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Father's Name* (Refer Sr. No. 1 of instructions)	F	i	ľ	S	t							М	i d	d		е						- 6	1 S		t		
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(Refer Sr. No. 1 of instructions)																											
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2. PROOF OF IDENTITY (Pol)* (	Any a	one (	of the	e doc	ume	ents r	need to	o be pi	rovide	ed alo	ong w	ith th	e iden	tificat	ion ni	umbe	r)										
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Voter ID Card												PA	N Car	d													
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Others	Nar	ne c	of th	e ID										D		Ν	u r	n b	е	ľ	Ple	ease r	efer Sr.	. No. :	2 of the	instru	uction
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As per the amendments made under Pr	eventi	ion of	Mon	ey-La	undei	ring (N	Mainter	nance o	f Reco	ords) S	Secon	d Ame	ndment	Rules	, 2019	), PAN	or For	m 60 i	s mar	ndato	ry ur	nder N	IPS.If	you	do not	have	PAI
at present, please ensure that these de	tails ai	re pro	video	d with	in six	mont	hs of s	ubmiss	ion of	this S	ubscri	ber Re	egistrati	on Foi	rm.												
3. PROOF OF ADDRESS (PoA)	*				C	orre	spon	denc	e Ad	dre	ss					P	erma	nent	Ad	dres	s						
[ Please tick (✓), as applicable ]					Pas	ssport	: /Drivir		se/UII			Voter	ID card	/NREG	GA Job			/Drivin on Car			UID	(Aadh	iaar)/V	oter	ID ca	rd/NR	EGA
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions					Re	gister				ment c	of resid	ence/l	Municipa	al Tax		Re	gistere	d Leas			eeme	ent of	reside	nce/	Munici	pal Ta	ax
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5. CONTACT DETAILS Tel. (Off) (with STD code) + Tel. (Res): (with STD code) + Mobile\* (Mandatory) 9 1 (Mobile Number is required for communication and to get SMS alerts) + Email ID 6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions ) Occupation Details\* [please tick( $\checkmark$ )] Private Sector Public Sector Government Sector Professional Self Employed Homemaker Student Others (Please Specify) ▶ Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) Educational Qualifications Þ Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3) Þ 7. SUBSCRIBER BANK DETAILS\* ( Please refer to Sr no. 4 of the instructions ) (All the bank details are mandatory except MICR Code.) Account Type [ please tick( $\checkmark$ ) ] Current A/c Savings A/c Bank A/c Number Bank Name Branch Name **PIN Code** Branch Address Bank MICR Code IFS Code 8. SUBSCRIBERS NOMINATION DETAILS\* (Please refer to Sr. No . 5 of the instructions) Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately) Middle Name First Name Last Name Relationship with the Nominee Date of Birth (In case of Minor) 1 Nominee's Guardian Details (in case of a minor) First Name Middle Name Last Name 9. NPS OPTION DETAILS (Please tick (✓) as applicable) I would like to subscribe for Tier II Account also YES 🗌 NO 🔄 If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/ POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) YES NO If Yes, please submit details on Annexure II I would like my PRAN to be printed in Hindi 10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\* ( Please refer to Sr no. 6 of the instructions ) (i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds: Government Sector: The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry. 2. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below. 3. Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer. NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator. 4. Name of the Pension Fund (Please select only one) Please Tick (✓) **Default Choice of Pension Funds** LIC Pension Fund Limited Available in Government sector, if employee/subscriber does not exercise SBI Pension Funds Private Limited choice of PF UTI Retirement Solutions Limited ICICI Prudential Pension Funds Management Company Limited Kotak Mahindra Pension Fund Limited HDFC Pension Management Company Limited Birla Sunlife Pension Management Limited \* Selection of 01 Pension Fund is mandatory for All Citizen subscriber (ii) INVESTMENT OPTION (Please Tick (✓) 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. 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).

