

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
- VII. 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.
- VIII. 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.npsra.nsdl.co.in).
- IX. 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.
- X. 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.
- XI. 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).
- XII. Illustrative list of documents acceptable as proof of identity and address.

S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India.	1	Passport issued by Government of India
2	Ration card with photograph.	2	Ration card with photograph and residential address
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 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)

Note:

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

I. SUBSCRIBER SCHEME PREFERENCE:

This section is not applicable to
State Government Subscribers.

Please continue on the next page.

ADDITIONAL NOMINATION FORM

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

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

1. Name of the Nominee*:

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

2. Present Communication address of the Nominees*:

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

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

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

4. Relationship with the Nominee*:

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

5. Percentage Share*:

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

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

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

Signature/ Thumb Impression* of the Subscriber

Dated this _____ day of _____ 20 at _____

TO BE FILLED/ATTESTED BY DDO

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

Signature of the Authorised Person

DDO Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

DDO Office Name _____

Date: _____

TO BE FILLED/ATTESTED BY DTO or DTA

DTO or DTA Registration Number (Allotted by CRA): _

Rubber Stamp of the DTO or DTA

Signature of the Authorised Person

INTERNAL DOCUMENT

DO NOT FORWARD THIS TO CRA

FOR OFFICE RECORDS ONLY