#### Annexure-UOS-S5

### **National Pension System (NPS)**

Subscr	iber reque	•		`		•			
Receipt No.									
	(To b	e filled	by PO	P-SP)					
(Please fill all the details in CAPITAL I	ETTERS & i			•	All field				•
Sir/Madam,									
Ι		(Name o	of the s	ubscr	iber as	in PI	RAN	card)	) would like to
I change my Point of Presence - Service Pro of source POP-SP) to of my PRAN card is attached. My NPS related to the service Pro of my PRAN card is attached.	vider (POP-	SP)	(Na	ame/Felow:	Reg. No	o. of 1	target	POF	(Name/Reg. No. P-SP). A photocopy
Permanent Retirement Account Number*: (As allotted by CRA)									
Date Signature/Left	Γhumb impr (To be filled				*				
Received by:		•			tion Ni	ımhe			
				_					
Received at:									
Details verified by:								_	
Ac	knowledge								
(То	be filled by P	OP/POP	-SP)						
Received from: (PRAN)		I	POP-SF	Regis	stration	Num	ber: _		
Received at:		Date:			Ti	me St	tamp:		
Receipt Number (To be provided by POP-SP)									
	g: /g								
	Signature/Sta	mp of Po	OP/POI	Y-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	Annexure GoS-S3 (Ver 1.4) Page 2							
Scheme P	Scheme Preference Change: Tier II							
(i). PENSION	(i). PENSION FUND SELECTION:							
PFM Nan	ne (Please selec	et only one)			Please Tick ( $$ ) only one			
Birla Sunl	fe Pension Mar	nagement Lin	nited					
HDFC Per	sion Managem	ent Company	Limited					
ICICI Prudential Pension Funds Management Company Limited								
Kotak Mahindra Pension Fund Limited								
LIC Pensi	on Fund Limite	d						
SBI Pensio	on Funds Privat	e Limited						
UTI Retire	ment Solutions	Limited						
(ii). Investr	nent Option :(1	Please Tick (	$\sqrt{}$ ) in the box	given below s	howin	g your investment option)	_	
invest	<ol> <li>In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50)</li> <li>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).</li> <li>(iii). Active Choice Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)</li> </ol>							
Class	(Cannot exceed 75%)	(Max up to 100%)	(Max up to 100%)	100%	and r	t class E-Equity and related instrum elated instruments; Asset class G-G iments.		
<u>%</u>								
<ol> <li>Upte</li> <li>Fron</li> <li>of ec</li> <li>The</li> <li>appl</li> </ol>	2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in <b>Annexure A</b> . The tapering off of equity allocation will be carried out as per the matrix on date of birth.							
(LC)Fu LC7 LC5	Life Cycle (LC)Funds    Compare the Cape of LC, your funds will be invested as per LC so.    Life Cycle (LC)Funds							
LC2	1							
I	ated above is true to	o the best of my		, the		nt, do hereby declare that	Signature/ Thumb Impression of the Subscriber	

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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:	
Aci	knowledgement to the Subscriber (To be filled by Nodal Office)	
Scheme Preference Change: Tier I Tie	r II	
Nodal Office Registration Number:	PRAN: LILILILILILILILILI	
Name of the Subscriber:	Date:// Time Stamp:	
Receipt Number (Mandatory for POP/POP-SP)		
1. POP Transaction Charges: Rs.	2. Tax as applicable: Rs.	
3. Total Charges: Rs.		
	Signature/Stamp of Nodal Office	ce/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.

## 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. :
<u>-</u>	
Receipt No:	
GE	ENERAL INFORMATION
I) Subscriber's Name*	
First Name	
Middle Name	
Last Name	
II) PRAN (Permanent Retirement Account Nu	ımber)*
III) Date of Birth (DD/MM/YYYY)*	
iii) Date of Diftii (DD/MM) 1111)	
IV) Aadhaar No	
V) PAN	
VI) Existing PRAN association (Source Office	o Details)
VI) Existing FixAlV association (Source Office	s Details)
POP-SP Reg. No.*:	
POP-SP Name*:	
VII) Target PRAN association (Target Office	Details)
POP-SP Reg. No.*:	· · · · · · · · · · · · · · · · · · ·
1 of of Reg. No	
POP-SP Name*:	
Declaration by Subscribers:	
processing of this Inters CRA Shifting reque any of the service completely or partially with	nditions for the target CRA (in which my PRAN will belong after est) and understand that CRA may, as approved by PFRDA, amend nout any new Declaration/ Undertaking being signed. Further, I agree icable, of the target CRA. I understand that in case of pending atically be cancelled by Source CRA.
Date:	Signature/Left thumb Impression:

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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.)

I) Subscriber's Name *:
II) PRAN (Permanent Retirement Account Number) *:  III) Existing PRAN association (Refer Instruction No. I)  a) Sector: * Central Government
III) Existing PRAN association (Refer Instruction No. I)  a) Sector: * Central Government
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector
h) DDO / CRO / DOD SD Pag. No. * DDO / CRO / DOD SD Name. *
0) DDO / CBO / 1 OI - 51 Reg. 140.
IV) Target PRAN association (Refer Instruction No. II)
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / POP-SP Name: *
V) PAN
VI) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)
Nominee's Name: : (First Name) (Middle Name) (Last Name)
Relationship with the Nominee:  Date of Birth (In Case of Minor):  D D M M Y Y Y Y
Nominee's Guardian Details (in case of a minor):
(First Name) (Middle Name) (Last Name)
Section B - Additional information for Subscribers shifting to Government Sector
I. <u>Employment Details</u> (All Details are Mandatory):
I. <u>Employment Details</u> (All Details are Mandatory):  [Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]
[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
[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)
[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
[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
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]  a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)  c) Group of the Employee: A B C D   d) Office: (e) Department:
[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 C  d) Office: (e) Department: (f) Ministry: (dd/mm/yyyy)
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]  a) Date of Joining:
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]  a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)  c) Group of the Employee: A B C D   d) Office: (e) Department: (g) Basic Salary: (h) Pay Scale: (h) Pay S
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]  a) Date of Joining:
[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]  a) Date of Joining:

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### Section C - Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector

I. Sub	oscriber Scheme Preference*:					
Do yo	ou wish to continue with the existing Pension Fund and Investment Option: Yes No (If 'No, please submit details on Page 4)					
• 1	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.					
• <i>1</i>	f Subscriber is shifting from Government Sector, please submit Subscriber Scheme Preference details on Page 4.					
II. KY	YC 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					
III. E	mployment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)					
a) Date	a) Date of Joining*:  b) Date of Retirement*:					
	D D M M Y Y Y Y  D D M M Y Y Y Y					
c) Emp	oloyee ID*: d) CHO Reg No*:					
C4:6:- 141						
after he / s	hat the above declaration has been signed before me byhe has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per records available with the Corporate.					
Signature of	of the Authorised Person					
Designatio	on of the Authorised Person Rubber Stamp of the Corporate					
	Declaration (Applies to Subscribers across all sectors):					
request)	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	Date Signature/Left Thumb impression of Subscriber*					
Received	by: Nodal Office Registration Number:					
	at: Date: Time Stamp					
	erified by:					
	Number issued by the receiving office (only for POP-SP)					
l						

- 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.

Passport issued by Government of India. Ration card with photograph. Bank Pass book or certificate with Photograph. Certificate of the POP for an existing customer.  Voters Identity card with photograph and residential address.  Valid Driving license with photograph Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	1 2 3 4 5 6	Passport issued by Government of India Ration card with photograph and residential address Bank Pass book or certificate with photograph and residential address Certificate of the POP for an existing customer. Voters Identity card with photograph and residential address Valid Driving license with photograph and residential address Letter from any recognized public authority at the level of Gazetted
Bank Pass book or certificate with Photograph. Certificate of the POP for an existing customer.  /oters Identity card with photograph and residential address.  /alid Driving license with photograph Certificate of identity with photograph signed by a Member	3 4 5 6	Bank Pass book or certificate with photograph and residential address  Certificate of the POP for an existing customer.  Voters Identity card with photograph and residential address  Valid Driving license with photograph and residential address  Letter from any recognized public authority at the level of Gazetted
Certificate of the POP for an existing customer.  /oters Identity card with photograph and residential address.  /alid Driving license with photograph  Certificate of identity with photograph signed by a Member	4 5 6	address  Certificate of the POP for an existing customer.  Voters Identity card with photograph and residential address  Valid Driving license with photograph and residential address  Letter from any recognized public authority at the level of Gazetted
Voters Identity card with photograph and residential address.  Valid Driving license with photograph  Certificate of identity with photograph signed by a Member	5	Voters Identity card with photograph and residential address  Valid Driving license with photograph and residential address  Letter from any recognized public authority at the level of Gazetted
Valid Driving license with photograph Certificate of identity with photograph signed by a Member	6	Valid Driving license with photograph and residential address  Letter from any recognized public authority at the level of Gazetted
Certificate of identity with photograph signed by a Member		Letter from any recognized public authority at the level of Gazetted
	1	
	/	officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
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
ob 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
dentity 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 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.
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)
Ex-Service Man Card issued by Ministry of Defence to heir employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
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
A ch do Ch	uthority of India  bb cards issued by NREGA duly signed by an officer of the State Government  lentity card issued by Central/State government and its the partments, Statutory/ Regulatory Authorities, Public the ector Undertakings, Scheduled commercial Banks, Public thancial Institutions, Colleges affiliated to universities and trofessional Bodies such as ICAI, ICWAI, ICSI, Bar ouncil etc.  thoto. Identity Card issued by Defence, Paramilitary and tolice department's  x-Service Man Card issued by Ministry of Defence to their employees.	uthority of India  bb cards issued by NREGA duly signed by an officer of lee State Government  lentity card issued by Central/State government and its epartments, Statutory/ Regulatory Authorities, Public elector Undertakings, Scheduled commercial Banks, Public inancial Institutions, Colleges affiliated to universities and rofessional Bodies such as ICAI, ICWAI, ICSI, Bar ouncil etc.  hoto. Identity Card issued by Defence, Paramilitary and olice department's  x-Service Man Card issued by Ministry of Defence to leir employees.  hoto Credit card.

Note:

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

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#### SUBSCRIBER SCHEME PREFERENCE:

Date:

Name of Subscriber:

Place:

#### (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.

Name of the Pension Fund (Please select only one)					Plea	se Tick (	$\sqrt{}$ only one	<b>Default Choice of Pension Funds</b>
LIC Pensi	on Fund Limite	ed						Available in Government sector, if
SBI Pensi	on Funds Priva	te Limited						employee/subscriber does not exerci choice of PF
UTI Retire	ement Solution	s Limited						
ICICI Pru	dential Pension	Funds Ma	nagement Co	ompany Limite	d			
Kotak Ma	hindra Pension	Fund Limi	ted					
HDFC Pe	nsion Managen	nent Compa	any Limited					
Aditya Bi	rla Sun Life Pe	nsion Mana	agement Lin	nited				
				below and if you				v) below.
In case y investme	olce-ASSET A  E (Cannot	or Auto Choos per Auto C LLOCATIO C (Max up	ice and fill up Choice (LC 50 ON (To be fill G (Max up	e section (iii) belo )). led up only in ca A (Cannot	ow relating	Note:1.	'Active Choic  Asset class E- rate debt an	Asset Allocation instructions will be ignor  e' the investment option)  Equity and related instruments; Asset class of the control of the con
In case y investme.  CTIVE CHO Asset Class	ou have opted for nt will be made a OICE-ASSET A	or Auto Choos per Auto C	ice and fill up Choice (LC 50 ON (To be fill	o section (iii) belo )). led up only in ca	ow relating  ase you have  Total	Note:1. C-Corpo Governm Alternati	'Active Choic  Asset class E- rate debt ar nent Bonds a ive Investmen	e' the investment option)  Equity and related instruments; Asset class of related instruments; Asset class of and related instruments; Asset Class of the Funds including instruments like CMB.
In case y investme.  CTIVE CHO Asset Class  Specify % Choices in	ou have opted for the will be made a colored a	C (Max up to 100%)	Ce and fill up Choice (LC 50 ON (To be fill G (Max up to 100%)	A (Cannot exceed 5%)	ase you have Total 100% In case	Note:1. C-Corpo Governm Alternati MBS, R	'Active Choic  Asset class E- rate debt an ent Bonds a ive Investmen EITS, AIFs, In	e' the investment option)  Equity and related instruments; Asset class of related instruments; Asset class of and related instruments; Asset Class of the Funds including instruments like CMB ovlts. Etc.  Ee/subscriber the Active choice of Asset investments and including instruments like CMB ovlts.
In case y investme.  CTIVE CHO Asset Class  Specify %	ou have opted for the will be made a OICE-ASSET A E (Cannot	C (Max up to 100%)	ice and fill up Choice (LC 50 ON (To be fill G (Max up	A (Cannot exceed 5%)	ase you have Total 100% In case	Note:1. C-Corpo Governm Alternati MBS, R	'Active Choic  Asset class E- rate debt ar nent Bonds a ive Investmen EITS, AIFs, In	e' the investment option)  Equity and related instruments; Asset class of related instruments; Asset class of and related instruments; Asset Class of the Funds including instruments like CMB ovlts. Etc.  Ee/subscriber the Active choice of Asset investments and including instruments like CMB ovlts.
In case y investme  CTIVE CHO  Asset Class  Specify % Choices in Govt sector case note:  Upto 50 From 51 equity all The total application	E (Cannot exceed 75%)  Not avai  years of age, the years and above location will be conshall be reject.	C (Max up to 100%)  lable  maximum p, maximum p, maximum p, arried out as ss E, C, G a ed.	Ce and fill up Choice (LC 50  ON (To be fill  G (Max up to 100%)  Available  ermitted Equit per the matriand A asset componly in case	A (Cannot exceed 5%)  Not available  Ty Investment is 7 ity Investment was on date of birth lasses must be e	Total  100% In case Allocation 75% of the trill be as per 1 In qual to 100	Note:1. C-Corpo Governm Alternati MBS, Ri of Govern is restrict otal asset a the equity	Asset class E- rate debt ar nent Bonds a ve Investmen EITS, AIFs, In ument employ ed to Asset C	e' the investment option)  Equity and related instruments; Asset class of related instruments; Asset class of and related instruments; Asset Class of the Funds including instruments like CMB ovlts. Etc.  Ee/subscriber the Active choice of Asset investments and including instruments like CMB ovlts.
In case y investment of the case of the case of the case of the case note:  Upto 50 From 51 equity all The total application.	E (Cannot exceed 75%)  Not avai  years of age, the years and above location will be conshall be reject of the property of the	C (Max up to 100%)  lable  maximum p, maximum p, maximum p, arried out as ss E, C, G a ed.  to be filled to as per LC 50	Ce and fill up Choice (LC 50  ON (To be fill  G (Max up to 100%)  Available  ermitted Equit per the matriand A asset componly in case 0.)	A (Cannot exceed 5%)  Not available  Ty Investment is 7 ity Investment was on date of birth lasses must be e	Total  100% In case Allocation 75% of the trill be as per 1 In qual to 100	Note:1. C-Corpo Governm Alternati MBS, Ri of Govern is restrict otal asset a the equity	Asset class E- rate debt ar nent Bonds a ve Investmen EITS, AIFs, In ument employ ed to Asset C	e' the investment option)  Equity and related instruments; Asset class of and related instruments; Asset class of the related instruments; Asset class of the related instruments; Asset Class of the related instruments like CMB vits. Etc.  ee/subscriber the Active choice of Asselass 'G' only  attrix provided in Annexure A. The tapering on is left blank and/or does not equal 100
In case y investment of the case of the case of the case of the case note:  Upto 50 From 51 equity all The total application.	E (Cannot exceed 75%)  Not avai  years of age, the years and above location will be conshall be reject of the property of the	C (Max up to 100%)  lable  maximum p, maximum parried out as se E, C, G a ed.  to be filled to as per LC 50 Cick Choily	Consider and fill up Choice (LC 50)  ON (To be fill of G (Max up to 100%)  Available  Available  ermitted Equition of the matrice and A asset consider asset of the matrice	A (Cannot exceed 5%)  Not available  ty Investment is 7 ity Investment wax on date of birth lasses must be ease you have selected.	Total  Total  100% In case Allocation 75% of the trill be as per an equal to 1000 eted the 'Au	Note:1. C-Corpo Govern Alternati MBS, Ri of Govern is restrict otal asset a the equity %. In case	Asset class E- rate debt ar nent Bonds a ive Investment EITS, AIFs, In ment employ ed to Asset C  allocation.  allocation  the allocation  investment of  investment of	e' the investment option)  Equity and related instruments; Asset class of and related instruments; Asset class of the related instruments; Asset class of the related instruments; Asset Class of the related instruments like CMB vits. Etc.  ee/subscriber the Active choice of Asselass 'G' only  attrix provided in Annexure A. The tapering on is left blank and/or does not equal 100
In case y investme  CTIVE CHO  Asset Class  Specify %  Choices in Govt sector case note:  Upto 50 From 51 equity all The total application  AUTO CHO your funds v  Life Cycle (	Not avai  Not avai  Years and above location will be reject like invested:  (LC)  Please T	C (Max up to 100%)  lable  maximum pour maxi	Ces in sector lavailable cand fill up Choice (LC 50 CON (To be fill of G) (Max up to 100%)  Available carmitted Equition and A asset componly in case (as sector of G) (As available of G)	A (Cannot exceed 5%)  Not available  Ty Investment is 7 ity Investment wax on date of birth lasses must be ease you have selected. LC 75- It is the analysis to the selected for	Total  100% In case Allocation 75% of the trill be as per case and the 'Au Life cycle for Life cycle for Life cycle for the cycl	Note:1. C-Corpo Governm Alternati MBS, Ring is restricted asset at the equity.  to Choice and where and where and where	Asset class E- rate debt ar nent Bonds a tye Investment EITS, AIFs, In ument employ ed to Asset C  Asset class E- rate debt ar nent Bonds a tye Investment EITS, AIFs, In ument employ ed to Asset C  Asset C  the allocation the allocation the the Cap to Eq the Cap to Eq	Equity and related instruments; Asset cland related instruments; Asset class of and related instruments; Asset class of the Funds including instruments like CMB vlts. Etc.  ee/subscriber the Active choice of Asselass 'G' only  attrix provided in Annexure A. The tapering on is left blank and/or does not equal 100 option. In case, you do not indicate a choice of the instruments of the instruments.