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(iii)	ACTIVE CH	OICE – ASS	SET ALLO	CATI	ON (to	be fil	led u	p on	nly in	cas	e y	ou l	nave	e se	lecte	d 'A	ctive	e Ch	oice	the	inv	es	tmer	nt op	ptio	n)		
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	Specify %							10	0%	A-Al	terna	ative	Inve	stme	ent Fund	ds inc	ludin	g inst	rumer	its lik	e CM	IBS	, MBS	3, RE	ITS,	AIFs,	Invl	ts etc.
	Choices in Govt sector	Not av	ailable	Av	ailable	No avail		In	case	of Gc	overr	nmer	t em	ploy	ee/subs			Activo s 'G' (		ce of	Asse	t Al	locatio	on is	restr	icted	to A	.sset
	Please note:																											
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Rule b) the i corre or of c) I per and conf d) I uno	all be my res s 114F to 114 nformation pr ect and comp herwise. mit/authorise any of NPS i idential inform dertake the re	H of the Inco ovided by mo lete and that the NPS Tru ntermediarie nation for con esponsibility	ome tax Ru e in the For I have not v ust to colled s wherever mpliance w to declare a	iles, 1 rm, its withhe ct, sto situa ith an and d	962 the s suppo eld any ore, con ted inc y law o isclose	ereunde orting Ai materia nmunic luding s r regula within	er and nnexu al infoi ate ar sharin ation v 30 da	the res a mati nd pr g, tra vheth ys fr	inform as we ion the roces ansfe her de rom the	matic ell as nat m s info r and omes he da	on p in tl ay a orm d dis stic ate	orovio he d affec ation sclos or fc of cl	ded i ocur t the n relia sure reig nang	in th nen ass ating bet n. ge, a	tary experience of the sessme	m is i viden ent/c e Ac them ange	n ac ice a ateg cour and	cord re, to oriza it and to th to th	ance the tion o d all t ne au ay tak	with best of the rans thori	the of m action ties ace	afo ny I cou ons in a in t	resai know nt as ther and/c he ir	id ru rledg a Ro rein, or ou	lles, je ar epoi by t itsid	nd be rtable the N le Ind	elief, e aco IPS dia o	, true, count Trust of any ded in
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12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	
Declaration & Authorization by all subscribers	
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 correc Record Keeping Agency/National Pension System Trust, of any change in the abo understand that I shall be fully liable for submission of any false or incorrect informat	
	CRA, from time to time and any amendment thereof as approved by PFRDA, whether ind 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         d         I         m         m         I         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     d     I     m     m     I     y     y     y	Date of Retirement d d / m m / y y y
Employee Code/ID (If applicable)	Employee Code/ID and DDAN are entioned. If you intend
PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
Group of Employee (Tick as applicable) Group A Grou	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 b the address and employment details provided above are as per the servic 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 (In the box above)         Rubber Stamp of the DDO           (In the box above)         (In the box above)	Signature of the Authorised person (In the box above) 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	
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpora	ite Subscribers only
(Subscribers Employment Details to be filled and a	ttested by Corporate (All Details are Mandatory))
Date of Joining     d     d     /     m     //     y     y     y       Employee Code/ID     Image: Code/ID	Date of Retirement   d   d   I   m   m   I   y   y   y
Corporate Regd. Number (CHO 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	Rubber Stamp of the Corporate (In the box above)

