at 022-4090 4242 or write to CRA at NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400013

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Field mark with * are mandatory.)         Corporate Registration Number*:         Sir/Madam,         We hereby submit a request to change POP. The necessary details are provided below:         1. Name of the Corporate*:         Output         Output         Details of POP change:         String POP         Phone No.         String POP registration no.         :         Mame of targeted POP*         :         Targeted POP registration no*         :      <	Page 1									<u>ge</u>	hang	OP C	for P	<u>ate</u>	orpor	for C	n Form	catio	<u>Appl</u>									<u>0 - 3</u>	exure CH
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We hereby submit a request to change POP. The necessary details are provided below:     1. Name of the Corporate*:     Image: Corporate image: Co																							er*:	Numbe	ation	egistra	orate R	Corp	
1. Name of the Corporate*:         Image: Corporate in the corporate in the problem of the poly in the poly is complete and true, and we will notify Central Record Resping Agency (CRA) immediately about any change in the information provided in the poly prestore prestore prestore provided in the poly preston																											/ladam,	Sir/N	
Phone No.   STD Code Phone Number   A Details of POP Change:   Mame of existing POP   Existing POP registration no.   Image:   Targeted POP*   Image:   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 in														ow:	d belo	ovide	are p	details	ssary	e nece	OP. Th	nge P	o char	quest t	t a reo	submi	nereby	We	
STD Code       Phone Number         STD Code       Phone Number         Ame of existing POP       :         Existing POP registration no.       :         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 the application, is complete and true, and we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in th																							:	orate*	e Corp	of the	Name	1.	
STD Code       Phone Number         STD Code       Phone Number         Ame of existing POP       :         Existing POP registration no.       :         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 the application, is complete and true, and we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in th		-	$\frac{1}{1}$																										
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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 the application, is complete and true, and we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in th	$\neg$		<u> </u>										lo.	ile I	Mob											e No.	Phone	2.	
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Name of targeted POP* :																					:			РОР	sting	of exi	Name		
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Signature of Authorized Signatory			]					atory	igna	ed Si	noriz	Aut	re of	natu	Sigr														
Name         Place :           Corporate Head Office Seal         Designation :         Date :	Y	 (			] [	-		] [		:		_ c							gnatio	Des			al	fice Se	ad Of	ate He	Corpora	(	

Annexure CHO - 3	Page 2
To be filled by Target POP	
POP Registration No.	
	Signature of Authorized Signatory
	Name : Place :
	Designation : Date :
POP Seal	- Department : D D M M Y Y
[To be filled by CRA]	
Received by :	
Received at : Acknowledgement Number (by CRA)	Date :
	INSTRUCTIONS FOR FILLING THE FORM
<ul> <li>The request should be submitted at the target P</li> <li>The change request has to be submitted by the</li> <li>On successful shifting of the corporate all the ur</li> </ul>	ing of one POP to another POP across the different POP. OP. The target POP is the POP to which the Corporate wants to shift Corporate Head office with correct Corporate Registration number. Inderlying subscribers will be linked to Target POP. e like subscriber modification, withdrawal requests, Scheme preference change etc. are to be executed
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	

Annexure CS-S2 Page 1
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)
<b>PRAN</b> 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)
(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 5of 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
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
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
Pin Code

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7. Pe	rmanen	t Ad	dres	s*:If	same	e as a	abov	ve, I	Pleas	se Tic	k		else	,																		
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Section B – Change in Subscriber's Nomination Details (Please refer to Sr. No.6 and 7 of the instructions)  You want to change Nomination details of: Tier I Tier I (In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)  Tier I Account: 1. Name of the Nominee: 1. Name of the Nominee: 1. Name* 1. Stander
(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)          Tier I Account:         1. Name of the Nominee:       2nd Nominee         1st Nominee       3rd Nominee         First Name*       First Name*
Tier I Account:         1. Name of the Nominee:       1st Nominee       3rd Nominee         Ist Nominee       First Name*       First Name*         First Name*       First Name*       First Name*
1. Name of the Nominee:       1st Nominee     2nd Nominee     3rd Nominee       First Name*     First Name*     First Name*
Ist Nominee         2nd Nominee         3rd Nominee           First Name*         First Name*         First Name*
Middle Name Middle Name Middle Name
Last Name  Last Name
2. Date of Birth (In case of a minor):
1st Nominee     2nd Nominee     3rd Nominee
B. Relationship with the Nominee: 1st Nominee* 2nd Nominee* 3rd Nominee *
4. Percentage Share:
1st Nominee*     %     2nd Nominee *     %     3rd Nominee*     %
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 First Name
Middle Name         Middle Name
Last Name Last Name
Tier II Account: If same as above for Tier I Yes else,
1. Name of the Nominee:     1st Nominee     3rd Nominee       1 st Nominee     1st Nominee     1st Nominee
First Name*         First Name*         First Name*
Middle Name     Middle Name
Last Name     Last Name
2. Date of Birth (In case of a minor):         1st Nominee       2nd Nominee         3rd Nominee       3rd Nominee
3. Relationship with the Nominee:
1st Nominee*         2nd Nominee*         3rd Nominee*
4. Percentage Share:
1st Nominee*     %     2nd Nominee *     %     3rd Nominee *     %