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

Form-ISS (Ver 1.4)

#### ADDITIONAL NOMINATION FORM

proceeds are withdrawn is to be provided hereu after opting for deferred withdrawal, all the out	nder (Please refer instruction no: VI). Also, p standing pension wealth present in the NPS a	n case of the demise of the Subscriber before entire lease note that in case of demise of the Subscriber occount of the Subscriber shall be withdrawn upon ould be treated as full and final discharge of the
I,who is/are member(s)/ of my family to receive the	ne amount in my PRAN account under Nationa	_hereby nominate the person(s) mentioned below l 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 Nor		Address of 3rd nomines
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
<del></del>		
3. Date of Birth* (Only in case of a minor. In D	D/MM/YYYY):	
1st Nominee:/	2nd Nominee:/	3rd Nominee:/
4. Relationship with the Nominee*:  1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share*:		
1st Nominee%	2nd Nominee%	3rd Nominee%
6. Nominee's Guardian Details (Only in case of	f a minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Dated thisday of 20 at _		ture/ Thumb Impression* of the Subscriber

-ISS (Ver 1.4)	
TO BE FILLED/ATTESTED BY POP-SP/DDO	
Certified that the above declaration and nomination Sh/Smt/Ms.	details has been signed / thumb impressed before me by read the entries / entries have been read over to him / her by me and got
confirmed by him / her.	Touch and charles , charles have seen rough eyer to ham, y not by the and got
Rubber stamp of the POP-SP/DDO	Signature of the Authorised Person
POP-SP/DDO Registration Number	Designation of the Authorised Person :
(Allotted by CRA)	
D.	POP-SP/DDO Office Name
Date:	
TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DT PrAO	POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA):
	, , , <u> </u>
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	
	Signature of the Authorised Person

Annexure A to ISS Ver 1.4 Page 7

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

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

#### Please note:

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







### NATIONAL PENSION SYSTEM - PAN & AADHAAR UPDATION FORM

For Nodal Office# use:							
Nodal Office Registration No.:							
Entered By:	Date:						
Verified By:	Date:						
Date Acknowledge	gement Number (Generated by CRA) :						
Dear Sir/Madam,							
I hereby submit a request to update my PAN and/or seed Aadhaa	ar in my NPS account.						
PRAN*:							
Name of the Subscriber *:							
A PAN Number:							
B Aadhaar Number:							
	Declaration						
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 se	Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and adhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details ervices under NPS will be maintained in NPS till the time the account is not inactive in NPS or the I understand that Security and confidentiality of personal identity data provided, for the purpose of a till such time it is acting as CRA for my NPS account.						
Date d d / m m / y y y y Place	Signature / Thumb impression of the Subscriber (LTI in case of male and RTI in case of Female)						
TO BE FILLED/ATTESTED BY DDO							
	Signature of the DDO						
Rubber Stamp of the DDO	Name:Designation:						
TO BE FILLED/ATTESTED BY NODAL OFFICE							
	Signature of the Nodal Office (PAO/DTO/DTA/POP/POP-SP)						
Rubber Stamp of the Nodal Office	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)

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

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

For POP-SP/DDO/NL-CC	use:					7		For	POP/	POP-	SP/P/	40/D	ΓO/DT	4/PrA	O/ NL	-AO/	NL-O	O use	:		
Registration No								Reg	istrati	ion No	.:										
Date of Receipt:		_						"						P	OP/P0 L-00			O/DTC	)/DTA	VPrAO.	/NL-A
Signature and Stamp of Po	OP-SP	'/DDO	)/NL-(	CC				Ente	ered E	Зу :				Da	ate: _				-		
								Veri	fied B	3y:				Da	ate: _						
eceipt No.: (Mandatory for PO	P/POP-S	SP)																			
cknowledgement No. o be filled by Nodal Office as ge	nerated	by NP:	SCAN	/ CRA &	system	)															
ereby request for the following	ng detai	ils for	the cl	hange	[Pleas	se tick (	<b>√</b> )].														
Change or Correction	in Sul	bscri	ber l	Vlaste	r Det	ails		B)	Reis	ssue (	of I-P	IN or	T-PIN	(Not A	nnlicah	le for l	NPS-I it	e Subs	criber)		
Reissue of PRAN Card						[		-,						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>-</i>		0 =				
rmanent Retirement Ac	count	Num	ber	`:																	
ereby submit the following d	etails o	of char	nge. <i>[</i>	Please	tick (v	/) the b	ox on	left ma	argin o	of appr	priate	row v	vhere c	hange/	correct	tion is	requir	ed and	provi	de the a	letails i
responding rows.]																					
ction A – Change or Co	rrectio	on in	Sub	scribe	∍r Ma	ster D	etails	6 ( * In	dicate	s Man	datory	Field	)								
1. PERSONAL DETAILS	3: (Plea	ase refe	er to §	3r. No.1	of the	e instruc	tions)														
Name of Applicant in full	,	Sh	ıri [		Sr	mt.		Kui	mari												
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		1 1		m /																	
(Date of Birth should be supp	orted by	y relev	/ant de	ocumer	ntary p	roof. No	odal O	ffice sh	all ver	ify the	same	before	updatir	ng deta	ils in th	ne CR	A syste	em.)			
Gender [please tick (✓)]		Mal	le		F	emale			_	Others											
Marital Status [please tick	: (✓)]	Ма	ırried	L	J	Jnmarr	ed		(	Others	<b>.</b>										
PAN CARD																					
Spouse Name (Refer Sr. No. 1 of instructions)																					
KYC Number												(	Generated	from Ce	ntral KY(	C Regist	rv. Subm	nission of	proof fo	r the same	e is neces
Retirement Adviser Code																	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
KYC Number, Retirement A	dviser (	Code a	and S	pouse	Name	fields a	re not	applio	able f	or Gov	ernme	ent & I	NPS Lit	e Subs	criber	s					
	( (D - I)									***					F					_	
A DROOF OF IDENTITY	r (POI)	(Any c	one of	tne do	cumer	nts need	to be	provid						imber)	Please	e reter S	Sr. No. 2	2 of the i	nstructi	onsj	
2. PROOF OF IDENTITY										Passp		cpiry [	Date			/ r		/			
Passport										PAN (									_		
Passport Voter ID Card												г	vnin	Date							
Passport Voter ID Card Driving License										Drivin	g Lice	ense E	_xpii y	Daic			m		1		
Passport Voter ID Card Driving License NREGA JOB Card	Name									Drivin	g Lice	ense E	-xpii y	Date			/ m		1		

3. PROOF OF ADDRESS (PoA)		Correspondence Addr	ess	Permanent Address					
[ Please tick ( \( ' \), as applicable ]  #Not more than 2 months old.  Please refer Sr. No. 2 of the instructions		Passport /Driving License/UID (A Card/Ration Card/Others Registered Lease/Sale agreemen Receipt #Latest Piped Gas/Water/Electrici mobile] Bill	· ·	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Jot 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	RESS DETAIL	S [Please refer Sr. No. 2 of the inst	ructions]						
Address Type* Res	idential/Busine	ess Residential	Business	Registered Office	Unspecifie	ed			
Flat/Room/Door/Block no.			Landma	ark					
Premises/Building/Village									
Road/Street/Lane									
Area/Locality/Taluk									
City/Town/District				PIN Code					
State/U.T.									
4.2 PERMANENT ADDRESS DI	ETAILS	[Tick (✓) in the bo	ox in case the address is same	as above.] (Please refer Sr	No. 2 of the instru	ctions)			
Address Type* Res	idential/Busine		Business	Registered Office		ecified			
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									
Tel. (Off) (with STD code) +			Tel. (Res) (with STD code) +						
Mobile + 9 1			(Mobile Number is require	ed for communication a	nd to get SMS	alerts)			
Email ID									
Self Employed Home Income Range (per annum) Educational Qualifications	ick(✓) ] c Sector emaker	Government Sector Student 1 lac to 5 lac SSC HSC	Professional Others (Please Specify) 5 lac to 10 lac Graduate Mast	c to 25 lac 25 lac ers Profess	and above ionals ( CA, CS e refer instruct	, CMA, etc.)			
7. SUBSCRIBER BANK DETAI	LS [ All bank d	letails are mandatory exce	ot MICR Code. ] ( Please refe	er to Sr no. 4 of the instru	ctions)				
You want to change Bank detail (In case you want to change bank Tier I Account: Saving Bank A/c Number	c details in bot	Tier II h Tier I & Tier II Account, ti Current A/c	ck both check box)						
Bank Name									
Branch Name				DIN O					
Branch Address				PIN Code					
Bank MICR Code		State/U.T. IFS C	`odo						
Tier II Account: If same as			details below:						
Saving Bank A/c Number	S A/C	Current A/c							
Bank Name									
Branch Name									
Branch Address				PIN Code					
Bank MICR Code		IFS (	Code						

1 1-1						
8. SUBSCRIBERS NOMINATION DETAILS (PI	ease refer to Sr. No . 5 of	the instructions)				
You want to change Nomination details of: Ti	er I Ti	er II				
(In case you want to change nomination details i		ccount, tick both	check box)			
Tier I Account :						
Name of the Nominee (You can nominate up to a max	imum of 3 nominoes and it	vou dosiro so ploas	o fill in Additional N	Nomination Form	provided on page pe	4 8 5 congratoly)
First Name		liddle Name	e IIII III Additional I	NOTHINAUOTI FORM	Last Name	o. 4 & 5 Separatery.)
Relationship with the Nominee		Date of Birth	(In case of Mir	nor) d d	1 m m 1	
Nominee's Guardian Details (in case of a minor)						
First Name	N	liddle Name			Last Name	
Tion II Account: If some as Tion I Blaces	Tiek ( () elee previde	the detaile belo				
Tier II Account : If same as Tier I, Please						
Name of the Nominee (You can nominate up to a max First Name		you desire so pleas liddle Name	e fill Additional No	mination Form pr	ovided on pages 4 & Last Name	5 separately)
First Name	IV	liddle Name			Last Name	
Deletionship with the Newines		Data of Dieth	(In case of Min	201)	1 1	
Relationship with the Nominee		Date of Birti	n (In case of Min	nor) a a	1 m m 1	
Nominee's Guardian Details (in case of a minor)						
First Name	N	liddle Name			Last Name	
Reissue of T-PIN, I-PIN and reissue of PR/per the preference given at the time of region to the applicant, do hereby declare that the information & belief.	stration under NPS.		,	er by CRA. P	Signature/Thuml	
Date: d d / m m / y y y y				Impre	ssion* of the Sub	scriber
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						
	Name :	Signa	ature of Autho	rized Signato		
POP / POP-SP Seal	Designation :		Da		I m m I y	уууу

Annexure - S2

#### 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.

	e Tick{\sigma\}) Tier I Tier II	account under NPS.
kindly fill separate Nomination Form)		for both account and in case of different nomination ne person(s) mentioned below who is/are member(s)/
of my family to receive the amount in my PRAN acco		
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	2nd Nominee d d / m m / y y y y	3rd Nominee
4. Relationship with the Nominee:		
1st Nominee		
15t Nominee	2nd Nominee	3rd Nominee
1st Nothinee	2nd Nominee	3rd Nominee
5. Percentage Share:	2nd Nominee	3rd Nominee
	2nd Nominee  2nd Nominee  2nd Nominee  %	3rd Nominee
5. Percentage Share:	2nd Nominee %	
5. Percentage Share:  1st Nominee  %	2nd Nominee %	
5. Percentage Share:  1st Nominee  %  6. Nominee's Guardian Details (Only in case of a	2nd Nominee	3rd Nominee %
5. Percentage Share:  1st Nominee  6. Nominee's Guardian Details (Only in case of a 1st Nominee's Guardian Details	2nd Nominee	3rd Nominee
5. Percentage Share:  1st Nominee  6. Nominee's Guardian Details (Only in case of a 1st Nominee's Guardian Details  First Name  Middle Name	2nd Nominee % minor): 2nd Nominee's Guardian Details First Name Middle Name	3rd Nominee

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

1.1	Annexure -
TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC	
Certified that the above declaration and nomination details has been signed	/ thumb impressed before me by Sh/Smt/Msries have been read over to him / her by me and got confirmed by him / her.
and he she have read the entities / entities	ties have been read over to min / her by the and got committed by min / her.
Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
Rubbel Staffip of the POP-SP/DDONL-CC	Signature of the Authorised Person
POP-SP/DDO/NL-CC Registration Number	Designation of the Authorised Person :
(Allotted by CRA)	POP-SP/DDO/NL-CC Office Name :
Date	
TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
	(Allotted by CRA):
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person
	orginate of the Authorised Forest

Ver 1.1 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.
- (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
- (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
- (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- (e) Details Marked with (\*) are the mandatory fields. Mention 12 digits PRAN correctly.
- (f) All Dates should be in "DD/MM/YYYY" Format.
- (g) Reissue of T-PIN, I-PIN (Not Applicable for NPS-Lite Subscriber) and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details		Instr	uctio	ns				
1	1	Spouse Name	If mai	rried, spouse name is mandatory.						
			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.				
		Identity,	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				
		Correspondence & Permanent address	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	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				
	2, 3 α 4	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.		The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.					
				12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)			
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)				
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)				
					15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)				
			th (ii) If to	the address on the document submitted for identity proof be e account opening form, the document may be accepted a the address indicated on the document submitted for iden	as a va tity pro d. All fu	oof differs from the current address mentioned in the account sture communications will be sent to correspondence address.				
3	6	Politically Exposed Person	count		or polit	been entrusted with prominent public functions in a foreign ticians, senior government, judicial or military officials, senior als.				
4	7	Subscriber's Bank Details	conta prepr	ining Subscriber Name, Bank Name, Bank Account Nui	mber a bank	by a documentary proof. Please attach a cancelled cheque and IFS Code. If cheque is not available or cheque is not statement or bank certificate or letter from Bank mentioning uld be submitted.				
5	8	Subscriber's Nomination Details	not be			nominees must be integer. Decimals/Fractional values shall sall the nominees must be equal to 100. If sum of percentage				

#### General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- c) For more information, contact CRA:

Website: https://www.npscra.nsdl.co.in

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

Receipt No.:  POP-SP use:  POP-SP Registration No.:  Receipt No.:  Receipt No.:  Receipt Date:  Name of the Subscriber *:  Scheme Preference Change:  Tier I	Annexure	S3 (Ver 1.3)						Page 1
Receipt No.:   Receipt Date :			(Ple	NSDL e-G	overnance	Infras	tructure Limited	ly.)
PRAN *:   Name of the Subscriber *:  Scheme Preference Change: Tier I   Tier II    (i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected.  *Name of the Pension Funds are given in alphabetical order.  PFM Name (Please select only one)   Please Tick (\$\sqrt{	For POP-S	P use:	POP-SI	Registratio	on No. :			
(ii). Investment Option: Please Tick (√) in the box given below showing your investment option      Clip Honsion Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected.  *Name of the Pension Funds are given in alphabetical order.    PFM Name (Please select only one)	Receipt No	э.:						Receipt Date ://
(i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected.  *Name of the Pension Funds are given in alphabetical order.  PFM Name (Please select only one)  Aditya Birla Sun Life Pension Management Limited  HDFC Pension Management Company Limited  ICICI Prudential Pension Funds Management Company Limited  LIC Pension Fund Limited  LIC Pension Funds Private Limited  UTI Retirement Solutions Limited  UTI Retirement Solutions Limited  Active Choice  Auto Choice  Please Tick (\$\frac{1}{2}\$) in the box given below showing your investment option  Active Choice  Auto Choice and fill up section (iii) below and if you select Auto Choice fill up section (iv) below.  In case you bave 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 (Cannot Cannot (Max up to (Max up to (Cannot exceed 5%)) (Max up to (Cannot exceed 5%))  Asset Class (Cannot (Max up to (Max up to (Max up to (Cannot exceed 5%)))  Note: 1. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Corporate debt	PRAN *:					Name	of the Subscriber *: _	
PFM Name (Please select only one)  Aditya Birla Sun Life Pension Management Limited  HDFC Pension Management Company Limited  ICICI Prudential Pension Funds Management Company Limited  Kotak Mahindra Pension Fund Limited  LIC Pension Fund Limited  LIC Pension Funds Private Limited  UTI Retirement Solutions Limited  UTI Retirement Solutions Limited    Description	(i). Pension In case you	n Fund (PF) n do not indi	Selection (Secate a choice	elect only on e of PFM, yo	e PF): Selec ur applicati	tion of l		
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  UTI Retirement Solutions Limited					betical orde	r.		Please Tick ( $$ ) only one
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  UTI Retirement Solutions Limited  dii). Investment Option: [Please Tick (√) in the box given below showing your investment option]  Active Choice Auto Choice Please note:  1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice (IC 50).  3. In case you do not indicate any investment option, your funds will be invested in Auto Choice (IC 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 (IC 50).  (iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)  Asset Class   Cannot (Max up to (Max up to 100%) (Max up to	Aditya Bir	rla Sun Life I	Pension Man	agement Lim	ited			
Kotak Mahindra Pension Fund Limited  LIC Pension Fund Limited  SBI Pension Funds Private Limited  UTI Retirement Solutions Limited  UTI Retirement Solutions Limited	HDFC Per	nsion Manage	ement Comp	any Limited				
LIC Pension Fund Limited  SBI Pension Funds Private Limited  UTI Retirement Solutions Limited  dii). Investment Option: [Please Tick (√) in the box given below showing your investment option]  Active Choice Auto Choice    Please note:  1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.  2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).  3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).  (iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)    Asset Class   Cannot (Max up to (Max up to 100%)   (Max up to 100%)   (Cannot exceed 75%)   (100%)   (Max up to 100%)   (Cannot exceed 5%)   (Cannot exceed 5%)   (Cannot exceed 100%)   (Cannot exc	ICICI Pru	dential Pensi	on Funds Ma	nagement Co	ompany Limi	ted		
SBI Pension Funds Private Limited  UTI Retirement Solutions Limited  dii). Investment Option: [Please Tick (√) in the box given below showing your investment option]  Active Choice Auto Choice    Please note:  1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.  2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).  3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).  (iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)    Asset Class   E   C   G   A #   (Cannot   Cannot   Canno	Kotak Ma	hindra Pensio	on Fund Lim	ited				
UTI Retirement Solutions Limited    Gii). Investment Option: [Please Tick (√) in the box given below showing your investment option]    Active Choice	LIC Pensi	on Fund Lim	ited					
(ii). Investment Option: [Please Tick (√) in the box given below showing your investment option]  Active Choice Auto Choice Auto Choice III up section (iii) below and if you select Auto Choice fill up section (iv) below.  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 Cannot (Max up to (Max up to (Cannot exceed 75%)) 100%) (Cannot exceed 5%) (Cann	SBI Pensi	on Funds Pri	vate Limited					
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  (Cannot (Max up to (Max up to (Cannot exceed 75%)) 100%) 100%) 100%) 100%)  Note: 1. Asset class E-Equity and related instruments; Asset class G-Government Bonds and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds	UTI Retire	ement Solution	ons Limited					
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 C G G A # (Cannot (Max up to (Max up to (Max up to 100%) (Max up to 100%) (Cannot exceed 5%)  Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds	(ii). Invest	ment Option	:[Please Tic	<u>k (√) in the t</u>	oox given be	low sho	wing your investme	nt option]
<ol> <li>In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.</li> <li>In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).</li> <li>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).</li> <li>(iii). Asset Allocation (To be filled up only in case you have selected the 'Active Choice' investment option)</li> </ol> Asset Class E C G A # (Cannot (Max up to 100%) (Max up to 100%) (Cannot exceed 5%) In case you have selected the 'Active Choice' investment option Note:1. Asset class E-Equity and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds	Active C	Choice	Auto Choic	ce				
Asset Class   E   C   (Cannot exceed 75%)   (Max up to 100%)   (Max up to 100%)   (Cannot exceed 5%)   (Cannot exc	1. In a 2. In a 3. In a	case you select A case you do not it case you have op	indicate any inv oted for Auto Cl	estment option, noice and fill up	your funds will section (iii) belo	be investe	d in Auto Choice (LC 50).	
Asset Class (Cannot exceed 75%) (Max up to 100%) (Max up to 100%) (Cannot exceed 5%) (Cannot exceed 5%) (Cannot exceed 5%) (Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds	(iii). Asset	Allocation (	Γο be filled ι	ıp only in ca	se you have	selected	I the 'Active Choice	' investment option)
and related instruments; Asset Class A-Alternative Investment Funds	Asset Class	(Cannot	(Max up to	(Max up to	(Cannot	Total		
	Specify %					100%	and related instruments;	Asset Class A-Alternative Investment Funds