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	HE AGGREGATO						
		Applicable	e to NPS Lite Subs	scribers			
Authorisation by Aggr	egator's office (N	NL - AO)					
	-	with the aggregator and he		-		-	-
been read over to her/hi	•	ed /thumb impressed befor	re me by		after (s)he h	has read the entrie	s/ entries h
Signature o	f the Authorised per	rson (In the box above)		Rubber Stamp	of the Aggregator	(In the box above)	
Name of the Aggregator							
NPS Lite Account Office (N		Sumber		ction Centre (NL - CC	Registration Number	or	
					regionation runno		
Membership No. allotted by	y Aggregator (if any)						
Place		Date d d / m m	n / y y y	У			
6. TO BE FILLED BY P	OP-SP						
					gistration Numb	or	
Receipt No. (17 digits)				I UF-SF RE	gistration Numb		
Document accepted for	date of Birth Proc	of:					
Copy of PAN card subm	nitted YES	NO	KYC Compli	ance YES	NO		
Documents Received:	(Or	riginals Verified) Self Certi	ified (Atteste	ed) True Copies			
Identity Verification :	Doi	ne					
Existing Customer:							
I/we hereby certify/conf	irm that Shri/Smt/	/Kum is a	in existing KYC ve	rified customer T	he above applic	ant is having an o	perative Ba
The KYC documents an RulesI/We further confir Bank PoP)	vailable with us fo rm that the Saving	cify nature of the account) or this customer/client ma gs Bank a/c of Sh/Smt/Kur	tches the requiren	nent for opening			
The KYC documents at RulesI/We further confir Bank PoP) Adhaar Based KYC Ce I/we hereby certify that	vailable with us for rm that the Saving ertificate: Aadhaar Number	or this customer/client ma	ttches the requiren mis Sh/Smt/Kum	nent for opening not a 'Basic Sav	ings Bank Depos	sit Account (applic	able in cas
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The KYC documents a RulesI/We further confir Bank PoP) Adhaar Based KYC Ce I/we hereby certify that and address mentioned	vailable with us for rm that the Saving ertificate: Aadhaar Number d on the original A	or this customer/client ma gs Bank a/c of Sh/Smt/Kur rof	ttches the requiren isis	nent for opening not a 'Basic Sav ed on NPS applic	ings Bank Depos	sit Account (applic	able in cas
The KYC documents an RulesI/We further confir Bank PoP) Adhaar Based KYC Ce I/we hereby certify that and address mentioned	vailable with us for rm that the Saving ertificate: Aadhaar Number d on the original A POP-SP	or this customer/client ma gs Bank a/c of Sh/Smt/Kur rof	Sh/Smt/Kum	nent for opening not a 'Basic Sav ed on NPS applic	ings Bank Depos	sit Account (applic as been checked	able in cas
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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) a blank box after each word In case, you mention the KYC number submission of proof for the same is necessary. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are (h)(c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted. (d) 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. (g) S. No Item Item Details Instructions No. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card. Personal Details If married, spouse name is mandatory Spouse Name Father's name is mandatory 1 1 Father's Name If father's name has more than 30 digits, you may fill Annexure II for the same Mother's name is mandatory If Mother's name has more than 30 digits, you may fill Annexure II for the same. Mother's Name Please ensure that the date of birth matches as indicated in the document provided in the support. Date of Birth Proof of Identity (Copy of any one) Proof of Address (Copy of any one) S.No S.No Passport issued by Government of India. 1 1 Passport issued by Government of India Ration card with photograph. 2 2 Ration card with photograph and residential address Bank Pass book or certificate with photograph and residential 3 Bank Pass book or certificate with Photograph. 3 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 Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. 7 7 Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly PAN Card issued by Income tax department 8 8 Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address 9 Aadhar Card / letter issued by Unique Identification Authority 9 Identity, Correspondence & of India Job cards issued by NREGA duly signed by an officer of the Permanent address Job cards issued by NREGA duly signed by an officer of the 10 10 details State Government State Government Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial 11 The identity card/document with address or letter of allotment 2,3&4 2 of accompation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address. Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. Photo. Identity Card issued by Defence, Paramilitary and Police department's / Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old) 12 12 Ex-Service Man Card issued by Ministry of Defence to their Latest Telephone bill (landline & postpaid mobile) in the name of 13 13 the Subscriber / Claimant and showing the address (less than 2 months old) employees. 14 Photo Credit card. Latest Property/house Tax receipt (not more than one year old) 14 Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation) 15 Note (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.
 (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.
 (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)
 Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for Politically Exposed Person 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. 3 6 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 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. Subscriber's Bank 7 4 Details In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected. Subscriber's Nomination Details 5 8 Government employee/subscribers can exercice choice of Pension Funds and allocate their investments either in Asset Class'G' under' Actice Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd. Pension Fund (PF) 6 10 Selection and Investment Option 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 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)
 If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)
 In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided
 Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females. Declaration by subscriber on FATCA 7 11 Compliance Declaration by Subscriber 8 12 Impression 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. b) 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

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

Ver 1.5

CSRF

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

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

Please note:

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

Annexure I to CSRF
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					TIER	R II DE	TAI	LS													
l he	ereby submit the following deta	ils for activation	on of Tie	r – II a	iccour	nt unde	r NP	5.													
	PAN card Number (Mandatory) :																				
	Subscribers Bank Details:		are mar			L of MICE	Cod	e)													
۷.	If same as Tier I, Please Tick ( $$ )									С	Curr	ent A	Vc								
	Bank A/c Number					1 1				I	1	1				I	1	I	1	I	1 1
	Bank Name																				
	Branch Name																				
	Branch Address				4 - /l   T										COD	E					
				Sta	ite/U.T												ητ	ľ	у		
	Bank MICR Code					S Code															
Su	bscriber's Nomination Deta	ils																			
lf s	ame as Tier I, Please Tick ( $$ )	else, provide	the deta	ils belo	ow. In (	case yo	u des	sire to	nomina	ate m	nore	e tha	n one	e per	son, j	oleas	e fill A	Anne	xure	e III.	
	Name of the Nominee:													·							
			Middle N	1								-+ NI									
	rst Name		Middle N	vame								st Na			1						
4.	Date of Birth (In case of Minor)	d d I m	m /	у у	у	у															
5.	Relationship with the Nominee:																				
6.	Nominee's Guardian Details (in o	case of a minor	):																		
	rst Name		Middle N	lama								st Na	2000								
				Vallie				1 1	1 1						1				1	1	
Su	bscriber Scheme Preferenc	е																			
7.	If same as Tier I, Please Tick ( $$ )	else, pro	vide the o	details	below																
	(i) PENSION FUND SELECTIO	ON (Tier II) : Ple	ase read	below	conditi	ons bef	ore op	oting fo	or the cl	hoice	of	Pens	ion F	unds	:						
	* Name of the Pension Funds a	are given in alph	abetical o	rder.																	
	Name of the Pensio	n Fund (Please	e select o	nly on	e)	Ple	ease	Tick (	(√) Only	y On	е										
	Birla Sunlife Pension Mana	gement Limited																			
	HDFC Pension Managemen																				
	ICICI Prudential Pension Fu		ent Comp	any L	imited																
	Kotak Mahindra Pension Fu	und Limited																			
	LIC Pension Fund Limited																				
	SBI Pension Funds Private																				
	UTI Retirement Solutions Li																				
	* Selection of Pension Fund is mar	ndatory both in Activ	ve and Auto	Choice	Э.																
	(ii) INVESTMENT OPTION (Please Tick ( $$ ) in the box gi	iven below show	wina vour	inves	tment	ontion)															
		Auto Choice	your	111000	anenti	οραστη).															
	Please note:																				
	1. In case you select Active	e Choice fill up s	section (ii	i) belo	w and	if you s	elect	Auto	Choice	fill u	p se	ectio	n (iv)	belo	W.						
	2. In case you do not indica	ate any investm	ent optio	n, you	r funds	will be	inves	sted ir	n Auto C	Choic	e (	LC 5	0).								

