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National Pension System (NPS) - Request for Subscriber Shifting Protean eGov Technologies Limited (formerly 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 *:
(First Name) (Middle Name) (Last Name)
II) PRAN (Permanent Retirement Account Number) *:
III) Existing PRAN association (Refer Instruction No. I)
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / POP-SP Name: *
IV) Target PRAN association (Refer Instruction No. II)
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / POP-SP Name: *
V) PAN
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
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Section B - Additional information for Subscribers shifting to Government Sector I. Employment Details (All Details are Mandatory): [Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX] a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy) c) Group of the Employee: A B C D D d) Office: (dd/mm/yyyy) e) Department: (dd/mm/yyyy) f) Ministry: (g) Basic Salary: (h) Pay Scale:

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

I. Sul	I. Subscriber Scheme Preference*:					
Do yo	Do you wish to continue with the existing Pension Fund and Investment Option: Yes No (If 'No, please submit details on Page 4)					
• If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.						
• If Subscriber is shifting from Government Sector, please submit Subscriber Scheme Preference details on Page 4.						
II. KYC details* (Applicable only if Subscriber is shifting from Government Sector. Refer Instruction No. X)						
a)	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	Employment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)					
a) Dat	e of Joining*: b) Date of Retirement*:					
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$					
c) Em	ployee ID*: d) CHO Reg No*:					
after he / s	hat the above declaration has been signed before me byshe 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 the Authorised Person					
Designation	on of the Authorised Person Rubber Stamp of the Corporate					
	Declaration (Applies to Subscribers across all sectors):					
I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.						
Date Signature/Left Thumb impression of Subscriber*						
D '	For Office use only (To be filled up by the officer accepting the form)					
	Nodal Office Registration Number:					
	rerified by: Date: Time stamp					
	Number issued by the receiving office (only for POP-SP)					
L						

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
- VII. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- VIII.Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- IX. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
- X. Illustrative list of documents acceptable as proof of identity and address.

1	B		
	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
	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
	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
	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address or letter of allotment of 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 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)