#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) Page 2

## (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		

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

	For POP/POP	P-SP use:			POP/POP-SP Stamp:
Subscriber's Signature/ Thumb Impression	Name & Signature				
	(Perforation	on) - Acknov	wledgement	to the Subscribe	er
(To be filled by POP/POP-SP)  Scheme Preference change/switch: [	Tier I	Tier II			
POP-SP Registration Number:		PR	AN:		
Name of the Subscriber:				Date://	Time Stamp:
Receipt Number (To be provided by POP/POP-SP)					
1. POP Transaction Charges:	Rs.		2. Tax as	applicable:	Rs.
3. Total Charges: Rs.					

#### **Instruction for filling the Form:**

Signature/Stamp of POP/POP-SP/Place

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

#### **Subscriber Scheme Preference**

#### **Active choice**

- 1. PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
- 2. Allocation under Equity (E) cannot exceed 75%
- 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.

#### Auto choice

- 4. A Subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the Subscriber does not indicate his/her choice of PFM.
- 5. In case of Auto Choice, DO NOT fill up section for Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

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)

### **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 S12						Page 1			
Withdrawa	form for	Tier II accou	nt unde	r NPS					
(Please fill all the	details in CAPII	TAL LETTERS & ir	BLACK IN	K only.)					
Nodal Office Registration No.:									
Receipt No.:			1	<u> </u>					
(Mandatory for POP/POP-SP)									
Entered By:		Date:							
Verified By:		Date:							
Date :				Acknov	vledgement Number (Gen	erated by CRA) :			
Sir/Madam,									
I hereby submit withdrawal request for Tier II and give belo	w the necessary	details:							
PRAN *:									
Name of the Subscriber *:									
Type of Withdrawal* (Please Tick any one):									
I. Amount Wise Withdrawal (Please Tick a	ny one)								
Partial Withdrawal		]							
	Partial Withdrawal (Amount in Figures) (Amount in words)								
Complete Withdrawal									
II. Scheme Wise Units Withdrawal	Scheme E*		Scheme C		Scheme G				
ii. Scheme wise Omts Withurawai	Scheme E	(No. of Units)	Scheme C	(No. of U		of Units)			
I Information stated above is true to the best of my information &	k belief.	, the applicant, do l	hereby declar	e that					
Date :					Signature/	Thumb			
D D M M Y Y Y					Impression of the	ne Subscriber			
TO BE FILLED/ATTESTED BY DDO (Mandatory if the									
request is processed by the associated Nodal Office)									
			Signatu	re of the D	DO				
Rubber Stamp of the DDO	Name :				signation:				
TO BE FILLED/ATTESTED BY NODAL OFFICE									
		Signature of the	e Nodal Offic	ce (PAO/DT	TO/DTA/POP/POP-SP)				
Rubber Stamp of the Nodal Office	Name :				signation:				

Acknowledgement to the Subscriber							
Tier II Withdrawal:  Nodal office Registration Number:  Name of the Subscriber:  Receipt Number							
3 Total Charges:	2. Service Tax (as applicable): Rs.  Signature/Stamp of Nodal Office/Place						

#### **Instruction for filling the Form:**

- 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 UOS - S13** Page 1 Request for One Way Switch (from Tier II to Tier I) under NPS (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.) For POP-SP use: POP-SP Registration No.:\_\_\_\_\_ Receipt No.: Entered By: Date: \_\_\_\_\_ Verified By: \_\_\_ Date: \_\_\_ Acknowledgement Number: Date: (Generated by CRA) Sir/Madam, I hereby submit a request for switch and give below the necessary details: PRAN \*: Name of the Subscriber \*: **Amount to be Switched (from Tier II to Tier I):** Rs. (Amount in rupees)\*: \_\_\_\_\_, the applicant, do hereby declare that Information stated above is true to the best of my information & belief. Signature/ Thumb Impression Date: of the Subscriber TO BE FILLED &ATTESTED BY POP-SP Rubber Stamp of the POP-SP Name and Signature of the POP-SP Acknowledgement for Subscriber (To be filled by POP/POP-SP) POP-SP Registration Number: \_\_\_\_\_ Received from: (PRAN) Received at: \_ Date: \_\_\_\_\_ Time Stamp:\_\_\_\_ Receipt Number (To be provided by POP-SP) Signature/Stamp of POP/POP-SP

#### **Instruction for filling the Form:**

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

Annexure-UOS-S6 **National Pension System (NPS)** Subscriber request to change Point of Presence [To be used by Subscribers of NPS -All Citizens of India (for Tier- I & Tier- II Account) & other Subscribers only for Tier-II account] Receipt No. (To be filled by POP-SP) (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with \* are mandatory.) (To be submitted to the or target POP) Sir/Madam, I (Name of the subscriber as in PRAN card) would like to shift the Point of Presence (POP) from \_\_\_\_\_\_(POP name) to POP \_\_\_\_\_\_(POP name) POP reg.no. \_\_\_\_\_ . (to be filled by POP-SP). A photocopy of my PRAN card is attached. My NPS related details are provided below: Permanent Retirement Account Number\*: (As allotted by CRA) Date \_\_\_\_\_ Signature/Left Thumb impression of Subscriber\*\_\_\_\_ (To be filled by POP/POP-SP) POP –SP Registration Number: Received by: Date: \_\_\_\_\_ Time Stamp: \_\_\_\_\_ Received at: Date: \_\_\_\_\_ Time stamp:\_\_\_\_\_ Details verified by: \_\_\_\_\_ Acknowledgement (To be filled by POP/POP-SP) Received from: (PRAN) POP Registration Number: \_\_\_\_\_ POP-SP Registration Number: \_\_\_\_\_ Received at: Date: Time Stamp: Receipt Number (To be provided by POP-SP) Signature/Stamp of POP/POP-SP

#### 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 <a href="https://cransdl.com/CRA/cgmsMenuOnloadFormForSub.do?ID=-1950958717&getName=null">https://cransdl.com/CRA/cgmsMenuOnloadFormForSub.do?ID=-1950958717&getName=null</a>

#### 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.

## CENTRAL RECORDKEEPING AGENCY Annexure UOS-S7 Request for change in signature and/or change in photograph for 'NPS-All Citizens of India' (To avoid mistake(s), please follow the accompanying instructions carefully before filling up the form) Acknowledgement No. (To be filled by CRA-FC) Subcribers Name To affix colour photograph (3.5 cm x 2.5 cm) (only in case of change of photograph) Permanent Retirement Account Number sign/Thumb Subscriber's impression in black ink only. (Applicable in case of change of Photograph) I hereby request you to carry out the following change. The necessary details are provided as below: Change in photograph Change in signature Section A: Change in photograph Reason for change in photograph: Section B: Change in signature Reason for change in signature: Subscriber's Signature (old signature) Subscriber's Signature Date: (New signature) For POP-SP Use For CRA-FC Use Stamp of POP-SP POP-SP Reg. No. Date of Receipt Entered by Date POP-SP Name: Time of Receipt Verified by Date Name & Signature of Authorised person of POP-SP

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

	<u>A</u> ]	Reque	est for	unf	reezi	ing of	PRAN	V und	ler N	ation	al Pe	ensio	n Sy	yste	em (	TATY	O,				
I hereby submit th	ne follov	ving de	etails f	or un	freezi	ing of	my PR.	AN ac	count	t type	under	NPS.									
1) Tier - I				2) Ti						• •		(Tier I		er II)			1				
D. O.			<b>.</b> . 1	<b>(D)</b>	<b>D. 1.3</b> 10				-	1 1				_			- 				
Permanent Retirer	ment Ac	count	Numb	er (P	RAN)	):															
Subscriber's Nan Payment Details*	•	mentio	ned or	ı PR	AN ca	ırd)															
Cheque/ Cheque/DD Bank Name, Branch & City DD/Cash No. (mandatory in case of Cheque/DD			D)	Unfreeze contribution Amount: for Tier 1: (Refer instruction – (f) and (g))																	
									fo	nfreez or Ties () and	2(R							Rs.			
Total Amount to	be inve	sted:	Rs.						(1	) and	(g))										
Amount (in words	s):																				
Date :													Si	gnatu	ıre/Tł	numb	)				
	(DE	)/MM/Y	YYY)								Impre	ession*						PRAN	(card		
<ul> <li>a) The form is</li> <li>b) The form is</li> <li>c) The Subsci</li> <li>d) Application</li> <li>e) Subscribers</li> </ul>	s to be sub criber shalt ns incomp s are advis	mitted t Il provid lete in a sed to re	to the as de copy ny respo tain the	sociate of PR ect are acknow	ed POP AN car liable t wledge:	P-SP. rd alon to be rej ment sl	ng with the jected. lip signed.	ne appl / stamp	ication ed by ti	form.	-SP wh	ere the	y sul						t of Ps	25/ ic	annlice
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## (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 aboutyears, resident of (full address), do hereby solemnly affirm and declare as under.
<ol> <li>I am subscribed to the National Pension System vide PRAN No</li></ol>
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 thisday 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.

## (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 aboutyears, resident of (full address), described the person of the person of the person, son of the person of the person of the person, son of the person of the pe	lo
<ol> <li>I am claiming the benefits under the National Pension System vide PRAN No</li></ol>	
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 matching application for withdrawal.	ıy
<ol> <li>I undertake to deposit with CRA/PFRDA, if the PRAN Card is found by me in future an will not misuse the card in any manner.</li> </ol>	ıd
DEPONENT	
VERIFICATION .	
Verified at(Name of Place) on thisday of(date to be specified) that the	ıe
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.	

K

## Certification to be issued by DDO/PAO/POP-SP/Aggregator in case of Death Claims

(To be issued only if Death Certificate is received in Vernacular Language)

This is to certify that following is certificate received	s the extract of for	information tha	t has been m	
Sh./Smt./				is available in
(name of lan			WIIICII	is available iii
(nume or run	iguage).			
Name				
Name of Father/Husband				
Sex				
Date of Death				
Place of Death				
Permanent Address, if mentioned in attached death certificate				
Registration No/Sl. No. of Death Certificate	_			
Date of Registration(mmddyyyy)				
<b>Death Certificate issued by</b>				
(Name of Municipal				
Council/state along with place)				
Place:				
Date:				
I hereby declare that above detail certificate issued by the Registrar of (Name of state).		_	-	
		_		PAO / DDO / POP-
			Aggregator	or sool

(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/-

l,S/ atsolemnly affirm and declare as und						residing hereby
1. That I am a subscriber of National 2. That since the total amount remaining, which is less than/ed years, I understand that I am elignules/guidelines,	ceivable by me as the benefit qual to the limit of Rs. 1,00,000	receivab )/- after r	le upor maintair	ning the	PRAN	for ten
Basing on the above, I hereby optaforesaid PRAN account being the			alth lyir	ng to my	credi	it in my
I also understand that with the af receive any other or further benef provided under PFRDA (Exits and V	its under the National Pension	System (I	NPS) inc	luding th	ne ber	nefits as
Date:						
Place:	<u>Signature/Thum</u>	ıb Impre	ssion o	f the Su	<u>bscril</u>	ber*
Attested by:						
Signature of the POP/POP-SP:		••••				
Name of the designated Official	:					
POP/POP-SP Registration Numb	er					
Rubber Stamp of the POP/F	POP-SP			•••••		

<sup>\*</sup>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,, aged aboutyears, residing at, do hereby solemnly affirm and declare as under:
1. That I am a subscriber of National Pension System, holding PRAN
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

<sup>\*</sup>In case of female, Right Thumb Impression and in case of males Left Thumb Impression may be taken

#### **NATIONAL PENSION SYSTEM (NPS)** Exit from National Pension System Due to Premature Exit Affix Claim ID Acknowledgement No recent colour photograph of 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 Section A - Subscriber's Personal Details Subscriber Sector\* 1. Govt. Sector 2. All India citizens/corporate 3. NPS Lite / GDS Organisation Name\* (PAO/DTO/CHO/NLAO Name) 1 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) Male Female 10. Date of Resignation/Exit\* DD / MM / YYY Date of Birth (As in PRAN Card)\* 11 DD / MM / YYY Aadhar/VID 12 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 17. Do you have any history of conviction under any criminal Yes No proceedings in India or abroad?\* If Yes, please provide details Mobile number\*: +91 Contact details 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. 22. Bank Branch Name and Address: The monthly pension and lump sum amount would be deposited into this account and hence fill in all the details carefully.\* 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 2.5 lakh) No 🗌 Yes b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)# 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%)

ei 1.5			
	•		lo. 15 & 16) (Not to be filled in case of complete withdrawal)
Select Annuity Service Prov			
Bajaj Allianz Life Insuran	ce Co. Ltd.	Canara HSI	BC Oriental Bank of Commerce Life Insurance Co. Ltd.
HDFC Life Insurance Co	. Ltd.	☐ ICICI Prude	ential Life Insurance Co. Ltd.
IndiaFirst Life Insurance	Co. Ltd.	Kotak Mahi	ndra Life Insurance Co. Ltd.
Life Insurance Corporation	on of India	Max Life Ins	surance Co. Ltd.
SBI Life Insurance Co. L	td.	Star Union	Dai-ichi Life Insurance Co. Ltd.
Tata AIA Life Insurance C	Co. Ltd.		
Select Annuity Scheme (ple	ease tick one of the below	options as per your ch	noice)
Annuity for Life			
Annuity for Life with return	rn of purchase price on deat	th	
Annuity payable for life w	vith 100% annuity payable to	spouse on death of an	nuitant
Annuity payable for life w	vith 100% annuity payable to	spouse on death of an	nuitant with return on purchase of annuity
	on (Default annuity)		
Other (Please Specify) _			
Select Annuity Frequency:	Please tick one of the below	ontions as per your cho	pice. (For Government Subscriber, annuity frequency is monthly only)
Monthly	Quarterly	Half Year	
IVIOITUTIY	Quarterly		y Affilial
Date: DD / MM / YYYY			* Signature/Thumb Impression of the Subscriber
*In case of female right thuml	b Impression and in case of	male left thumb Impress	sion may be taken
Section E - Subscribe	r's Nomination Detai	ls*	
Nomination Details: Applic	able to those eligible sum	s as per regulations.	Name :
Nominee must be immediate	· ·	. 0	Relationship : Percentage Share:
etc) in general except for ex	cceptions as provided in Reg	gulations.	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 / YYYYY
			Guardian Name (Only in case of minor)
			Guardian DOB (Only in case of minor)
			Address & Contact Details :
			Cuardian Signatura (Only in case 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 :
			Address & Contact Details .
			Guardian Signature (Only in case of minor)

**Section F - Subscriber's Family Member Details\*** (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option) Family Member Details for providing annuity as chosen by the subscriber.

Sr.No	. Details	Full Name	Aadhar/VID	PAN <sup>\$</sup>	Date of Birth
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: In case of children being more than 3, please specify in an additional sheet.

Fields marked with\* are mandatory.