 In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

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

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

Please note:

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

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

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

#### **Declaration & Authorization by subscriber**

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

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

#### Declaration under the Prevention of Money Laundering Act, 2002

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

Date:			
Place:	(* L1	Subse	Thumb Impression* of criber in black ink nale and RTI in case of female)
	To be filled by POP/POP – SP/Nod	al Office	
POP-SP/Nodal Office Registration Number			
Copy of PAN Card Submitted YES NO			
		Name:	
		Designatio	n:
		Place:	
POP-SP/Nodal Office Seal	Signature of Authorised Signatory	Date	d d I m m I y y y y

### 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.

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

1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name            Middle Name            Last Name	First Name	First Name
2. Present Communication address of the nomi	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee         d         I         m         I         y <th< th=""><td>2nd Nominee     d     d     I     m     m     I     y     y     y</td><td>3rd Nominee         d         I         m         m         I         y         <td< td=""></td<></td></th<>	2nd Nominee     d     d     I     m     m     I     y     y     y	3rd Nominee         d         I         m         m         I         y <td< td=""></td<>
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
	1	
5. Percentage Share:		
5. Percentage Share:         1st Nominee       %	2nd Nominee %	3rd Nominee
		3rd Nominee %
1st Nominee		3rd Nominee % %
1st Nominee       %         6. Nominee's Guardian Details (Only in case of a	minor):	
1st Nominee       %         6. Nominee's Guardian Details (Only in case of a 1st Nominee's Guardian Details         First Name         Middle Name         Image: State of the state of th	Iminor):       Iminor         2nd Nominee's Guardian Details         First Name         Middle Name         Last Name         20       at	3rd Nominee's Guardian Details           First Name           Middle Name

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

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC	
Certified that the above declaration and nomination details has been signed	/ thumb impressed before me by Sh/Smt/Ms
-	ies have been read over to him / her by me and got confirmed by him / her.
Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
POP-SP/DDO/NL-CC Registration Number	Designation of the Authorised Person :
(Allotted by CRA)	POP-SP/DDO/NL-CC Office Name :
Date d d / m m / y y y y	
TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
	(Allotted by CRA):
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person
	, v

### ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if na	ame	exc	eed	s 30	char	acter	rs an	d no	t able	e to l	be co	vere	d on	page	1 0	f the	appl	icati	on fo	orm)						
	First Name																										
	Middle Name																										
	Last Name																										
2.	Name of Mother (required if n	am	eex	ceec	ls 30	) cha	racte	ers a	nd no	ot ab	le to	be co	overe	ed or	page	e 1 d	of the	e app	licat	tion f	form)	)					
2.	Name of Mother (required if n	am	e ex	ceec	ls 3(	) cha	racte	ers a	nd no	ot ab	le to	be co	overe	ed or	page	e 1 d	of the	e app	licat	tion f	form)	)					]
2.			e ex		ls 30	) cha	racte	ers a	nd nc	ot ab	le to	be co	overe	ed or	 	e 1 d	of the	e app   	licat	tion f	form)						]
2.	First Name		e ex		ls 30	) cha	racte	ers a	nd nc	ot ab	le to	be co	)     	ed or	   	e 1 d	of the	e app	licat	tion 1	Form)						

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

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

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

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

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