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 t	Name of the Pension Fund (Please select only one)					se Tick ($\sqrt{}$ only one	Default Choice of Pension Funds
LIC Pensi	IC Pension Fund Limited							
SBI Pensi	on Funds Priva	te Limited						Available in Government sector, if employee/subscriber does not exercis
UTI Retirement Solutions Limited								choice of PF
ICICI Prudential Pension Funds Management C				Company Limite	ed			
Kotak Ma	hindra Pension	Fund Limi	ted					
HDFC Pe	nsion Managen	nent Compa	any Limited	d				
Aditya Bi	Aditya Birla Sun Life Pension Management Limited							
TATA Per	nsion Managen	nent Limite	d					
Max Life	Pension Fund I	Managemer	nt Limited					
Axis Pens	ion Fund Mana	gement Lir	nited					
In case you In case you In case you	ou select Active ou do not indicat ou have opted font will be made a	e any investr or Auto Choi as per Auto C	p section (iii nent option, ice and fill u	50).	e invested in ow relating	Auto Cho to Asset A	ice (LC 50). llocation, the	
lease note: In case ye In case ye In case ye in case ye investme	ou select Active ou do not indicat ou have opted font will be made a	Choice fill upe any investror Auto Choics per Auto C	p section (iii nent option, ice and fill u	your funds will be up section (iii) bel 50). A (Cannot	e invested in ow relating	Auto Cho to Asset A e selected Note:1. C-Corpo Governm	I up section (ince (LC 50). Illocation, the Active Choice Asset class Errate debt are nent Bonds a	Asset Allocation instructions will be ignore' the investment option) Equity and related instruments; Asset class of related instruments; Asset class and related instruments; Asset Class
lease note: In case your lin case your lin case your lin case your linease your li	ou select Active ou do not indicate ou have opted four will be made a DICE-ASSET A E (Cannot	Choice fill upe any investror Auto Chois per Auto C	p section (iii ment option, ice and fill t Choice (LC 5 ON (To be f (Max up)	your funds will be up section (iii) bel 50). A (Cannot	e invested in ow relating ase you have Total 100%	Auto Cho to Asset A e selected Note:1. C-Corpo Governn Alternati MBS, RI	l up section (ince (LC 50). Illocation, the Asset class E-rate debt are then Bonds ave Investmen EITS, AIFs, In	Asset Allocation instructions will be igno e' the investment option) Equity and related instruments; Asset class of the investment option instruments; Asset class of the investment of the including instruments like CMB vlts. Etc.
lease note: In case you In case you In case you investme	ou select Active ou do not indicate ou have opted four will be made a DICE-ASSET A E (Cannot	Choice fill up e any investror Auto Chois per Auto C LLOCATIO C (Max up to 100%)	p section (iii ment option, ice and fill t Choice (LC 5 ON (To be f (Max up)	your funds will be up section (iii) bel 50). A (Cannot exceed 5%)	ase you have Total 100% In case of	Auto Cho to Asset A e selected Note:1. C-Corpo Governn Alternati MBS, Ri of Govern	l up section (ince (LC 50). Illocation, the Asset class E-rate debt are then Bonds ave Investmen EITS, AIFs, In	Asset Allocation instructions will be ignore e' the investment option) Equity and 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 Asset class of the funds including instruments like CMB vlts.
In case you In cas	ou select Active ou do not indicat ou have opted font will be made a OICE-ASSET A E (Cannot exceed 75%) Not available to the total allocal ication shall be in the control of the contro	Choice fill up e any investr or Auto Chois per Auto Control Co	p section (iii nent option, ice and fill the Choice (LC 5 ON (To be f G (Max up to 100%) Available E, C, G and	your funds will be up section (iii) bel 50). illed up only in ca (Cannot exceed 5%) Not available d A asset classes	ase you have Total 100% In case of Allocation	Auto Cho to Asset A e selected Note:1. C-Corpo Governn Alternati MBS, Ri of Govern is restrict al to 1006	I up section (ince (LC 50). Illocation, the Active Choice Asset class Errate debt are nent Bonds ave Investmen EITS, AIFs, Incent employed to Asset C.	Asset Allocation instructions will be ignore' the investment option) Equity and related instruments; Asset class of and related instruments; Asset class of the funds including instruments like CMB vlts. Etc. The electric structure of the funds including instruments and the compact of the funds including instruments like CMB vlts. Etc. The electric structure of the funds including instruments and the compact of the funds including instruments are class of the compact of the funds including instruments and the compact of the
In case you In cas	Du select Active on do not indicate ou have opted for the will be made at the control of the con	Choice fill up e any investror Auto Choics per Auto Consiste per A	p section (iii ment option, ice and fill the choice (LC 5 ON (To be for the following of t	your funds will be up section (iii) bel 50). illed up only in ca A (Cannot exceed 5%) Not available if A asset classes ase you have select Note: 1. LC 75- It is the	ase you have Total 100% In case of Allocation must be equenced the 'Au	Auto Cho to Asset A e selected Note: 1. C-Corpo Governn Alternati MBS, Ri of Govern is restrict all to 1000 to Choice and where	I up section (it ice (LC 50). Illocation, the 'Active Choic Asset class Erate debt and the Errs, AIFs, In ment employed to Asset C'. In case, the 'investment county investment county in the county in the county in the county investment county in the county	Asset Allocation instructions will be ignote' 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 like CMB vlts. Etc. The
lease note: In case you have the control of the co	Du select Active ou do not indicate ou have opted for the will be made at the context of the context of the will be made at the total allocation shall be selected. ICE OPTION (will be invested at (\sqrt{V}) On	Choice fill up e any investror Auto Choics per Auto Consider Francisco (Max up to 100%) LLOCATIO C (Max up to 100%) lable tion across rejected to be filled up to be filled up to 500 (Max up to 100%) Tick Choic Choic Choic (Max up to 100%)	p section (iii nent option, ice and fill the choice (LC 5) ON (To be for a fill to 100%) Available E, C, G and a fill to can be considered as a fill to	your funds will be up section (iii) bel 50). filled up only in ca A (Cannot exceed 5%) Not available A A asset classes ase you have select Note: 1. LC 75- It is the 2. LC 50- It is the 3. LC 25- It is the	ase you have Total 100% In case of Allocation must be equenced the 'Au Life cycle for Life cy	Auto Cho to Asset A e selected Note:1. C-Corpo Governn Alternati MBS, RI of Govern is restrict al to 1000 to Choice und where und where und where	l up section (ir ice (LC 50). Illocation, the Active Choice Asset class E-rate debt ar nent Bonds ave Investment EITS, AIFs, In ment employed to Asset Co. In case, the Cap to Eq the Ca	Asset Allocation instructions will be ignore' the investment option) Equity and related instruments; Asset class of and related instruments; Asset class of the control of

Signature/Thumb Impression* of Subscriber in black ink

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

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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, ple estanding pension wealth present in the NPS acc	case of the demise of the Subscriber before entire ase note that in case of demise of the Subscriber count of the Subscriber shall be withdrawn upon uld be treated as full and final discharge of the
Ι,		hereby nominate the person(s) mentioned below
who is/are member(s)/ of my family to receive the	ne 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 Nor		Add £2d
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
3. Date of Birth* (Only in case of a minor. In D	D/MM/YYYY):	Т
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		
1st Nominee's Guardian Details First Name	2nd Nominee's Guardian Details First Name	3rd Nominee's Guardian Details First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
	Signati	ure/ Thumb Impression* of the Subscriber
Dated thisday of20 at _		·

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TO BE FILLED/ATTESTED BY POP-SP/DD	DO
	and nomination details has been signed / thumb impressed before me by after he / she has read the entries / entries have been read over to him / her by me and got
Rubber stamp of the PO	PP-SP/DDO Signature of the Authorised Person
POP-SP/DDO Registration Number(Allotted by CRA)	Designation of the Authorised Person : POP-SP/DDO Office Name
Date:	
TO BE FILLED/ATTESTED BY POP/POP S PrAO	SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA):
Rubber Stamp of the POP/POP-SP/PAO/DTO/D	OTA/PrAO
	Signature of the Authorised Person