 ${}^{\rm S}\!$ 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 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

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 wit	tness	Signature / Left thumb Impression of the Proposer	Affix a recent self signed photograph
Name and Address of witness:			
Place:			
Date:	DD / MM / YYYY		

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

· · · · · · · · · · · · · · · · · · ·	
I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.	this form and relevant documents have been
Signature of the person making the declaration	the information provided by me/us.
Name & Address	
	Circohura / Loft thursh Increasing of the
Place Date: DD / MM / YYYY	Signature / Left thumb Impression of the Proposer

Section G - Declaration & Attestation by	/ Nodal	Office
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<ol> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	of the subscriber. It is certified that the details a maintained by us. The complete information provided in the subscriber and over to him / her by me and got of the subscriber and no further contributions are pendigible. That Identity of the Subscriber is certified as provided in the subscriber and can be accepted as final. It is certified that the bank account (Salary Account subscriber is certified that the subscriber is certified that the subscriber is certified that the bank account (Salary Account subscriber is certified that the subscriber is cert	es provided in this app vided in this form include confirmed by him / her. bscriber's NPS contribing at Nodal Officer leve vided in the withdrawal of the contribution	ication form are matching ling declaration and nomin ution and employer contribution. It could for government not form above. The name of Some form is as per the salary	I this application for processing of the subject clain with the information available in the official record attion details have been provided by the Subscribe after he / she having read the entries / entries ution have been transferred in to the PRAN of the dal office) ubscriber as mentioned on the withdrawal form have records maintained in our office. The bank accounterified and the same can be accepted for payment
	Rubber Stamp of the DDO/POP-SP/N	NLCC	Signature	of the Authorised Person
DD	O/POP-SP/NLCCRegistrationNumber	·		
De	signation of the Authorised Person :		_ DDO/POP-SP/NLCC Offi	ce Name:
Da	te DDD1MM1YYYY			
	Rubber Stamp of the DTO/PAO/POP/Ag	gregator	Signatur	re of the Authorised Person
DT	O/PAO/POP/ Aggregator Registration Number			
De	signation of the Authorised Person :		DTO/PAO/POP/ Aggre	gator Office Name:
Da	te			
	[As per Regulation 3(b)/4( quest cum under taking form for withdrawal of al to or less than rupees 2,50,000/	(To be filled in case of total pension wealth	of complete withdrawal)	nnuation and where the total pension wealth is
',				,
resi	ding at			do hereby solemnly affirm and declare as under
2.	I understand that I am eligible to opt for withdrawa Basing on the above, I hereby opt to withdraw mbenefits receivable by me.	the benefit receivable used of the total pension was complete pension was or my family members	pon exit from NPS is Rs. we ealth under NPS rules/guice ealth lying to my credit in results and not be entitled to receive the shall not be entitled to receive the shall not be entitled to receive the shall not be entitled.	ny aforesaid PRAN account being the full and fina eive any other or further benefits under the Nationa
Dat	e: DD/MM/YYYY			
Pla			*	Signature/Thumb Impression of the Subscriber
*In (	case of female right thumb impression and in case	e of male left thumb imp	ression may be taken.	
	Rubber Stamp of the DDO/POP-SP/ NLCC	Signature of the	DDO/POP-SP/ NLCC	Date D D / M M / Y Y Y Y  Registration No. of DDO/POP-SP/ NLCC
	Rubber Stamp of the DTO/PAO/POP/Aggregator		ature of the POP/Aggregator	Date D D / M M / Y Y Y Y  Registration No. of DTO/PAO/POP/ Aggregator

#### INSTRUCTIONS FOR FILLING UP THE FORM

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

#### **General Instructions:**

- 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. 2.5 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. 2.5 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 two Lakh and fifty thousand 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

- 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
140.	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 Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	,
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	
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

- 11. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.
  - If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.
- 12. Subscriber of All Citizen model (including corporate sector) has to be part of NPS for atleast 10 years as per Regulation 4 (b) of the PFRDA (Exits and Withdrawal under National Pension System) Regulation 2015.
- 13. Subscriber of NPS Lite seeking to withdraw pension wealth benefits before attaining the age of 60 years should be subscribing to the NPS for at least 25 years as per Regulation 5 (b) of the PFRDA (Exits and Withdrawal under National Pension System) Regulation 2015. This Condition does not apply to subscriber who have not received swavalamban credit.
- 14. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

#### NPS Claims Processing Cell,

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

#### 15. Annuity Service Providers

There are 11 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.)
Bajaj Allianz Life Insurance Co. Ltd.	37	25,000
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	2,24,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
SBI Life Insurance Corporation of India	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000
Tata AIA Life Insurance Co. Ltd.	45	2,24,200

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
- 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: <a href="https://www.npscra.nsdl.co.in/annuity-service-providers.php">www.npscra.nsdl.co.in/annuity-service-providers.php</a>

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.

Exi	NATIONAL PENSI t from National Pension System			<u>n</u>		
Claim ID To, NPS Trust. Sir/Madam,		wledgement No			Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size	
1	and to describe a second second NDO Time I		hereby apply for the			
withdrawals Tier II:- The Tier I accou	mulated pension wealth in my NPS Tier-I acc s under NPS) Regulations, 2015 as amende e entire accumulated pension wealth in Tier unt. give below the necessary details:	ed.			L	
*In case of	female right thumb Impression and in case	of male left thumb Impress	sion may be taken.	Sig	nature / Thumb Impressi of the Subscriber	ion*
Sr.No	Particular			Remarks		
Section	A - Subscriber's Personal Detai	ls				
	Subscriber Sector*		<ol> <li>Govt. Sector</li> <li>All India citizens/c</li> <li>NPS Lite / GDS</li> </ol>	corporate		
1.	Organisation Name* (PAO/DTO/CHO/NL/	AO Name)				
2. 3.	PRAN* Full Name*		First	Middle	Last	
4.	Subscriber Gender*		Male	Female		
5.	Father's Name*		First	Middle	Last	
6. 7.	Marital Status*  Maiden Name (In case of female married	eubscribor)	Married	Unmarried/ Middle	Others Last	
8.	Spouse's Name* (only if subscriber is mai	,	First First	Middle	Last	
9.	Spouse Gender* (only if subscriber is mai	•	Male	Female		-
10.	Date of Retirement / attaining 60 / 65 year (In case of Incapacitation)*	rs of age / Discharge	DD / MM / YYYY			
11. 12.	Date of Birth (As in PRAN Card)*  Aadhar/VID		DD / MM / YYYY			
13.	PAN*					
14.	CKYC Number					
15.	Are you a Politically Exposed Person (PE	· ·	Yes No			
16.	Are you related to a Politically Exposed P  Do you have any history of conviction und	, ,	Yes No			
17.	proceedings in India or abroad?*	ici ariy omminar	Yes No			
<b> </b>	If Yes, please provide details		NA - Initia and a second and a second	1		
18.	Contact details		Mobile number*: +91 Alternate phone numb E-mail ID*:			
19.	Subscriber's full address with pin code* (Please refer instruction No. 9 for docume	ents to be submitted)				
	B - Subscriber's Bank Details -	(Please refer instruction No	0. 7)			
20. 21.	Bank Account Number*# : Bank Name*					
22.	Bank Branch Name and Address : The mosum amount would be deposited into this	onthly pension and lump account and hence fill in				
23.	all the details carefully.*  IFSC Code (attach a cancelled cheque le passbook/bank certificate containing IFSC					
Fields mar	ked with * are mandatory. # Should be same		d in case of Governmer	nt sector/Corporate s	sector subscribers	
Section	C - Subscriber's Withdrawal Deta	ails - (Please refer instruc	etion No. 8)			
On attaining	g superannuation or attaining 60 / 65 years	of age or superannuation of	due to Incapcitation	No 🗆		
l	you like to withdraw full amount (if less than or you like to have normal Withdrawal (Lump s	•		_		
c) Would	or you like to opt for Withdrawal of Deferred Co	orpus#:	Yes _	_		
	Sum Withdrawal Ann or you like to opt for Phase withdrawal : Yes	nuity Withdrawal				
Enter V	Vithdrawal amount With	ndraw total holdings				
% of corp		ercentage of corpus opted		of annuity Total (100%)		
(Max 60%		nnuity (Min 40%)				

01 1.0	
Section D - Subscriber's Annuity Details - (Please refer instruction of Deferred Lump Sum Corpus & phase withdrawal)	on 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)
Bajaj Allianz Life Insurance Co. Ltd.  HDFC Life Insurance Co. Ltd.  IndiaFirst Life Insurance Co. Ltd.  Life Insurance Corporation of India  Canara H ICICI Pru Kotak Ma Max Life	HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. udential 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	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 Annuity payable for life with 100% annuity payable to spouse on death of NPS-Family Income option (Default annuity) Other (Please Specify)	annuitant
$\textbf{Select Annuity Frequency:} \ \textbf{Please tick one of the below options as per your}$	choice. (For Government Subscriber, annuity frequency is monthly only)
☐ Monthly ☐ Quarterly ☐ Half Ye	
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	ession may be taken
Section E - Subscriber's Nomination Details*	
Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name: Relationship: Percentage Share: Date of Birth of Nominee (Only in case of minor): DD / MM / YYYYY 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 / YYYYY  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 / YYYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details:
	Guardian Signature (Only in case of minor)
	Ouardian Signature (Only in case of millor)
Section F - Subscriber's Family Member Details* (To be filled in	n case subscriber has selected Joint Life Policy or NPS-Family Income option)

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

Sr.No	Details	Full Name	Aadhar/VID	PAN <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: In case of children being more than 3, please specify in an additional sheet.

Fields marked with\* are mandatory. 
SMandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option.

Declaration by the Subscriber

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

Date: DD/MM/YYYY

Place

\* Signature/Thumb Impression of the Subscriber

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

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 wi	tness	Signature / Left thumb Impression of the Proposer	Affix a recent self signed photograph
Name and Address of witness:			
Place:			
Date:	DD/MM/YYYY		

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

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

Date: DD / MM / YYYYY

#### 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 \_ after he / she having read the entries / entries have been
- read over to him / her by me and got confirmed by him / her.

  That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
- That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
- 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

5.	details (salary account) of subscriber as provide (only for government nodal office).  We hereby certify that the subscriber has been Govt. Subscriber). We hereby certify that we have	discharged from the service	es of the concerned office	on account of invalidation or disability	(in case of
	of disability (in case of Non Govt. Subscriber) [a	pplicable in case of Withdra	awal due to incapacitation	only]	and extent
	Rubber Stamp of the DDO/POP-SP/	/NLCC	Signature	e of the Authorised Person	
DD	O/POP-SP/NLCC Registration Number				
Des	signation of the Authorised Person:		DDO/POP-SP/NLCC Office	e Name:	
Date	e DDD1MMM1YYYY				
	Rubber Stamp of the DTO/PAO/POP/	Aggregator	Signature	of the Authorised Person	
DTO	D/PAO/POP/ Aggregator Registration Number				
Des	signation of the Authorised Person :		DTO/PAO/POP/ Aggregat	or Office Name:	
Date	e DDJ/MM//YYYY				
than	uest cum under taking form for withdrawal o Rs. 5,00,000/- for NPS subscriber and Rs. 1,0	00,000/- in case of NPS lite	e Subscriber respectivel	у	
resid	ing at			_ do hereby solemnly affirm and declar	re as under
2. T (	That I am a Subscriber of National Pension System of National Pension System of National Pension System of Part of National Pension System of Part of National Pension System of National Pension System of National Pensio	the benefit receivable upo am eligible to opt for withdr	awal of the total pension v	vealth under NPS rules/guidelines,	
I	also understand that with the aforesaid withdraw Pension System (NPS) including the benefits as				
I	also certify that all the details provided in the for	rm above are true and corre	ect to the best of my know	ledge	
Dat	te: DD/MM/YYYY		* Si	gnature/Thumb Impression of the Su	ubscriber
*In ca	ase of female right thumb Impression and in cas	e of male left thumb Impres	sion may be taken.		
				Date DDJMMJY	V   V   V
F	Rubber Stamp of the DDO/POP-SP/ NLCC	Signature of the DD	O/POP-SP/ NLCC	Designation No. of DDO/DOD CD/A	
				Registration No. of DDO/POP-SP/ N	NLCC
				Registration No. of DDO/POP-SP/1	NLCC

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the DTO/PAO/POP/Aggregator

Registration No. of DTO/PAO/POP/ Aggregator

#### INSTRUCTIONS FOR FILLING FORM

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

#### **General Instructions:**

- 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.
- 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.
- 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:

- Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 5 lakh / Rs. 1 lakh (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. 5 lakh/Rs. 1 lakh (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):-

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.
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 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
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.	
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, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai - 400013.

#### 12. Annuity Service Providers

There are 11 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.)
Bajaj Allianz Life Insurance Co. Ltd.	37	25,000
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	2,24,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
SBI Life Insurance Corporation of India	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000
Tata AIA Life Insurance Co. Ltd.	45	2,24,200

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.

#### Ver 1.1 **FORM: 601 PW** NATIONAL PENSION SYSTEM (NPS) (Under Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto) Partial Withdrawal Form for Tier I account under NPS (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.) For Nodal Office use PAO/DTO/POP/POP-SP Reg. No. Receipt No.: **PRAN** Ack No. (Generated by CRA System) Entered By: Date: Verified By: Date: Please select your Category (please tick ✓) Government Sector Corporate Sector All Citizen of India NPS Lite/ Swavalamban NPS Trust Sir/Madam, holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details: Section A - Subscriber's Personal Details: PRAN\* Name of the Subscriber\* Mobile No # Email ID# # Subscriber's Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, the Subscriber has an option to update the same online in CRA system (www.cra-nsdl.com) or submit Form S2 - Subscriber details change Form to associated Nodal Office. The Form S2 is available on CRA website (www.npscra.nsdl.co.in) % of Partial Withdrawal\* % (Maximum 25% of own contribution (without accrued income earned thereon) only) a. Purpose of withdrawal\* (please tick $\sqrt{}$ on box below with reason applicable ) b. For Higher education of children including a legally adopted child 1. 2 For the marriage of children, including a legally adopted child; 3. For the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse (it is not available for already owned flat/house) 4 For treatment of specified illnesses: for subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents (please tick ✓) Cancer Kidney Failure (End Stage Renal Failure) a. C. Primary Pulmonary Arterial Hypertension Multiple Sclerosis Major Organ Transplant Coronary Artery Bypass Graft f e. Aorta Graft Surgery Heart Valve Surgery g. Stroke Myocardial Infarction Total blindness k. Coma Paralysis Accident of serious/ life threatening nature m. n. COVID-19 0. 5. To meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber For skill development/re-skilling or any other self-development activities (Please refer instruction no 12) Enter course fee:\* Rs. \*mandatory if subscriber opts for withdrawal under skill development For establishment of own venture or any start-up (Please refer instruction no 13) Bank Account details of the Subscriber (please provide details of Bank Account registered in CRA system and submit Bank Proof of the same. If the Bank Account details given C. below are different from the Bank Account details registered in CRA system, then partial withdrawal request shall be rejected) Bank Account No. Bank Name Type of Account Savings Account Current Account Branch Name & Address IFS Code

If Subscriber wishes to update any other Bank Account details, then the Subscriber has an option to update the same online in CRA system (www.cra-nsdl.com) or submit Form S2 – Subscriber details change Form to associated Nodal Office.

Section B – Declarations	
Declaration by the Subscriber*:  1. I hereby declare that information stated above is true and correct to the best years in to the NPS as required for partial withdrawal and eligible to withdraw to	
the reason mentioned above.  2. I	(but as per my details), NPS Trust / CRA shall not be responsible. I also
system.  3. <u>Self Declaration</u> :- I submit the request for partial withdrawal and the amount t specified by PFRDA exit regulations. I am fully responsible and accountable to	
Date dd/mm//yyyyy	
Place:	
** Left thumb impression in case of illiterate male claimant and Right thumb impres	Signature / Thumb Impression of the Subscriber**
Left triumb impression in case of initerate male claimant and Right triumb impres	SSIGN III Case of fillerate ferriale
Declaration by Nodal Office(for government sector subscribers):*	
, ,	with withdrawal has been accepted by him/her and bank details
submitted in respect of partial withdrawal are correct.	
Date dd/mm/m//yyyy	
Registration No. of DDO	Signature & stamp of the DDO
Date dd/mm//yyyyy	
Registration No. of PAO/CDDO/DTO	Signature & stamp of the DTO/PAO/CDDO
Declaration by POP/Aggregator(for Non government sector subscribers):  IherebydeclarethatthesubscriberSh./Smt/Kum	with PRAN
has signed/thumb impressed before me after he/she has read the entries/have been Self Declaration for partial withdrawal has been accepted by him/her and bank deta	
Date   d   d   /   m   m   /   y   y   y   y	
Paristration No. of DOD SDAN CC/CHO	
Registration No. of POP-SP/NL-CC/CHO	Signature & stamp of the Authorised person at POP-SP/NL-CC/CHO
Date   d   d   /   m   m   /   y   y   y   y	
Designation No. of DOD/NII. AO	
Registration No. of POP/NL-AO	Signature & stamp of the Authorised person at POP/NL-AO
ACKNOWLEDGMENT	T RECEIPT
Acknowledgment slip to the NPS Subscriber on rece (To be filled by DDO/CDDO/PAO/D	
Received from PRAN :  DDO/POP-SP/NL-CC Registration Number:	Date   d   d   I   m   m   I   y   y   y
PAO/CDDO/DTO/POP/NL-AO Registration Number	Received at
Acknowledgement Number	1.555.750 4.

