

CPO's SI. No. 80/15

RBANo.- 30/15

dated : 19/6/15

No. E/207/01/ECR/HJP

1. CAO(Con)/उत्तर एवं दक्षिण/पटना।
2. सभी PHOD/CHOD, पूमरे, हाजीपुर
3. DRM/पूमरे/मुगलसराय, दानापुर, धनबाद, सोनपुर एवं समस्तीपुर।
4. मुख्य कार्मिक अधिकारी/पूमरे/हाजीपुर।
5. मुख्य कार्मिक अधिकारी/प्रशासन/पूमरे/हाजीपुर।
6. मुख्यालय के सभी कार्मिक अधिकारी।
7. CWM/पीडी/मुगलसराय, यात्रिक कारखाना/समस्तीपुर।
8. Sr. DPO/पूमरे/मुगलसराय, दानापुर, धनबाद, सोनपुर एवं समस्तीपुर।
9. उप महाप्रबंधक/विधि/पटना।
10. प्राचार्य/क्षेत्रीय रेल प्रशिक्षण संस्थान/मुजफ्फरपुर एवं भूली।
11. सभी मुकाय्याधी/काय्याधी/पूमरे/हाजीपुर

विषय/Sub: Revision of subscriber Registration Books - New Pattern System.

संदर्भ/Ref: Rly. Bd's letter no.: 2014/AC-II/2/4 dt 21/5/15

विषयार्थित से संबंधित संदर्भित पत्र की छायाप्रति सूचना, मार्गदर्शन एवं अग्रेस्तर आवश्यक वगैरह हेतु प्रेषित की जा रही है।

A copy of above referred letter on the subject matter is being forwarded here with information, guidance and needful onward action please.

संलग्नक: यथोपरि।

DA : As above.

(~~प्र. पी. पी. पी. पी. पी.~~)
वकाधि/14/15 एवं रुलिंग
कृते महाप्रबंधक / कार्मिक / हाजीपुर

प्रतिलिपि सूचनार्थ, मार्गदर्शन एवं आवश्यक कारवाई हेतु प्रेषित :

1. महासचिव/ईसीआरकेयू/पूमरे/हाजीपुर।
2. महासचिव/एस0सी0/एस0टी0 एशोसिएशन/पूमरे/हाजीपुर।
3. सहायक (एनपी, पी) डी.पी./हाजीपुर, कृपया 24 नवंबर 15 तक अवलोकन करने की जानकारी दें।
4. महासचिव/उप महाप्रबंधक/प्रशासन/पूमरे/हाजीपुर

OP. 8
22/6/15

46/1

NSDL e-Governance Infrastructure Limited
Central Recordkeeping Agency
Circular



March 31, 2015

Circular No.: CRA/PO&RI/Master/2015/003

Subject: Revision of Subscriber Registration Forms

All Nodal Offices are hereby informed that the existing Subscriber Registration Form has been revised and a new Subscriber Registration Form which is common across all sectors has been notified by Pension Fund Regulatory and Development Authority (PFRDA). The Nodal Offices are advised to use the new **Common Subscriber Registration Form** from April 1, 2015 for registration of subscribers in National Pension System (NPS).

The Nodal Office are requested to note that the subscribers are required to submit the self-attested copies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The **Common Subscriber Registration Form** has been enclosed as **Annexure**. Same can also be downloaded from CRA website (www.npsra.nsdl.co.in).

In case any further clarification is required in this regard, you may contact Mr. Sunny Gonsalves at 022-24994856 (E-mail ID - sunnyg@nsdl.co.in) or Mr. Avdhoot Shettye at 022-2499 4949 (E-mail ID - avdhoots@nsdl.co.in).

For and on behalf of
NSDL e-Governance Infrastructure Limited


Mandar Karlekar
Asst. Vice President

Encl: a/a

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM

Affix
recent colour
photograph
of
3.5 cm X 2.5 cm
size

Please Select your Category [Please tick (✓)]

☐ Government Sector

☐ Corporate Sector

☐ All Citizen Model

☐ NPS Lite/Swavalamban

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

I hereby request that an NPS account be opened in my name as per the particulars given below.
* Indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

1. PERSONAL DETAILS:

Name of Applicant in full

First Name*

Middle Name

Last Name

Date of Birth*

Gender [Please tick (✓)]

Male ☐

Female ☐

Others ☐

Father's Name*

(Refer Sr. No. 1 of instructions)

Shri ☐

Smt. ☐

Kumari ☐

(Date of Birth should be supported by relevant documentary proof)

2. IDENTITY DETAILS* (Any one of the documents need to be provided)

PAN

Aadhaar

Voter ID

Please refer Sr. No. 2 of the instructions.