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5. Nominee's Guardian Details (in case of a minor): 1st Nominee's Guardian Details	2nd Nomine		rdian	Datail	la				2-41	Man				dian	Da	taila							
First Name	First Name		arutan	Detail	IS				510	Nom			ame		De	tans	•						
Middle Name	Middle Na	me									Mia	idle	Naı	me									
													1 tu										
Last Name	Last Name										Lac	t Na	me										
											Las												
Section C –Request for Reiss	ue of I-P	IN/T	-PIN	N																			
I hereby request you to reissue the follo	owing.																						
T-PIN I-PIN																							
Section D– Request for Reiss	ue of PR		ard																				
Section D= Request for Reiss		AITC	aru	•																			
<b>Reissue of T-Pin, I-Pin and reissue of PRAN</b>	N card will be	charge	able l	by the	CRA	۱.																	
Section E- Change or Correct	tion in Da	ate O	)f Bi	irth																			
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Date of Birth D D M M Y Y	Y Y	(* Emp	loyer	certific	catior	1 IS I	Mand	lato	ry &	Plea	ise	refe	r to	Sr. I	No.8	8 of	the	ınstı	ucti	ons.	)		
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Declare that the information provided above is true	e to the best of	my kno	owled	ge & b	elief.																		
Date :																							-
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* Certified that the above declaration regarding	g correction/cl	hange i	n Dat	e of B	irth l	has	been	sig	ned	befo	re r	ne b	у_										
after he / she has read the entries / entries have details is as per employee records available with			m /h	er by	me a	nd g	sot co	onfi	rme	d by	hir	n / ł	ier.	Als	o ce	ertif	ied	that	the	date	e of	birt	h
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Signature of the Authorised Person							I	Ruł	ober	Sta	np	of t	the (	Corp	ora	ate							
Designation of the Authorised Person	:						Na	ame	e of t	the c	orp	ora	te:_										-
Date :																							
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(* Note: Employer Certification is man	datory only if	f there i	is any	corre	ction	cha	inge	in	Date	e of o	of B	irth	ı. )										
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Annexure CS-S2	Page 5
To be filled by POP-SP	
Copy of PAN card submitted : Yes	No
	Signature of Authorized Signatory
	Signature of Authorized Signatory
	Name :         Place :
	Désignation :Date :
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)	
11	STRUCTIONS FOR FILLING THE FORM
PRAN card.	nge/correction in subscriber personal details, nominee details, reissue of I-Pin /T-Pin or reissue of
<ul> <li>b. The form is to be submitted at the POP-SP for ca</li> <li>c. Form to be filled legibly in BLOCK LETTER application processing. Please do not overwrite signed by the applicant.</li> </ul>	S and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your c. Corrections should be made by cancelling and re-writing and such corrections should be counter-
Please strike off the remaining blank rows for (alphabet/number/punctuation mark) leaving a bl	
<ul> <li>e. Details Marked with (*) are the mandatory fie</li> <li>f. Mention 12 digits PRAN correctly.</li> <li>g. All dates Should be in "DDMMYYYY" Format</li> </ul>	us.
<ul> <li>Application incomplete in any respect and/or no mandatory fields are left blank.</li> </ul>	t accompanied by required documents is liable to be rejected. The application is liable to be rejected if
i. Reissue of T-Pin, I-Pin and reissue of PRAN c	rrd will be chargeable by the CRA. dgement slip signed/ stamped by the POP-SP where they submit the application

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		Sut	oscriber'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 <b>cancelled cheque</b> , the details of which should match the bank details provided.								
		Section B -	Subscriber's Nomination Details								
6.	1 to 4	Nomination Details	<ol> <li>Subscriber can nominate a maximum of three nominees.</li> <li>Subscriber cannot fill the same nominee details more than once for same tier.</li> <li>Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).</li> <li>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.</li> </ol>								
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								

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)
1	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)

#### GENERAL INFORMATION FOR SUBSCRIBERS

a) For any further clarification please refer to the PFRDA website www.pfrda.org.in or call on our toll free no. 1800110708

b) The Subscriber can obtain the status of his/her application from the CRA website or through the respective employer.

c) 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.

<u>संलग्नक सी एस–एस2</u>

प्रान कार्ड हिंदी में मुद्रित कराने के लिए विवरण दें। (कृपया विवरण देवनागरी लिपि मेंही दें):

कृपया नोट करे कि इस अनुलग्नक में दिए अनुसार ही आपका नाम प्रान कार्ड पर दर्शाया जाएगा । तथापि, जन्मतिथि केवल अंग्रेजी मे ही मुद्रित होगी ।

अभिदाता का	पूरा ना	म :
प्रथम नाम*	:	
	:	
अंतिम नाम	:	
पिता का नाम	:	
प्रथम नाम*	:	
मध्य नाम	:	
अंतिम नाम	:	

(\* अनिवार्य स्थान दर्शाता है)

अभिदाता के हस्ताक्षर/अंगूठेकानिशान\*

अभिदाताकानाम : .....