**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. No supporting documents (w.r.t. stated withdrawal reason) are required to be submitted by the Subscriber for availing Partial Withdrawal. The Subscriber is required to accept the "Self-declaration" for Partial Withdrawal which is provided on Page 2 under section Declaration by the Subscriber.
- 4. 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.
- 5. The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber. If the Bank Account details given in the application are different from the Bank Account details registered in CRA system, then partial withdrawal request shall be rejected by Nodal Officer/POP/Aggregator.
- 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.
- 7. The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
- 8. Subscriber should specify the purpose of Partial Withdrawal.
- 9. 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,
- 10. 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.
- 11. 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.
- 12. 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
- 13. Withdrawal under establishment of own venture or any start up is applicable to subscribers registered under All India Citizen (UOS) sector only.
- 14. For further details regarding point no 12 & 13 kindly refer PFRDA Circular No: PFRDA/2018/55/Exit/5 dated August 06, 2018.
- 15. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
- 16. 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.
- 17. 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.
- 18. The Nodal Office/POP/Aggregator shall capture/verify and authorise Partial Withdrawal request in CRA system (www.cra-nsdl.com). Subsequently, Nodal Office/POP/Aggregator shall forward the Partial Withdrawal Form to NPS Claim Processing Cell (NPS CPC) at address mentioned below:

NPS Claim Processing Cell, Central Record Keeping Agency, NSDL, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel West, Mumbai – 400013

### Ver 1.2 **NATIONAL PENSION SYSTEM (NPS) Exit from National Pension System Due to Death** Affix Claim ID Acknowledgement No recent colour To, photograph of NPS Trust. 3.5 cm × 2.5 cm size / Passport size Sir/Madam, \_ hereby apply for the payment of the accumulated pension wealth in NPS as per the relevant provisions of the PFRDA (Exits and withdrawals Tier-I account of \_ 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 Claimant / Guardian

Sr.No	Particular	Remarks
Section	A - Details of the Subscriber & Claimant	
	Subscriber Sector*	Govt. Sector     All India citizens/corporate     NPS Lite / GDS
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)	
2.	PRAN*	
3.	Name of the Subscriber*	First Middle Last
4.	Subscriber Gender*	Male Female
5.	Maiden Name (In case of female married Subscriber)	First Middle Last
6.	Father's Name*	First Middle Last
7.	Marital Status of the Subscriber*	Married Unmarried/Others
8.	Spouse Name of the Subscriber (only if subscriber was married & Spouse is alive)	First Middle Last
9.	Spouse Gender (only if subscriber was married & Spouse is alive)	Male Female
10.	Date of Death of the Subscriber*	DD / MM / YYYY
11.	Date of Birth of the Subscriber (As in PRAN Card)*	DD / MM / YYYY
12.	Name of the Claimant*	First Middle Last
13.	Aadhar/VID	
14.	PAN of claimant*	
15.	CKYC Number	
16.	Are you a Politically Exposed Person (PEP)*	Yes No No
17.	Are you related to a Politically Exposed Person (PEP)*	Yes No No
18.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes No No
	If Yes, please provide details	
19.	Contact details of claimant*	Address:  Mobile No*: +91  Alternate Phone No:  Email Id*:  Date of Birth of Claimant (Only in case of minor): DD / MM / YYYY  Relationship With Subscriber:  Percentage Share:  Guardian Name (Only in case of minor): First Middle Last  Guardian DOB (Only in case of minor)

er 1.2						
Secti	on B - Claimant's	s Rank Details -	Please refer instruction No. 6)			
20.	Bank Account Nu		Flease relei ilistruction No. 0)			
21.	Bank Name*	iiiibei .				
21.		me and Address : The	monthly pension and lump sum			
22.	amount would be details carefully.*	deposited into this ac	count and hence fill in all the			
23.	IFSC Code (attac /bank certificate of	ch a cancelled cheque containing IFSC code)	leaf or copy of bank passbook			
Fields n	narked with * are man	datory.				
Sectio	n C - Claimant W	/ithdrawal Detail	s - (Please refer instruction No. 7	)		
			aining 60 / 65 years of age	,		
			an or equal to 5 lakh for Governm	ent Subscriber)	Yes 🗌	No 🗌
	•		or			
b) Wou	ld you like to have nor	rmal Withdrawal (Lum	sum & Annuity Withdrawal)#		Yes	No 🗌
# Please	provide the Percenta	ge of corpus that you	wish to opt for lump sum withdrav	als and purchase	of annuity:	
# Claima	nt can allocate any per	centage of amounts to	be invested in annuity scheme. (no	ot applicable in cas	e of Government Secto	r)
% of c	orpus opted for lump	sum withdrawal	Percentage of corpus opted for	purchase of	Total (100%)	
(Max 2	0% - for Government	Subscriber)	annuity (Min 80%- for Governme	ent Subscriber)		
Soction	n D - Claimant's	Annuity Dotaile	(Please refer instruction No. 11	2 12) (Not to be fill	lad in aggs of complete	withdrawal)
		•	of the below options as per you	, ,	ied in case of complete	e williurawar)
	aj Allianz Life Insuranc				mmerce Life Insurance	o Co. I td
_ ′	FC Life Insurance Co.			Life Insurance Co		e Co. Liu.
	aFirst Life Insurance C			Life Insurance Co.		
			Max Life Insuran		. Llu.	
	Insurance Corporation Life Insurance Co. Ltd				Co. Ltd	
			Star Official Dai-10	chi Life Insurance	CO. Liu.	
	AlA Life Insurance Co			`		
	-	ase tick one of the be	low options as per your choice	)		
	uity for Life		4 44-			
	uity for Life with return					
			ole to spouse on death of annuita			
			ole to spouse on death of annuita		urchase of annuity	
		n (Default annuity)(Ma	ndatory For Government Sector S	Subscriber)		
Oth	er (Please Specify)					
Select A	nnuity Frequency: P	Please tick one of the b	elow options as per your choice.	(For Government	Subscriber, annuity fre	quency is monthly only)
Mor	nthly	Quarterly	Half Yearly		Annual	
				*Sia	nature/Thumb Impres	ssion of the Claimant
Date :	DD/MM/YYYY			(Signatur	e of Guardian in case	the Claimant is a minor)
*In case	of female right thumb	Impression and in cas	se of male left thumb Impression r	nay be taken		
Section	n F - Subscribor	's Family Mombo	er Details* (To be filled in case of	laimant has solecto	ad NPS-Family Income	ontion)
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S	r.No	Details	Full Name	Aadhar/VID	PAN <sup>\$</sup>	Date of Birth
	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: In case of children being more than 3, please specify in an additional sheet.

<sup>§</sup>Mandatory in case Claimant opts for NPS-Family Income option.

Declaration by the Claimant

Date: DD / MM / YYYY

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.

> \*Signature/Thumb Impression of the Claimant (Signature of Guardian in case the Claimant is a minor)

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

Place

#### **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 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

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

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

Signature of the	witness	Signature / Left thumb Impression of the Proposer	•
			Affix a recent self signed photograph
Name and Address of witnes	ss:		
Place:			
Date:	DD/MM/YYYY		
and a contract Barrers 1.5	is filled by person	other than proposer/proposer signs in a	vernacular language/proposer is illiter
ereby state that I have read out a cuments to the proposer in (she/they have understood the	and explained the con	tents of this proposal form and all other relevant language, that he/she/they undertook that bide by the terms and conditions of the resulting apression on the proposal form in my presence.	I/We state that the product details, conte this form and relevant documents have fully explained to me/us and that I/We have understood them. I/We certify that the rep the proposal form have been recorded a the information provided by me/us.

Date: DD / MM / YYYY

Signature / Left thumb Impression of the Proposer

	Section F	- Declaration	& Attesta	tion by	Nodal	Office
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1.	BE FILLED/ATTESTED BY DDO/PAO/POP-SP  I/we have verified the documents as submitted by the Claimant with the originals and authorized this application for processing of the subject claim of the claimant. 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 Claimant								
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2			ntribution have been transferred in to the PRAN of the						
۷.	Subscriber and no further contributions are pend	ding at Nodal Officer level.(only for government	nodal office)						
3.			Γhe name of Subscriber / Claimant as mentioned on the						
1	withdrawal form has been verified and can be ac	•	minee(s) of the deceased subscriber and we don't have						
	any objection for release of accumulated pension	n wealth to his/her claimant. (Applicable for gov	reminent Sector subscribers only) ecked and verified and the same can be accepted for						
	payment								
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	Designation of the Authorised Person :		/NLCC Office Name:						
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#### INSTRUCTIONS FOR FILLING UP FORM

This application should be filled by the nominee/claimant seeking to withdraw pension wealth benefits due to death of the NPS subscriber

#### **General Instructions:**

- 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 of the claimant is not provided at the time of initiation of online withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- The claimant has to submit the physical form to the subscriber's nodal office. The nodal office has to compulsorily submit the form in online mode only. Physical form submitted to CRA will not be processed
- All the columns in the form should be filled with black ink pen without any overwriting.
- 4. Fields marked with (\*) are mandatory.
- 5. Correct postal address, including the pin code should be provided.
- 6. Documents to be enclosed with withdrawal application form:
  - Original Death Certificate of deceased subscriber. In case of NPS
    Lite and Government Sector subscriber copy of death certificate duly
    attested by Nodal Office is required.
  - ii. Copy of the Address proof of nominee/claimant attested by the Nodal Office in support of the address provided on the withdrawal form. The address given on the withdrawal form should match with address present on the address proof.
  - Copy of the Identity proof of nominee/claimant attested by the Nodal Office.
  - iv. 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.
  - v. Cancelled cheque (containing Nominee/claimant's 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.

#### 7. Withdrawal preference:

- The entire accumulated NPS wealth in the individual pension account of the deceased subscriber shall be paid as lump sum to the nominee(s)/legal heir(s).
- Claimant is not required to fill Section D, Section E and Declaration by Proposer if Claimant opts for Complete Withdrawal or Claimant opts for Lump Sum Withdrawal only.
- iii. In case nominee is a minor, the form shall be filled up by the guardian.
- iv. The nominee or family member of the deceased subscriber have the option to purchase any of the annuities available with the empanelled Annuity Service Providers (ASPs).
- v. If the nomination is not registered by the deceased subscriber before his/her death, the accumulated pension wealth shall be paid to the family members on the basis of the legal heir certificate issued by the Revenue Authorities of the State concerned or the Succession Certificate issued by a court of competent jurisdiction.
- 8. The nominee(s)/legal heir(s) need 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 or overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee(s)/legal heir(s)thorough electronic mode of payment.

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

N	PS (for all variants):-				
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.			
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 Legislative Assembly.				
h	Aadhar Card/letter issued by Unique identification Authority of India.				
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	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	The identity card/document with address, issued by any of the following:			
	Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.			

10. The Nodal Office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of nominee/ legal heir and declaration and attestation of the authorised person at Nodal Office shall send at below mentioned address for processing of the withdrawal claim for record keeping within 90 days from the date of approval:

#### **NPS Claims Processing Cell**

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

#### 11. Annuity Service Providers

There are 11 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	Default	Annuity	Other than Default Annuity	
	Minimum Age	Minimum Corpus	Minimum Age	Minimum Corpus
Bajaj Allianz Life Insurance Co. Ltd.	NA	NA	37	25,000
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.	45	2,25,000	45	2,25,000
HDFC Life Insurance Co. Ltd.	30	Any Amount	20	Any Amount
ICICI Prudential Life Insurance Co Ltd.	30	Any Amount	30	Any Amount
IndiaFirst Life Insurance Co. Ltd.	40	10,000	40	10,000
Kotak Mahindra Life Insurance Co. Ltd.	NA	NA	45	2,24,000
Life Insurance Corporation of India	20	50,000	30	50,000
Max Life Insurance Co. Ltd.	NA	NA	50	2,50,000
SBI Life Insurance Co. Ltd.	18	50,000	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd.	45	1,00,000	45	1,00,000
Tata AIA Life Insurance Co. Ltd.	NA	NA	45	2,24,200

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

- Annuity for life On death of the annuitant, payment of annuity ceases.
- 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 (applicable to government sector subscriber).

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

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

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

#### For Government Sector Subscriber only

- 12. As per regulation 3 (c), at least 80% out of the total accumulated pension wealth of the subscriber shall be mandatorily utilised for purchase of annuity and the Annuity contract shall provide for annuity for life of the spouse of the subscriber (if any) with the provision of return of purchase price. Further details of the annuity scheme are described under Regulation 3(c) provides that the annuity contract shall provide annuity for life of the spouse of the subscriber (if any) with provision for return of purchase price of the annuity and upon the demise of such spouse be re-issued to the family members in the order specified hereunder at the premium rate prevalent at the time of purchase of the annuity, utilizing the purchase price required to be returned under the contract (until all the members given below are covered):
  - (a) living dependent mother of the deceased subscriber;
  - (b) living dependent father of the deceased subscriber .

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

- 13. The balance of the accumulated amount shall be paid as lump sum to the nominee(s) or legal heirs, as the case may be, of such subscriber.
- 14. If the accumulated pension wealth in the permanent retirement account of the subscriber at the time of his death is equal to or less than five lakh rupees, the nominee/legal heirs, has the option to withdraw the entire accumulated pension wealth by submitting request come undertaking form without purchase of annuity. Upon exercise of this option the right of the family members to receive any pension or other amounts under the National Pension System shall extinguish.
- 15. The nominee/claimant claiming the lump sum amount 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 and overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee/claimant through electronic mode of payment.

### (On Rs.100 Stamp paper)

### **INDEMNITY BOND**

I,		(relationship	o) of	Late				resident	of
		·			_ hereby	under	take to	indemnif	y the
CRA/PFRDA	A/NPS Tru	st for any loss	or detri	iment that	t may be	caused	on acco	ount of se	ttling
the claim for	withdrawa	al of accumulate	ed pensi	ion wealth	due on t	the deat	th of my	<i></i>	
Late		, in my f	avour o	on behalf	of other	legal	heirs of	the said	Late
	Viz.,				·				
Place:					(		)		
Date:					Signati	ure of D	)eponen	t	

# 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* (Mandato	ry fo	or al	Subsc	ribei	rs. F	leas	se ti	ck tl	he re	esp	ecti	ve i	blo	ck w	hic	h is	app	olic	:ab	le.)	
I) Subscriber's Name *:																					
		(F	irst Nam	e)				(N	/liddle	e Na	me)					(L	ast N	lam	ie)		
II) PRAN (Permanent Retirement Account Number) *:				<u> </u>						<u></u>											
III) Date of Retirement/ Attaining 60 years *:			/		/																
IV) Mobile Number *:	+	9	1																		
V) Email Id:																		<u></u>	$\perp$		
VI) Target PRAN association (In case of Government &									lo. II)												
a) Sector: * eNPS POP POP POP POP POP POP POP POP POP P	`	aiy pi Nar	rovide PC ne: *	)P RE	eg. N	יו אַ כ	vame	:)													
VII) PAN*										]											
Section B: Type of Deferment* (Mandatory	for	all S	uhscrih	ers	Ple	256	tick	the	res	nec	tive	hla	nck	whi	ch i	ic a	nnli	cal	hle	)	
												DIC	JUN	VVIII		3 u	ppiid	Juk	<i>,</i>		
Deferred Lump sum – (Lump sum part will be d  Deferred annuity – (Annuity part will be deferred			-		_				ı ıs a	llowe	ed)										
Both – (Annuity will be deferred for 3 years & Lu		•						,	70 ye	ears	of a	ge –	No	cont	ribut	ion	is allo	owe	ed)		
Continuation – (Subscriber will continue to conti			-	_			_														
Age up to which subscriber would like to contrib after the age selected in this option)	ute (ı	mand	atory if s	ubscr	iber (	opts	for co	ontini	uatio	1) (s	ubsc	ribe	r wo	on't b	e ab	le to	) con	trib	ute	in F	PRAN
☐ 61 ☐ 62 ☐ 63 ☐ 64			65		66		67	,		68			6	9		7	0				
Reason for Delay in submission of request - it is	man	dato	ry for tho	se su	bscril	oers	who	have	not e	exer	cised	d the	есо	ntinua	ation	ор	tion v	vith	in th	ne p	eriod
of fifteen days prior to attaining the age of sixty			ge of sup	eranı	nuatio	on															
I forgot to opt for continuation within stipulat  I was not aware of Continuation option	ed tir	ne																			
Other (kindly write reason for delay in applic	cation	1)																			
Declaration (A									•									. ,	Б.		
I agree to be bound by the terms and conditions for t request) and understand that CRA may, as approved	d by	PFRI	DA, amer	nd an	ıy of	the s	servic	es c	ompl	etely	or										
Undertaking being signed. Further, I agree to pay all the	ne ne	cess	ary charg	es, a	s app	licat	ole, o	the	targe	et se	ctor.							=	=		
	Place :																				
Date : Place :																					
Name of Subscriber :							Siana	ture	/Thu	mh I	mnr	229	ion <sup>3</sup>	of S	uhs	crib	ner ir	n hl	ack	ink	·
							_				•						of fem				•
Section C: SUBSCRIBER SCHEME PREFE	RE	NCE	: (Only	For	Go	verr	nmei	nt S	ecto	r S	ubs	crik	er)	(Re	efer	Ins	struc	tio	n N	Vo.	III)
(i) PENSION FUND SELECTION – TIER I (Select only	one	PFM	) (In case	of G												_					
PFM Name (in alphabetical order)					Plea	ase T	Γick (	(√) OI	nly o	<u>ne</u>											
Birla Sunlife Pension Management Limited																					
HDFC Pension Management Company Limit	ted																				
ICICI Prudential Pension Funds Managemer	nt Co	mpar	y 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 A rejected).	uto C	Choice	e. In case	you	do no	ot inc	licate	a ch	oice	of P	FM,	you	r ap	plica	tion	forn	ı sha	ll be	e su	ımn	narily