Passport

Others

3. CORRESPONDENCE ADDRESS DETAILS*

Flat/Room/Door/Block no.

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District

State/U.T.

Landmark

PIN Code

4. PERMANENT ADDRESS DETAILS

Flat/Room/Door/Block no.

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District

State/U.T.

Landmark

PIN Code

Proof of Address (Correspondence/Permanent)

Aadhar card ☐ Passport ☐ Voter ID card ☐ Driving License ☐ Ration Card ☐ Registered Lease ☐ Sale agreement of residence ☐

Latest Gas Bill* ☐ Electricity Bill* ☐ Telephone [Landline] Bill* ☐ Others (please specify)

*Not more than 3 months old. Please refer Sr. No. 2 of the instructions

5. CONTACT DETAILS

Landline Phone (with STD Code)

Email ID

Mobile + 9 1

Do you want to subscribe to SMS Alerts : Yes ☐ No ☐ Mobile number is essential for receiving sms alerts regarding your NPS account.

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

Occupation Details [please tick (✓)]

Private Sector ☐

Government Sector ☐

Public Sector ☐

Business ☐

Professional ☐

Agriculture ☐

Homemaker ☐

Student ☐

NRI ☐

Other (please specify)

Please Tick If Applicable

Politically exposed person ☐

Related to Politically exposed Person ☐

Income Range (per annum)

Upto 1 lac ☐

1 lac to 5 lac ☐

5 lac to 10 lac ☐

10 lac to 25 lac ☐

25 lac and above ☐

Educational Qualifications

Below SSC ☐

SSC ☐

HSC ☐

Graduate ☐

Masters ☐

Professionals (CA, CS, CMA, etc.) ☐

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

Account Type [please tick (✓)]

Saving A/c ☐

Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address

PIN Code

Bank MICR Code

IFSC Code

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

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

Nominee Name

Relationship with the Nominee

Date of Birth (in case of Minor)

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

Nominee's Guardian

9. NPS OPTION DETAILS (Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also YES ☐ NO ☐

If yes, please submit details in Annexure I. (Tier II account is not available for NPS Lite/Swavalamban subscribers).

I would like my PRAN to be printed in Hindi YES ☐ NO ☐

If Yes, please submit details on Annexure II

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) **PENSION FUND SELECTION (Tier I)** : The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:

(i) **Government Sector**: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.

(ii) **NPS Lite/Swavalamban**: NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

(iii) **All Citizen Model**: Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.

(iv) **Corporate Model**: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund	Please Tick (✓)	Availability of the Pension Funds		
LIC Pension Fund Limited	☐	Available to Government Sector	Available to NPS Lite/Swavalamban	Available to All Citizen Model
SBI Pension Funds Private Limited	☐			
UTI Retirement Solutions Limited	☐			
ICICI Prudential Pension Funds Management Company Limited	☐			
Kotak Mahindra Pension Fund Limited	☐			
Reliance Capital Pension Fund Limited	☐			
HDFC Pension Management Company Limited	☐			

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) **INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)**
(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☐

For details on Auto Choice, please refer to the Offer Document. Please note:

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice

2. In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

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

Asset Class	E (Cannot exceed 50%)	C	G	Total	Note:- 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.
%					

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 6 of the instructions)

Declaration & Authorization by all subscribers

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

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

Additional declaration by Swavalamban subscriber

I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

Declaration under the Prevention of Money Laundering Act, 2002

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

Date

Place

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

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/POI/Aggregator:

12. DECLARATION BY EMPLOYER/POP/AGGREGATOR

Applicable to Government Subscribers only

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

Date of Joining

Date of Retirement

Employee Code/ID

Group of Employee (Tick as applicable)

Group A ☐

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

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Person	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Deptt./Ministry		Date	

Applicable to Corporate Subscribers only

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

Date of Joining

Date of Retirement

Employee ID

CBO No. allotted by CRA

Corporate Regd. No. Allotted by CRA

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

Signature of the Authorized Person (In the box above)	Date	Rubber Stamp of the Corporate (In the box above)
Designation of the Authorized Person	Place	

To be filled by POP-SP (Only in case of All Citizen, Model or Corporate subscribers)

POP-SP Registration Number

Receipt No. (17 digits)

Document accepted for date of Birth Proof

Copy of PAN card submitted YES ☐ NO ☐

KYC Compliance YES ☐ NO ☐

Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kum _____ is an existing customer of the Bank having fully operative Saving Bank account no _____ at _____ branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum _____ is not a 'Basic Savings Bank Deposit Account'.

Aadhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Number _____ of Sh/Smt/Kum _____ has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

POP-SP Seal	Signature of Authorized Signatory	Name:	Place:
		Designation:	
		Date:	

Declaration by the Aggregator (Only in case of NPS Lite/Savalyamban Subscribers)

Authorisation by Aggregator's office (NL - AO)

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

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	NPS Lite - Collection Centre (NL - CC) Registration Number
NPS Lite Account Office (NL-AO) Registration Number	
Membership No. allotted by Aggregator (if any)	
Place	Date

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

CRA-FC Registration Number

Received by

Received at

Acknowledgement Number (by CRA-FC)

PRAN Allotted

Date

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- 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 impression should be verified by the DDO/PAO/DO/designed officer of POP-SP/Aggregator.
- Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website <http://www.npsra.nsdl.co.in>

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2	2, 3 & 4																																																																		
		Other Details (Occupation Details)	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) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRAN.																																																																
3	6	Politically Exposed Person	An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.																																																																
4	7	Subscriber's Bank Details	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. For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be Integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	12	Declaration by Subscriber	Signature / Thumb Impression should only be within the box provided in the form. Thumb Impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.																																																																

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.
- For more information / clarifications, contact CRA:
 Website: <https://www.npsra.nsdl.co.in>
 Call: 022-2499-4200
 e-mail: info.cra@nsdl.co.in
 Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Panel (W), Mumbai - 400 013.

Stamp and Signature of the _____

TIER II DETAILS

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

1. PAN card Number (Mandatory):

2. Subscribers Bank Details: (Mandatory)

If same as Tier I, Please Tick (✓) ☐ else, provide the details below: Savings A/c ☐ Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address

PIN CODE

IFSC Code

Bank MICR Code

Subscriber's Nomination Details

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

3. Name of the Nominee:

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

4. Date of Birth (in case of Minor)

5. Relationship with the Nominee:

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

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

Subscriber Scheme Preference (Please refer offer document for further details):

7. (i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case, if you do not indicate a choice of PF, please note that it is deemed that you have consented to opting for the default option for the PF as prescribed by PFRDA. Currently, SBI Pension Funds Private Limited is the default PFM.

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

Pension Fund Name	Please tick only one (✓)
LIC Pension Fund Limited	☐
SBI Pension Funds Private Limited	☐
UTI Retirement Solutions Limited	☐
ICICI Prudential Pension Funds Management Company Limited	☐
Kotak Mahindra Pension Fund Limited	☐
Reliance Capital Pension Fund Limited	☐
HDFC Pension Management Company Limited	☐

Annexure I to CSRI

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

Active Choice	Auto Choice	(For details on Auto Choice, please refer to the Offer Document)
		Note:- (a) In case you do not indicate any investment option, your funds will be invested in Auto Choice (b) In case you have opted for Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice.

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

Asset Class %	E (Cannot exceed 50%)	C	G	Total	Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.
				100%	

Declaration & Authorization by subscriber

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

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

Declaration under the Prevention of Money Laundering Act, 2002

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

Date:

Place:

Signature/Thumb Impression* of
Subscriber in black ink

(* LTI in case of male and RTI in case of female)

To be filled by POP/POP(SP)

POP-SP Registration Number

Copy of PAN Card Submitted YES ☐ NO ☐

	Name:	
	Designation:	
	Place:	
POP-SP Seal	Signature of Authorised Signatory	Date

ADDITIONAL REQUEST DETAILS

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

First Name

Middle Name

Last Name

2. **Name of Mother** (required only if the applicant wants mother's name to be printed instead of Father's name on PRAN Card)

First Name

Middle Name

Last Name

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

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

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

Signature/Thumb Impression* of Subscriber in black ink	Name:
	Place:
	Date:

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

ADDITIONAL NOMINATION FORM**INSTRUCTIONS FOR FILLING IN THE FORM**

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

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

1. Name of the Nominee:

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

Present Communication address of the nominees:

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

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

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

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share:

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

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

Dated this _____ day of _____ 20____ at _____

Signature/ Thumb Impression* of the Subscriber

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

Annexure III to CSR

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

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

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

Signature of the Authorised Person

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

Designation of the Authorised Person : _____

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

Date: / /

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

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

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

Signature of the Authorised Person