(ii)	INVESTME	NT OPTION	(Please T	ïck (√) in the	box gi	ven be	elow showin	g you	our investment option).
	Active Choice	ce	Auto C	Choice					
	<ol> <li>In case</li> <li>In case</li> </ol>	you select A you do not you have o	indicate any pted for Auto	investment of	option, fill up	your f sectio	funds will be n (iii) below	inves	ect Auto Choice fill up section (iv) below. vested in Auto Choice (LC 50). ating to Asset Allocation, the Asset Allocation instructions will be ignored
(iii)	ASSET ALL	OCATION (	To be filled ι	up only in ca	se you	have	selected the	e 'Acti	Active Choice' investment option)
	Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Can exce	not eed	Total	be equated related Asset	lote: 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 elated 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,
(iv)	AUTO CHO		N (to be fille		case y	ou hav	ve selected		REITS, AIFs, Invits etc  e 'Auto Choice' investment option. In case, you do not indicate a choice of
	Life Cycle	(LC) Funds	Please Ti	ck (√) Only C					
	LC	75			1				cycle fund where the Cap to Equity investments is 75% of the total asset
		050 025							e cycle fund where the Cap to Equity investments is 50% of the total asset cycle fund where the Cap to Equity investments is 25% of the total asset
<b>TO</b>	me of Subsci	/ATTESTED	laration has	been signed	/ thuml				Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)  me by Sh/Smt/Ms after he / she have med by him / her.
	F	Rubber stan	np of the PC	DP-SP/DDO/	сно				Signature of the Authorised Person
	P-SP/DDO/0 otted by CR/	_	ration Numb	er					Designation of the Authorised Person :
Da	te:								POP-SP/DDO/CHO Office Name

#### INSTRUCTIONS FOR FILLING THE FORM

- 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 Nodal Office is mandatory.
- 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.
- 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 de	ed of relinquishm	ent is r	nade and executed o	on thisday o	of by
	,(r	elationsh	ip) of Late	and	
			,residents of		
EXECU	ΓANTS/RELEASOR				
	,				
			IN FAVOUR OF		
		(relations	ship) of Late	hereir	nafter called the
Releasee	2.				
		, wa	s a subscriber under tl	he National Pensi	on System with
PKAN _	·				
Whereas	s the said Late		died intestate and with	out nominating ar	nyone to receive
the clair	n for withdrawal of	accumu	lated pension wealth, le	eaving behind the	following legal
heirs:-			_	_	
		Г		T	1
Sr no.	Name	Age	Relationship	Address	
A					
В					
C					

#### NOW THIS DEED WITNESSETH AS UNDER:

The Executants/Releasers out of natural love and affection and without any monetary
consideration, hereby wish to release and relinquish their respective shares in the claim under
National Pension System, in favour of, (relationship) of Late
, and hereby affirm and declare that they and their legal heirs shall have no
right, claim or interest in the said claim for withdrawal of accumulated pension wealth of Late
and same shall vest absolutely in the said,
(relationship) of Late, the Releasee.
IN WITNESS WHEREOF the Executants/Releasers and the Releasee have signed this deed of relinquishment on this day, month and year first mentioned above in the presence of the following witnesses;-
(A) (B)
(Executants/Releasers)

### Witnesses:

Particulars	1st Witness	2nd Witness
Name		
Address		
Signature		

Ver 1.0 Annexure NE-5

Central Recordkeeping Agency (CRA)	-NSDL e-Governance Infrastructure Limited
	unt Details under National Pension System (NPS)
	empanying instructions carefully before filling up the form) P/CHO) registered under NPS to update/modify Bank Account details in the CRA system.
(PrAO/DTA/PAO/DTO/POP/CHO Registrat	tion Number
(allotted by CRA)  We hereby submit request to update/modify Bank Account details as per the	
We hereby submit request to update/modify Bank Account details as per the	particulars given below:
1. Bank Details: (Please refer instruction no.3) Bank A/c Number*	
Beneficiary A/c Name*	
Bank Name*	
Park Para by	
Bank Branch*	
Bank Address*	
Pin Code*	
Bank IFS Code*	
Bank MICR Code	
Proof of Bank Account details*: ((Please Tick $$ ) [Please refer instruction	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	n, is complete and true.
, .g	,,
	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	Name: Place:
CRA) (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

### CENTRAL RECORDKEEPING AGENCY

### Annexure to POP Registration Form for submission of DSC details

Name of	the POP:			
POP Reg	ristration Number:		(Allotted	by CRA)
We hereb	oy submit Digital Signa	nture Certifi	icate (DSC) details as per bel	ow:
Sr. No.	Particulars	3	<b>DSC</b> (1)	DSC(2)
1.	Type of User : Admin/Operational			
2.	Name of the Person/ Whose name DSC is r			
3.	Designation of User			
4.	Department of User			
5.	Email id of User			
6.	Certificate Serial Nun	nber		
7.	Certifying Authority			
8.	Certificate Valid "Fro	m date"		
9.	Certificate Valid "To	date"		
We herel true.	by agree and declare t	hat the info	ormation supplied in the app	olication, is complete and
			Signature of Authorise	d Signatory
		Name:		Place :
		Designation	on:	Date :
	POP Seal	Departme	nt :	

### CENTRAL RECORDKEEPING AGENCY

### Annexure to POP-SP Registration Form for submission of DSC details

Name of	the POP-SP:				
POP-SP	Registration Number:			(Allotted by	CRA)
We hereb	by submit Digital Signa	ature Certifi	icate (DSC) details as	per below:	
Sr. No.	Particulars	5	DSC (1)		DSC(2)
1.	Type of User : Admin/Operational				
2.	Name of the Person/ whose name DSC is r				
3.	Designation of User				
4.	Department of User				
5.	Email id of User				
6.	Certificate Serial Nur	nber			
7.	Certifying Authority				
8.	Certificate Valid "Fro	om date"			
9.	Certificate Valid "To	date"			
We here true.	by agree and declare t	hat the info	ormation supplied in	the application	on, is complete and
			Signature of Au	thorised Sign	natory
		Name:		Plac	ce:
		Designation	on:	Dat	te:
	POP-SP Seal	Departmen	nt :		

Annexure UOS-N2 Page 1

### CENTRAL RECORDKEEPING AGENCY

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. POP-SP Bank Details*:		
Type of Account*: Sa	rings A/c Current A/c	
Bank A/c Number *		
Bank Name*		
Bank Branch*		
Bank Branch Address*		
Pin Code*		
Bank MICR Code*		
Bank Branch IFSC	(Indian Financial Systems Code)	
Bank Branch if Sc	(moran i manorai bystems code)	
We hereby agree and declare that the information	supplied in the application, is complete and true.	
	Recordkeeping Agency (CRA) immediately about any change in the information provide	ed in the applicat
	To go of the property and any standard provide	
		$\neg$
	Signature of Authorised Signatory	
	Name : Place :	
	D D M	M Y Y
	Department :	
POP-SP Seal		
thorization by POP:		
	Signature of Authorised Signatory	
	Name: Place:	
	Designation : Date :	
POP Seal	Date: Date: D D D	M Y Y

### Annexure UOS-N1 Page 1

### **CENTRAL RECORDKEEPING AGENCY**

Points of Presence (POP)	Registration Form
(Please fill all the details in CAPITAL LETTERS & in BLACE	K INK only. All Fields mark with * are mandatory.)
POP Registration Number : (To be allotted by CRA)	
Sir/Madam,	
We hereby submit a request to be registered as a Point of Presence (POP). The necess	sary details are provided below:
1. Name of the POP *:	
2. Registration Number (Allotted by PFRDA):	Date of Registration with PFRDA*:
	D D M M Y Y Y
3. POP Address *: Flat/Unit No, Block no. *	
Name of Premise/Building/Village	
Area/Locality/Taluka	
District/Town/City *	
State / Union Territory *	
Country *	
Pin Code *	
	ternate Phone No.:
STD Code Phone Number	STD Code Phone Number
6. Fax No.*:	Those Mandel
STD Code Phone Number	
7. Email ID * (Email ID should be official Email ID of the POP & not of any indiv	idual person):
8. Compliance Officer's Details *: Name *:	
First Name *:	
Middle Name:	
Last Name:	
Designation *:	
Designation .	
Phone No. *: 4. Mob	ile No.:
STD Code Phone Number	
Email ID *:	
(*Email ID & Phone Number should be Compliance Officer's Email ID & Direct F	

	Page 2
O. Alternate Compliance Officer's Details *:	
Name *:	
First Name *:	
Middle Name:	
Last Name:	
Designation *:	
Phone No. *: 4. Mobile No.:	
STD Code Phone Number	
Email ID *:	
(*Email ID & Phone Number should be of the alternate Compliance Officer's Email ID & Direct Phone Number and not of the POP's o	fficial Email ID and a
Board Number.)	
10. Option selected for with regard to data transfer and fund transfer (Please tick only one):	
I Centralized Data Transfer and Centralized Fund Transfer (Centralized Model) (In case of option I, select any one of the thr	ree roles)
Role A- All activities performed centrally by POP.	
<ul> <li>Role B- Only Contribution Upload, MIS Upload &amp; Fund transfer done centrally</li> </ul>	
Role C- Only Contribution Upload & Fund Transfer done centrally.	
II Decentralized Data Transfer and Decentralized Fund Transfer (Decentralized Model)	
III Decentralized Data Transfer and Centralized Fund Transfer (Quasi-centralized Model)	
NATE OF STREET O	
Note: In case of option no- II & III, all the authorized branches of the POP (POP – SPs) would be mandatorily required to upload of transfer funds as per the option exercised above.	uata and/or
11. POP Bank Details*: (Designated Bank A/c for accepting NPS contributions)	
Type of Account*: Savings A/c Current A/c	
Type of Account.	
Bank A/c Number *	
Bank A/c Number *  Bank Name*	
Bank A/c Number *  Bank Name*  Bank Branch*	
Bank A/c Number *  Bank Name*	
Bank A/c Number *  Bank Name*  Bank Branch*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	
Bank A/c Number *  Bank Name*  Bank Branch*  Bank Branch Address*  Pin Code*  Bank MICR Code*	

	Signature of Authorised Signatory	
	Name : Place :	
	Designation : Date :	
	D D M M Y Department:	Y
POP Seal		
llowing Documents to be submitted along w	with the form:	
the authorized official of the POP.	shall undertake correspondence with CRA, along with their signatures. The list should be duly authenticated P.	by
Details of two Digital Signature Ce	Certificates (DSC) as per Annexure UOS-N1-A	
ease note that any change in the	information provided should be intimated to CRA with proper authorization.	
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Ver 1.5 Annexure I to CSRF

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	ereby submit the following det		r act	ivati	ion c	of Tie	er –	· II a	ICC	oun	t un	ider	NPS	5.																		
	PAN card Number (Mandatory)																															
2.	Subscribers Bank Details		ı													7																
	If same as Tier I, Please Tick (	√) <u> </u>	else	e, pro	ovide	e the	det	ails	be	low:	S	avin	ngs A	v/c				Сι	ırre	ent /	4/c											
	Bank A/c Number																															
	Bank Name																															
	Branch Name																															
	Branch Address																					F	PIN	COI	DΕ							
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	Bank MICR Code									IFS	G Co	ode																				
Su	bscriber's Nomination Det	ails																														
If s	ame as Tier I, Please Tick ( $$ )	els	e, pro	ovide	e the	deta	ails I	belo	OW.	In c	ase	you	des	ire	to n	omi	nat	e mo	ore	tha	ın c	ne	per	son,	ple	ase	fill /	4nn	exur	e III	l.	
3.	Name of the Nominee:																															
Fi	rst Name				Mic	ddle	Nar	me											Las	st N	am	ie										
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									_																							
4.	Date of Birth (In case of Minor)	d	d   1	m	m	1	У	У	)	/ <u>)</u>	/																					
5.	Relationship with the Nominee:																															
6.	Nominee's Guardian Details (in	case	of a n	nino	r):																											
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Su	bscriber Scheme Preferen	се																														
7.	If same as Tier I, Please Tick (v	<b>()</b>	else	e, pro	ovide	the	deta	ails	be	low																						
	(i) PENSION FUND SELECTI	ION (Ti	ier II)	: Pl	ease	read	bel	ow	con	ditio	ns b	befoi	re op	ting	for	the	cho	oice	of P	ens	sioi	ı Fu	nds	:								
	* Name of the Pension Funds																															
	Name of the Pensi	on Fur	nd (P	leas	e se	lect o	only	on	e)	Please Tick (√) Only One																						
	Aditya Birla Sun Life Pens	ion Ma	nage	mer	nt Lin	nited																										
	HDFC Pension Manageme	ent Cor	mpan	ıy Liı	mited	d																										
	ICICI Prudential Pension F	unds l	Mana	gem	ent	Com	pan	ıy L	imit	ted																						
	Kotak Mahindra Pension F	und Li	mited	t																												
	LIC Pension Fund Limited																															
	SBI Pension Funds Private	e Limite	ed																													
	UTI Retirement Solutions	Limited																														
	* Selection of Pension Fund is ma	andatory	both i	n Act	ive ar	nd Au	to Ch	noice	€.																							
	(ii) INVESTMENT OPTION																															
	(Please Tick ( $$ ) in the box	given b	elow	sho	wing	you	ır inv	ves	tme	ent o	ptio	n).																				
	Active Choice	Auto (	Choic	се																												
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	In case you do not make     In case you have opted		-																				et A	lloca	atio	n ins	struc	ctior	ıs w	ill b	e igr	nored
	and investment will be									` '				J						, -											5.	

Annexure I to CSRF Ver 1.5

1	iiii۱	ACTIVE CHOICE -	- ASSET ALLOCATION	Ito he filled up o	nly in case v	ou have selected	'Active Choice' th	a investment ontion
١	<i>,</i>	ACTIVE CHOICE	- ASSET ALLOCATION	(to be illied up o	nny ni case y	ou nave selecteu	ACTIVE CHOICE II	ie ilivesulielit optioli

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

#### Please note:

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

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

Life Cycle (LC)Funds	Please Tick (√) Only One	
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**

POP-SP/Nodal Office Seal

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:
Signature/Thumb Impression* of
Place: Subscriber in black ink  (* LTI in case of male and RTI in case of female)
To be filled by POP/POP – SP/Nodal Office  POP-SP/Nodal Office Registration Number
Copy of PAN Card Submitted YES NO
Name:
Designation:
Place.

Signature of Authorised Signatory

d d / m m / y y

Date

Ver 1.5 Annexure I to NSRF

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 name 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 a mandatory.  Subscriber's Full Name in Hindi  Father/Mother's Full Name in Hindi  (As selected in the Subscriber Registration form)  Please refer Sr. No. 1 of the instructions.  First Name  Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date:  d d / m m / y y y y y	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 of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name Middle Name  Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name 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 an mandatory.  Subscriber's Full Name in Hindi  Father/Mother's Full Name in Hindi  (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.  Name:  Name:  Place:																						_												-
First Name Last Name  2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name Middle Name Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name 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 a mandatory.  Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form) Please refer St. No. 1 of the instructions.  First Name  Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d d / m m / y y y y y	First Name  Last Name  Last 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  Are quest 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 name 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 an mandatory.  Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form)  Please refer Sr. No. 1 of the instructions.  Please refer Sr. No. 1 of the instructions.  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y								AD	DIT	ΓΙΟ	N/	λL	RE	QU	ES	T C	ET	ΆII	LS															
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Last Name  2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name Middle Name Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name 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 a mandatory.  Subscriber's Full Name in Hindi  Father/Mother's Full Name in Hindi  (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.  Place:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d d / m m // y y y y	Last Name  2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name Middle Name Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name 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 an mandatory.  Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.  First Name  Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d d / m m / y y y y y	١.		uirea ii riar	ed in name exceeds 30 characters and not able to be covered on page 1 of the application form)																														
Last Name  2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name  Middle Name  Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the nam 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 a mandatory.  Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form)  Please refer Sr. No. 1 of the instructions.  First Name  Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d d / m m / y y y y	Last Name  2. Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)  First Name  Middle Name  Last Name  3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)  Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name 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 an mandatory.  Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form)  Please refer Sr. No. 1 of the instructions.  First Name  Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / / m m / / y y y y																																		
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(As selected in the Subscriber Registration form)   Please refer Sr. No. 1 of the instructions.   First Name	(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 y		are provided in this and																																
Middle Name  Last Name    Name:   Place:     Place:	Middle Name  Last Name  Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y					Sub	scri	ber'	s Ful	l Na	ıme	in	Hin	di								sele	cte	d in	the	Sub	scril	oer F	Regi	strat	ion f	orm)			
Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y	Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y		First Name																																
Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y	Name:  Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y		Middle Name																																
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Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y	Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y																																		
Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y	Place:  Signature/Thumb Impression* of Subscriber in black ink  Date: d d / m m / y y y y																													_					1
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															Pla	ce:																			
(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)	(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)		Signature/Thumb	Impress	ion* c	of Su	ıbsc	ribe	er in I	olac	k in	ık			Dat	te:		d	d	1		n	m	/	'	У	У		у	У					
		(* L	TI (Left Thumb Impression)	in case of	male a	nd R	TI (R	light	Thum	b Im	pres	sior	n) in	case	of f	emal	e)																		_

Ver 1.5 Annexure II to CSRF

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	Name of Fothers																		_											
1.	Name of Father (requ	uired if name	exce	eeds (	30 cha	racte	rs an	d not	able	e to b	e co	vere	ed on	page	e 1 of	the	app	licati 	on f	orm)	ı	1	1	ı	ı	ı	1	ı	ı	1 1
	First Name															1	<u> </u>													
	Middle Name																													
	Last Name																													
2.	Name of Mother (req	quired if nam	e exc	eeds	30 ch	aracte	ers ar	nd no	t ab	le to	be c	over	ed or	n pag	e 1 o	f the	e apı	olicat	ion	form	)									
	First Name																													
	Middle Name																													
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3.	Request for Printin card in Hindi)  Please provide the foll are provided in this and mandatory.	lowing deta	ails ir	n De	vnagr	i scri	ipt fo	or pri	ntin	ıg th	e Pl	RAN	l ca	d in	Hin	di.	Als	o, p	leas	se n	ote	that	the	ma	ınne	r in	whic	ch th	ne na	ames
		Subscriber's Full Name in Hindi															(As s	elec	ted i	n th	e Sul	bscri	ber	Regi	strat	Hind ion for	orm)			
	First Name																													
	Middle Name																													
	Last Name																													
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(* L	TI (Left Thumb Impression)	in case of m	ale a	nd R1	ΓΙ (Rig	ht Th	umb l	Impre	essic	on) in	case	e of	fema	le)																

Ver 1.5 Annexure II to NSRF

# 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.

		vent of my death.
. 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
Present Communication address of the non	ninees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee dddl/mm/m//yyyyy	2nd Nominee dddlmmml/yyy	y   y   3rd Nominee   d   d   /   m   m   /   y   y   y
I. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee %	2nd Nominee	% 3rd Nominee 9
6. Nominee's Guardian Details (Only in case of	a minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Last Name	Lastivanie	Last Name
Dated this day of	20 at	
uu, o		
		Signature/ Thumb Impression* of the Subscriber
		Signature/ Thumb Impression* of the Subscriber

Ver 1.5 Annexure II to NSRF

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	I / thumb impressed before me by Sh/Smt/Mstries have been read over to him / her by me and got confirmed by him / her.
Rubber Stamp of the POP-SP	Signature of the Authorised Person
POP-SP Registration Number De (Allotted by CRA)	signation of the Authorised Person :  POP-SP Office Name :
Date dd lmm m lyyyyy	
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 1.5 Annexure III to CSRF

# 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.

f my family to receive the amount in my PRAN acco		nominate the person(s) mentioned below who is/are member( he event of my death.
1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name	First 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	2nd Nominee dddlmmml	y   y   y   3rd Nominee
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee	2nd Nominee	%   3rd Nominee       %
6. Nominee's Guardian Details (Only in case of a	minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Detai	ils 3rd Nominee's Guardian Details
First Name  Middle Name  Last Name	First Name	First Name
Dated this day of	20 at	
		Signature/ Thumb Impression* of the Subscriber

Ver 1.5 Annexure III to CSRF

TO BE F	ILLED/ATTESTED BY POP-SP/DDO/NL-CC	
Certified	that the above declaration and nomination details has been signed	
	after he / she have read the entries / ent	ries 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
DOD SD	DDO/NL-CC Registration Number	Designation of the Authorised Person :
	ed by CRA)	
(	,	POP-SP/DDO/NL-CC Office Name :
Date	d d / m m / y y y y	
TO BE FII	LLED/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):
Dukter	Starting of the DOD/DOD CD/DAO/DTO/DTA/D-AO/AU AO/AU AO	
Rubber S	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person

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NATIONAL PENSION Central Recordkeep					•		-															K	IVI							
Please select your category [ Please tick(✓) ]		Cer All	ntral ntral Citiz S Lit	Aut en I	ono Mod		s Bo	dy					Sta		uto				ody		[					5 cı	m >	< 2.5	ogra	ph of size /
To, National Pension System Trust. Dear Sir/Madam.																														
I hereby request that an NPS account b	e ope	ened	in my	nan	ne as	s per t	he pa	rticula	ars gi	ven t	oelov	v:												L	_	_	_			
* indicates mandatory fields. Please fill			-									,	_	,	•					,										
KYC Number, Retirement Adviser Co	de an	ia Sp	ouse	Nar	ne ti	eias a	ire no	t app	licar	эте то	r Go	vern	mer	IT &							/C D	00010	lan r							
KYC Number (if applicable) Retirement Adviser Code (If applicable	2)	+	+	-			+	-	+	+	+				Gei	lerat	eu ii	OIII	Centr	al Kı	CR	egis	иу	+						
		r to (	On No	1 0	f tha	inatru	otions		_																					
PERSONAL DETAILS: (Please     Name of Applicant in full		Shri	)I. NO	). 1 01		instrui Smt.		)	Kı	umar	ri [	7																		
First Name*		J			ì		十				Ė										Т				Т		Т	$\top$	$\Box$	$\neg$
Middle Name		T			$\overline{}$	$\overline{}$	$\pm$	$\overline{}$	$\overline{}$	П											Ħ		†	Ť	寸	_	Ť	十	十	
Last Name		T			$\overline{}$	$\overline{}$	$\pm$	$\pm$	T	$\forall$									Ì		T	1	T	Ť	寸	_	Ť	十	十	_
Subscriber's Maiden Name (if any	<sub>/</sub> )	t			$\exists$	$\mp$	+	$\dagger$	T	$\forall$								T			T	Ť	Ť	Ť	寸	_	T	十	$\dagger$	$\dagger$
Father's Name*	F	i	r	s	t	$\mp$	$\mp$	Ť	T	Ħ		M	i	d	d	1	е	T	Ť		T	Ť	L	Ť	a	S		Ť	$\dagger$	$\dagger$
(Refer Sr. No. 1 of instructions)					_		$\pm$								,		_							+	_	_	_	$\pm$	<del> </del>	
Mother's Name* (Refer Sr. No. 1 of instructions)	F	<u> </u>	r	S	t							M	İ	d	d		е								a	S	l t			
Father's name will be printed on PRA	AN car	rd. In	case,	moth	ner's	name	to be	printed	d inst	ead c	of fath	ner's	nam	e [ P	leas	e tick	⟨√	] [												
Date of Birth*	d	d	/	m	m	1	у	У	У		(Da	te of	Birth	sho	ould	be si	upp	orte	l by r	elev	ant o	docu	men	ıtar	y pr	oof	)			
City of Birth*																														
Country of Birth*																														
Gender* [ Please tick (✓) ]	Mal	le 🗌			Fer	male		C	Othe	ers 🗌					Na	iona	ality	*			Ind	ian								
Marital Status*	Mai	rried	. Ц		Un	marri	ed	<del></del>	(	Othe	rs							_	_			_	_	_			_			
Spouse Name* (Refer Sr. No. 1 of instructions) Residential Status*	Indi	ian	r	S	t							M	i	d	d		е								a	S	į			
																	_													
2. PROOF OF IDENTITY (Pol)*	(Any	one o	of the	doci	umer	nts ne	ed to	be pro	DVIDE	ed alo	ng w							er)				,						—	_	_
Passport Voter ID Card	_	-	$\vdash$	$\dashv$	$\dashv$	-	+	+	-	Н			ssp N C		-xpi	ry D	ate		Τ	a	a	/	m						У	
Driving License				$\dashv$	$\dashv$	+	+	+-					_		ens	e E	xnir	v D	ate	d	d	1	m							
NREGA JOB Card				$\dashv$	$\dashv$		+	_						,			νρ	, –			-	1 .	1			_	J			7
Others	Na	me (	of the	∍ ID											D		N	U	m	b	е	r	Plea	ase	refer	Sr. 1	No. 2	2 of th	e instri	uctions.
UID (Aadhaar) (UII	חוני	\adh	aarl	nun	hor	not r	oquir	.od )																						
OID (Addition)   I I I I I I	וע																													
	As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS.If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.															9, PA	N or	Form	der	NPS	.If y	ou	on ok	t have	∍ PAN					
As per the amendments made under P				VILIII	_		_				=																			
As per the amendments made under P	etails a			VILIII	Со	rresp	ond	ence	• Ad	dres	ss						-		nan				-					ID 44	I/NIF	REGA J
As per the amendments made under P at present, please ensure that these de  3. PROOF OF ADDRESS (PoA [ Please tick ( ✓ ), as applicable ]	etails a			- WILTII	Pas	sport /[	Driving	Licens	se/UID			/Vote	r ID o	ard/N	IREG		) F	assp	ort /D	riving	Lice	nse/l	-	Aad	haar	)/Vo	oter	ID CE	ra/inr	
As per the amendments made under P at present, please ensure that these de 3. PROOF OF ADDRESS (PoA	etails a			- WILTH	Pas Card Reg	sport /[ d/Ratio	Driving n Card	Licens l/Others	se/UID s	O (Aad	dhaar).						) F	Passp Card/ Regis	ort /D Ration tered I	riving Card	Lice /Oth	nse/l ers	JID (							ax
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Name of the Pension Fund (Please select only one)	Please Tick (√)	Default Choice of Pension Funds
LIC Pension Fund Limited		
SBI Pension Funds Private Limited		Available in Government sector, if employee/subscriber does not exercise choice of PF
UTI Retirement Solutions Limited		5.18.33 5.11
ICICI Prudential Pension Funds Management Company Limited		
Kotak Mahindra Pension Fund Limited		
HDFC Pension Management Company Limited		
Aditya Birla Sun Life Pension Management Limited		

## (ii) INVESTMENT OPTION

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

Active Choice Auto Choice

- 1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50)
- 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).

<sup>\*</sup> Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(	iii)	ACTIVE CHOICE - ASSET ALLOCATION	(to	be filled up onl	v in	case	you have selected	'Active	Choice <sup>5</sup>	' the	investment	optic	'n

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

#### Please note:

Name of subscriber

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

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):									
Section I*									
US Person* Yes No									
Section II*									
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):									
Particulars Country (1) Country (2) Country (3)									
Country/countries of tax residency									
	Address Line 1								
Address in the jurisdiction for Tax	City/Town/Village								
Residence	State								
	ZIP/Post Code								
Tax Identification Number (TIN)/Functional ed	quivalent Number								
TIN/ Functional equivalent Number Issuing C	Country								
Validity of documentary evidence provided (Wh	erever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd <b>I</b> mm <b>I</b> yyyy					
TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  dd / mm / yyyy  dd / mm /									
Date   d   d   /   m   m   /   y   y   y	у								
Place:		Signature/Thumb Impression* (* LTI in case of male and F							

er 1.5	CSR								
12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction									
Declaration & Authorization by all subscribers	is )								
I have read and understood the terms and conditions of the National Pension System and declare that the information and documents furnished by me are true and correct	and hereby agree to the same along with the PFRDAAct, regulations framed thereunder t, to the best of my knowledge and belief. I undertake to inform immediately the Central ve information furnished by me. I do not hold any pre-existing account under NPS. I on or documents.								
	CRA, from time to time and any amendment thereof as approved by PFRDA, whether nd by the terms and conditions for the usage of I-PIN (to access CRA website and view								
Declaration under the Prevention of Money Laundering Act, 2002									
	m legally declared and assessed sources of income. I understand that NPS Trust has t authorities. I further agree that NPS Trust has the right to close my PRAN in case I am								
Date dd / m m / y y y y									
Place :									
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)								
13. DECLARATION BY EMPLOYER									
Applicable to Governm	ent Subscribers only								
(Subscribers Employment Details to be filled and									
Date of Joining	Date of Retirement dd l m m l y y y y								
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend								
PPAN (If applicable)	to provide, mention any one.								
Group of Employee (Tick as applicable) Group A Group	D B Group C Group D								
Office									
Department									
Ministry									
DDO Registration Number									
DTO/PAO/CDDO/DTA/PrAO Registration Number									
Basic Pay									
Pay Scale									
It is certified that the details provided in this subscriber registration form be the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	e record of the employee maintained by us. Also, it is further certified that								
Signature of the Authorised person  Rubber Stamp of the DDO	Signature of the Authorised person  Rubber Stamp of the DTO/PAO/CDDO/								
(In the box above) (In the box above)	(In the box above) DTA/PrAO (In the box above)								
Designation of the Authorised Person  Name of the DDO	Designation of the Authorised Person								
	Name of DTO/PAO/CDDO/DTA/PrAO								
Deptt/Ministry	Date   d   d   /   m   m   /   y   y   y   y								
14. DECLARATION BY EMPLOYER/ CORPORATE									
Applicable to Corpora									
(Subscribers Employment Details to be filled and a									
Date of Joining	Date of Retirement d d / m m / y y y y								
Employee Code/ID									
Corporate Regd. Number (CHO No.) Allotted by CRA									
CBO No. allotted by CRA									
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employment entries / entries have been read over to him / her by us and got confirmed by									
Date d d / m m / y y y y	Place								
Signature of the Authorised person (In the box above)									
Designation of the Authorised Person	Pubbar Stamp of the Corporate (In the box above)								

Applicable to NPS Lite Subscribers  Authorisation by Aggregator's office (NL - AD)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eigible to join NI and the above doclaration has been signed /flumb impressed before me by	5. DECLARATION BY THE AGGREGA	TOR								
Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NI and the above declaration has been signed rithumb impressed before me by		Applicable to NP	S Lite Subso	cribers						
and the above declaration has been signed thumb impressed before me by	Authorisation by Aggregator's office	(NL - AO)								
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  Nembership No. allotted by Aggregator (if any)  Piace  Date  Date  Date  Date  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  Receipt No. (17 digits)  POP-SP Registration Number  POP-SP Registration Number  NO  Document accepted for date of Birth Proof.  Copy of PAN card submitted  YES NO  Documents Received:  (Originals Verifice) Self Certified  (Attested) True Copies  Lidentity Verification:  Done  Existing Customer:  I/we hereby certifylorofirm that Shri/Smt/Kum  Soon account (opecify nature of the account) having account number/client ID  Smaintained at  Denatification:  Smaintained at  Denatification  Smaintained at  Denatification  In a Passic Savings Bank Deposit Account (applicable in ca of Bank PoP)  To be filled by POP-SP  Name:  Designation:  Place:  POP-SP Seal  Signature of Authorized Signatory  Date  POP-SP Seal  Signature of Authorized Signatory  Date  Pop-SP Seal  Acknowledgement Number (by CRA-FC)  PRAN Allotted  Acknowledgement Number (by CRA-FC)  PRAN Allotted  Acknowledgement Number (by CRA-FC)  PRAN Allotted	and the above declaration has been sig		-		-			-	-	
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  Nembership No. allotted by Aggregator (if any)  Piace  Date  Date  Date  Date  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  Receipt No. (17 digits)  POP-SP Registration Number  POP-SP Registration Number  NO  Document accepted for date of Birth Proof.  Copy of PAN card submitted  YES NO  Documents Received:  (Originals Verifice) Self Certified  (Attested) True Copies  Lidentity Verification:  Done  Existing Customer:  I/we hereby certifylorofirm that Shri/Smt/Kum  Soon account (opecify nature of the account) having account number/client ID  Smaintained at  Denatification:  Smaintained at  Denatification  Smaintained at  Denatification  In a Passic Savings Bank Deposit Account (applicable in ca of Bank PoP)  To be filled by POP-SP  Name:  Designation:  Place:  POP-SP Seal  Signature of Authorized Signatory  Date  POP-SP Seal  Signature of Authorized Signatory  Date  Pop-SP Seal  Acknowledgement Number (by CRA-FC)  PRAN Allotted  Acknowledgement Number (by CRA-FC)  PRAN Allotted  Acknowledgement Number (by CRA-FC)  PRAN Allotted										
NPS Lite Account Office (NL-AC) Registration Number	Signature of the Authorised p	erson (In the box above)		Rubber Sta	amp of the Aggre	egator (In th	ne box abov	e)		
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Fisher   Date	NPS Lite Account Office (NL-AO) Registration	n Number	PS Lite - Collecti	on Centre (NL -	· CC) Registration	Number				
Receipt No. (17 digits)	Membership No. allotted by Aggregator (if a	ny)								
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Identity Verification: Done  Existing Customer:  I/we hereby certify/confirm that Shri/Smt/Kum										
Existing Customer:    I/we hereby certify/confirm that Shri/Smt/Kum			(Attested	a) True Copi	es					
I/we hereby certify/confirm that Shri/Smt/Kum		Notice								
POP-SP Seal  Signature of Authorized Signatory  Date  O	of Bank PoP)					2 0 0 0 0				_
To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by CRA-FC Registration Number  Date Date Date Date Date Date Date Date				Designation:			Place:			_
Received by CRA-FC Registration Number  Received at Date d d / m m / y y y  Acknowledgement Number (by CRA-FC)  PRAN Allotted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted: ₹	POP-SP Seal	Signature of Authorized Signa	atory	Date	d / m	m / y	уу	У		
Received at  Date	[To be filled by CRA - Fac	ilitation Cer	ntre (CRA-F	C)]						
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	Date of Receipt of Application and Con	tribution Amount:	m I y	у у у						

Ver 1.5

### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### **General Guidelines**

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving

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 fields are

left blank or the application form is printed back to back
The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted. The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

		riber's thumb's impress	sion sh	ould be verified by the designated officer of POP-SP / Nodal C	Office.										
S. No	Item No.	Item Details	Instructions												
		Personal Details	i. Th ii. Cu iii. Th	is Form is applicable only for Resident Indians. There is a sep rrently, Foreign Nationals / Other Country Individuals (OCI) ar e applicant shall mention father's name and mother's name ar	arate F nd Pers nd shal	Form for Non Resident Indians & Overseas Citizen of India. cons of Indian Origin (PIO) are not allowed to open PRAN. Il select the option to be printed on PRAN Card.									
		Spouse Name		ried, spouse name is mandatory.											
1	1	Father's Name		ther's name is mandatory. Father's name has more than 30 digits, you may fill Annexure	I for th	e same.									
		Mother's Name	i. Mo	other's name is mandatory Mother's name has more than 30 digits, you may fill Annexure											
		Date of Birth	Pleas	Please ensure that the date of birth matches as indicated in the document provided in the support.											
			S.No		S.No										
			1	Passport issued by Government of India.	1	Passport issued by Government of India									
			3	Ration card with photograph.  Bank Pass book or certificate with Photograph.	3	Ration card with photograph and residential address  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									
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address									
		Permanent address details	10	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									
2	2, 3 & 4		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.		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.									
				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)									
			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	Latest Property/house Tax receipt (not more than one year old)  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.  (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)												
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.												
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by 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 certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.												
5	8	Subscriber's Nomination Details	of percentage is not equal to 100, entire nonlination will be rejected.												
6	10	Pension Fund (PF) Selection and Investment Option	the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SE Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.												
7	11	Declaration by subscriber on FATCA Compliance	<ul> <li>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</li> <li>Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a residen for tax purpose in USA.</li> <li>Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity purpose with an equivalent level of identification (a "Experience or purpose may be reported. Examples</li> </ul>												
8	12	Declaration by	• In Ci	case applicant is declaring US person status as 'No' but hi tizenship should be provided or reasons for not having relinqu ture / Thumb impression should only be within the box provi	s/her ( ishmer ded in	Country of Birth is US, document evidencing Relinguishment of									
	.2	Subscriber		ssion in case of females.											

## **General Information for Subscribers**

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

  Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

c) For more information / clarifications, 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

Ver 1.5 Annexure A to CSRF

# **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%

- 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 S10 (Ver1.3) Page-1

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

For Nodal Office# use:						
Nodal Office Registration No. :						
Receipt No.:	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)  2. Bank Details* (All bank details are mandatory except MICR Code):	(Last Name)					
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?	NO					
If NO, please fill in the details below (You can nominate up to a maximum of 3 nominees and if you a Page 3.)	desire so please fill Additional Nomination Form provided on					
Nominee's Name:						
(First Name) (Middle Name)	(Last Name)					
Relationship with the Nominee: Date of Birth (In Case of	Minor): (dd/mm/yyyy)					
Nominee's Guardian Details (in case of a minor): (First Name) (Middle Name)	ame) (Last Name)					
4. Subscriber Scheme Preference (Please refer to Sr. No. l of the instructions for further details	s):					
(i). Pension Fund (PF) Selection* (Select only one PF): Selection of PFM is mandatory both in A						
of PFM, your application form shall be summarily rejected.	Active and Auto Choice. In case you do not indicate a choice					
*Name of the Pension Funds are given in alphabetical order.						
PFM Name (Please select only one) Please Tick (√) on	nly one					
Aditya Birla Sun Life Pension Management Limited						
HDFC Pension Management Company Limited						
ICICI Prudential Pension Funds Management Company Limited						
Kotak Mahindra Pension Fund Limited						
LIC Pension Fund Limited	LIC Pension Fund Limited					
SBI Pension Funds Private Limited						
UTI Retirement Solutions Limited						

(ii). Investment Option						Page-/
	on :[Please Tick (√)	in the box giv	ven below show	ving your	investment option]	
Active Choice	Au	to Choice				
Please note:						
<ol><li>In case you do</li></ol>	not indicate any invest ve opted for Auto Choi	tment option, yo	ur funds will be in	nvested in A		instructions will be ignored and investment will be
(iii). Active Choice_A	sset Allocation (To	be filled up o	nly in case you	u have sele	cted the 'Active Choice' inves	stment option)
Asset Class	Е	С	G	Total	1	
	(Cannot exceed 75%)	(Max up to 100%)	(Max up to 100%)			ty and related instruments; Asset class C- nstruments; Asset class G-Government Bonds
Specify %				100%		
2. From 51 years carried out as 3. The total alloc  (iv). Auto Choice O	per the matrix on date ation across E, C, and	permitted Equity of birth. G asset classes n  Ip only in case	Investment will nust be equal to 1	be as per the	equity allocation matrix provided in the allocation is left blank and/or d	n Annexure A. The tapering off of equity allocation does not equal 100%, the application shall be rejected on. In case, you do not indicate a choice of L
-	-					
-	Please Tick (√) Only One	Note:1 I C 75	It is the Life over	la fund wha	e the Cap to Equity investments is 7	5% of the total asset
LC75		2. LC 50-	It is the Life cyc	le fund wher	e the Cap to Equity investments is 5 e the Cap to Equity investments is 5 e the Cap to Equity investments is 2	0% of the total asset
LC50 LC25		3. LC 23-	it is the Life cyc	ie iuna wnei	e the Cap to Equity investments is 2	.5% of the total asset
have read and understoo	d the terms and condit	ions of the Natio	nal Pension Syst	em and here	by agree to the same and declare th	at the information and documents furnished by me
and correct, to the best of understand that I shall be further agree to be boun	f my knowledge and by fully liable for submiss d by the terms and cor	pelief. I undertaktion of any false aditions of provis	te to inform immor incorrect infor	nediately the mation or do	National Pension System Trust, of cuments.	f any change in the above information furnished b
and correct, to the best of understand that I shall be further agree to be bound without any new declaration under the hereby declare that the clinancial profile or share to	f my knowledge and be fully liable for submiss d by the terms and cor on being furnished by e Prevention of Mo ontribution paid by me the information, with o	belief. I undertal sion of any false aditions of provis me.  Oney Launderickon my behalf h.	te to inform immor incorrect information of services by the Act, 2002 as been derived from the control of the c	nediately the mation or do y CRA, from	National Pension System Trust, of cuments.  In time to time and any amendment to the leclared and assessed sources of ince	f any change in the above information furnished be hereof as approved by PFRDA, whether complete ome. I understand that NPS Trust has the right to p
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Annexure S10 (Ver 1.3)

# ADDITIONAL NOMINATION FORM

regive the amount in my PD AN account under National		
	hereby nominate tho nal Pension System in the event of my death.	ne person(s) mentioned below who is/are member(s)/ of my fan
. Name of the Nominee*:		
		2.13
st Nominee irst Name	2nd Nominee First Name	3rd Nominee First Name
Middle Name	Middle Name	Middle Name
_ast Name	Last Name	Last Name
and I value		
. Present Communication address of the Nomine	es*:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
. Date of Birth* (Only in case of a minor. In DD/M	M/YYYY):	
st Nominee:/	2nd Nominee:/	3rd Nominee:/
	I	I
. Relationship with the Nominee*:		
1st Nominee	2nd Nominee	3rd Nominee
. Percentage Share*:		
st Nominee%	2nd Nominee%	3rd Nominee%
	I	
. Nominee's Guardian Details (Only in case of a n	ninor):	
	2nd Nominee's Guardian Details  First Name	3rd Nominee's Guardian Details
		First Name
irst Name		First Name
irst Name  fiddle Name	Middle Name	Middle Name
irst Name  fiddle Name		
irst Name  fiddle Name	Middle Name	Middle Name
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irst Name  Middle Name	Middle Name	Middle Name

Anı	nexure S10 (Ver 1.3)		Page-3
Acknov	wledgement to the Subscriber		
		(To be filled by Nodal Office)	
Tier II	[ Activation:		
Nodal	Office Registration Number:	PRAN: PRAN:	
Name	of the Subscriber:	Date://	
(Ма	Receipt Number ndatory for POP/POP-SP)		
1. Trai	nsaction Charges:	Rs. 2. Tax as applicable: Rs.	
3. Tota	al Charges:	Rs.	]
		Signature/Stamp of Nodal Office/Place	]
a) b) c) d) e) f) g) h) i) j)	Form to be filled legibly in BLOC processing. Please do not overwrite Each box, wherever provided, showith (*) are mandatory.  The Subscriber shall provide cop Applications incomplete in any remandatory fields are left blank.  Nodal Office# refers to PAO/DTO Government employees (mandator list of POP-SPs rendering services Any Indian citizen (other than governite registered with CRA for Tier 1 acc Subscribers are advised to retain the Bank Details:  a. Bank details are mandatory for b. Subscriber shall provide cancel	rily covered under NPS) may submit their application to their associated Nodal Office or to any POP-SP of their claunder NPS is available on CRA website <a href="www.npscra.nsdl.co.in">www.npscra.nsdl.co.in</a> .  ernment employee mandatorily covered under NPS) may submit the application only to the POP-SP through which tount.  The acknowledgement slip signed/stamped by the Nodal Office where they submit the application.  Tier-II else, account will not be activated. In case bank details are same as Tier I account, tick mark the corresponding the cheque, the details of which should match with the details provided under Point No.2 on Page 1. Even if the basiber should provide a 'cancelled cheque'.	plicant. ils marked rejected if hoice. The they have ng option.
		2) Subscriber cannot fill the same nominee details more than once. 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 4) Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100 entire nomination will be rejected.  If a nominee is a minor, then nominee's guardian details shall be mandatory.  Tier I shall not be automatically applicable to Tier II. A Subscriber to Tier II is required to make a fresh nomination same nomination as in Tier I, please select "YES" by putting tick mark in the box.	00,
1)	Active choice  1. PFM selection is ma 2. Allocation under Eq 3. A Subscriber opting allocation across all allocation table at Po  Auto choice 4. A Subscriber opting	quity (É) cannot exceed 75% for active choice may select the available asset classes ("E", "C", & "G"). However, the sum of percentage the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset bint No. 4 (iii) is left blank, the application shall be rejected.  for Auto Choice must also select a PFM. tent option and the asset allocation at Point No. 4 (iii) and Point No. 4 (iii) are left blank, the Subscriber's funds we have the select a PFM.	vill

# GENERAL INFORMATION FOR SUBSCRIBERS

The Subscriber can obtain the status of his/her application from the CRA website or through the respective Nodal Office.

For more details on 'Investment Option', you may visit CRA website (www.npscra.nsdl.co.in).

For more information

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

Call us at 022-4090 4242

Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure A to S10 (Ver 1.3) Page 4

# **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%

- 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.

Road/Street/Lane Area/Locality/Taluk City/Town/District

State/U.T.

# **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 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) 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\* / (Date of Birth should be supported by relevant documentary proof) Place of Birth\* Country of Birth\* Female Nationality\* Gender\* [Please tick (✓)] Transgender Male \_\_\_ Marital Status\* Married Unmarried Divorced 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. IDENTITY DETAILS\* (Documents need to be provided ) [Please tick ( ✓ ) ] Passport □ OCI Card (Mandatory for OCIs) Passport No. / OCI Card No. Date of issue Place of issue Passport Expiry Date / m Visa/Work Permit Date of Expiry / Passport with Visa/Work Permit [Please tick (✓)] Yes OCIs Foreign Passport No. 3. PROOF OF ADDRESS Indian Address Proof (Mandatory for NRIs) **Overseas Address Proof** (Mandatory for OCIs) (PoA)\* Please tick (√), 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/Certificate issued than 2 months old. 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** Registered Office Unspecified 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 Registered Office Unspecified Flat/Room/Door/Block no. Landmark Premises/Building/Village

PIN Code

5. PR	REFERRED A	DDRESS FO	R COMMUNI	CATIO	N																					
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12. DECLARATION ON FATCA* (Foreign Ac	count Tax Compliar	nce Act) COMPLIANCE	( Please refer to Sr no. 7 of the	instructions ):
Section I*				
US Person* Yes No				
Section II*				
For the purposes of taxation, I am a resident in out below or I have indicated that a TIN/function	_	-		
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			
Tax Identification Number (TIN)/Functional e	quivalent Number			
TIN/ Functional equivalent Number Issuing 0	Country			
Validity of documentary evidence provided (WI	herever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd I mm I yyyy
a) It shall be my responsibility to educate myswith the Rules 114F to 114H of the Income rules, b) the information provided by me in the Forr belief, true, correct and complete and that as a Reportable account or otherwise. c) I permit/authorise the NPS Trust to collect NPS Trust and any of NPS intermediaries outside India of any confidential informatio d) I undertake the responsibility to declare a provided in the Form, its supporting Annex provide fresh self-certification along with de) I also agree that in case of my failure to dis authority designated by the Government of the NPS Trust if the deficiency is not remef) I hereby accept and acknowledge that the public domain for confirming the information an India or abroad in the subject matter herein h) I shall indemnify NPS Trust for any loss that Date    Date	e tax Rules, 1962 the m, its supporting Annu I have not withheld at t, store, communicate wherever situated into n for compliance within disclose within 30 ures as well as in the ocumentary evidence colose any material far f India (GOI) /RBI/IRE died by me within the expression of the provided by me to addor documents as the n.	exerunder and the information exures as well as in the any material information e and process informaticulating sharing, transfer any law or regulation with a documentary evidence es, ct known to me, now or DA/PFRDA for the purpose stipulated period. We the right and authorithe NPS Trust me NPS Trust may require	documentary evidence are, to the that may affect the assessment/on relating to the Account and all and disclosure between them are whether domestic or foreign.  I change, any changes that may provided by me or if any certificate in future, the NPS Trust may repoorse or take any other action as may try to carry out investigations from the from time to time on account or providing incorrect or incomplete	ne best of my knowledge and categorization of the account of transactions therein, by the not to the authorities in and/or take place in the information becomes incorrect and to not to any regulator and/or any any be deemed appropriate by the information available in of any change in law either in information.
			Signature/Thumb Impro (* LTI in case of male and	
Name of Applicant				
Name of Applicant				
13. DECLARATION BY APPLICANT* ( Please Declaration & Authorization by all applicant I have read and understood the terms and condit and declare that the information and documents Record Keeping Agency/National Pension Syst understand that I shall be fully liable for submiss I further agree to be bound by the terms and condit by PFRDA, whether complete or partial without any and view details) & T-PIN.  Declaration under the Prevention of Money L I hereby declare that the contribution paid by mush right to peruse my financial profile or share the second contribution of the prevention  tions of the National Pens if furnished by me are tru- tem Trust, of any chang sion of any false or incom- tions of provision of service y new declaration being furnished.	sion System and hereby ag le and correct, to the best o le in the above information rect information or docume ces by intermediaries registe rnished by me. I shall be bou	f my knowledge and belief. I undertake furnished by me. I do not hold any nts.  red with PFRDA, from time to time and and by the terms and conditions for the use ared and assessed sources of income	e to inform immediately the Central pre-existing account under NPS. I any amendment thereof as approved sage of I-PIN (to access CRA website	
the right to peruse my financial profile of share to found violating the provisions of any law relating  Date ddd / mm / y y y			iorare agree that INPS Trust has the h	gir to close tily FRAN III case I am
Place :			Signature/Thumb Imp (* LTI in case of male and	ression* of Applicant I RTI in case of females)

14. DECLARATION BY EMPLOYER / CO		
Employees Em	Applicable to Corporate Emplo aployment Details to be filled and attested by	
Date of Joining	D D M M Y Y Date of Retir	
Employee Code/ID		
Corporate Regd. Number (CHO No.) A	Jotted by CRA	
CBO No. allotted by CRA		
		and the second and th
Certified that the details provided in thi	-	employed with us, including the intained by us. Also, it is further certified that he / she has read
	er to him / her by us and got confirmed by him	
	o. to 2, ao ana got commica 2,	
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 PRESI	ENCE (POP)	
Receipt No. (17 digits)		
POP-SP Registration Number		
Document accepted for date of Birth P	roof:	
Copy of PAN card submitted	Yes No KYC Complia	ance Yes No
Documents Received:	(Originals Verified) Self Certified	(Attested) True Copies
Identity Verification	Done	
Existing Customer of the POP:		
	nt/Kumis an existing KYC verif	
		count (specify nature of the account) having account number /
		evailable with us for this NRI/OCI customer / client matches the
		ther confirm that the Bank a/c of Sh / Smt / Kum is
an NRE/NRO account (applicable in ca	ise of ballk POP)	
To be filled by POP-SP		No
		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date dd lmm lyyyy
	[To be filled by CRA - Facilitation Co	entre (CRA-FC)]
Received by	CRA-FC Registration	n Number
Received at		Date   d   d   /   m   m   /   y   y   y
1.0001700 ut		
Acknowledgement Number (by CRA-FC)		
PRAN Allotted		
	ACKNOWLEDGEMENT	
	AGINIOWEEDGEMENT	
Name of the Subscriber:		
Contribution Amount Remitted:	₹	
Date of Receipt of Application and Cont	ribution Amount: d d / m m / y	у у у
		Stamp and Signature of the PoP:

Ver 1.5

### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

**NSRF** 

### **General Guidelines**

Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word. In case, you mention the CKYC 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 fields are left blank or the application form (a)

- (c) is printed back to back
- 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 (d) the applicant, the application shall not be accepted.
  Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the office of point of presence.

(e)

	14		, ,							
S. No	Item No.	Item Details	Instructions							
			<ul> <li>i. This Form is applicable only for Non Resident Indians (NRIs) &amp; Overseas Citizen of India (OCIs)</li> <li>ii. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN.</li> <li>iii. The applicant shall mention father's name and mother name and shall select the option to be printed on PRAN Card</li> </ul>							
		Spouse Name	If married, spouse name is mandatory.							
1	1	Father's Name	<ul> <li>i. Father's name is mandatory.</li> <li>ii. If father's name has more than 30 digits, you may fill Annexure II for the same.</li> </ul>							
			i. Mother's name is mandatory ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.							
-		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.							
			S.No         Proof of Address (Copy of any one) - For NRIs         S.No         Proof of Address (Copy of any one) - For OCIs           1         Passport issued by Government of India         1         Passport issue by Country of his/her Citizenship           2         Ration card with photograph and residential address         2         Certificate of Registration - Overseas Citizen of India           3         Bank Pass book or Bank certificate with photograph and residential address residential address         3         Valid Driving License with photograph and residential address							
			4 Certificate of the POP for an existing customer. 4 NRE/NRO Bank Pass book or Bank's certificate with photograph and residential address							
			5 Voters Identity card with photograph and residential address 6 Valid Driving license with photograph and residential address 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 overseas address provided							
			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 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							
		Address Details	India clearly showing the address  10 Job cards issued by NREGA duly signed by an officer of the							
2	3, 4 & 5		State Government  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							
			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 PSÜ containing address.  12 Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)							
			13 Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)							
			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 in the identity proof is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of bot identity and address.  (ii) If the address indicated on Passport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address should b obtained.  (iii) An NRI applicant is required to furnish an Indian address.							
٦			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	Dorson	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads c state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.							
4	8	Applicant Bank Details	Applicant is required to provide the details of NRE/NRO account only . Please attach proof for the bank details containing Subscriber Name, Bank Name, Bank Account Number and IFS Code (any one of the following)  (i) Cancelled Cheque  (ii) A copy of bank passbook  (iii) Bank statement  (iv) Letter from Bank							
5	9	Subscriber's Nomination Details	Nomination Details are mandatory. 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></www.npstrust.org.in>							
7	12	Declaration by Applicant on FATCA Compliance	Clarification / Guidelines on filling 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.  Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)  If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)  In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be							
8	13	Declaration by Applicant	provided or reasons for not having relinquishment certificate is to be provided  Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP							

### **General Information for Applicant**

The applicant can obtain the status of his/her application from CRA and their designated nodal officer.

Applicant are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

For more information / clarifications, 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

Ver 1.5 Annexure A to NRSF

# **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%

- 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.