

(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)

[illegible]

a) Sector: \* State Government ☐ Central Government ☐ All Citizens of India (UOS) ☐ Corporate Sector ☐

b) Office Reg. No: \* \_\_\_\_\_ Office Name: \* \_\_\_\_\_

Sector: \* State Government ☒

b) DDO Reg. No: \* DDO Name: \*

[illegible][illegible]

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

**VII) 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):   
DDMMYYYY

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

| (First Name) | (Middle Name) | (Last Name) |
|--------------|---------------|-------------|
|              |               |             |

[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. IX & X]

a) Date of Joining: 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 (dd/mm/yyyy)      b) Date of Retirement: 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 (dd/mm/yyyy)

c) Group of the Employee: A ☐ B ☐ C ☐ D ☐

[illegible][illegible][illegible]

|                  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|
| g) Basic Salary: |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|

[illegible]

Certified that the declaration 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 confirmed by him / her. Also certified that the employment details are as per  
employee records available with the Department

Signature of the Authorised Person

Rubber Stamp of the DDO

Designation of the Authorised Person

Name of the DDO

Date \_\_\_\_\_

Department / Ministry

This section is not applicable to  
State Government Subscribers

State Government Subscribers please  
continue at the below Declaration



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\* \_\_\_\_\_

## Received by: \_\_\_\_\_

Nodal Office Registration Number:

Received at: \_\_\_\_\_

Date:\_\_\_\_\_Time Stamp\_\_\_\_\_

Details verified by: \_\_\_\_\_

Date: \_\_\_\_\_ Time stamp: \_\_\_\_\_

Receipt Number issued by the receiving office (only for POP-SP)

[illegible]

## 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](http://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<br>_____  | First Name<br>_____  | First Name<br>_____  |
| Middle Name<br>_____ | Middle Name<br>_____ | Middle Name<br>_____ |
| Last Name<br>_____   | Last Name<br>_____   | Last Name<br>_____   |

**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<br>_____            | First Name<br>_____            | First Name<br>_____            |
| Middle Name<br>_____           | Middle Name<br>_____           | Middle Name<br>_____           |
| Last Name<br>_____             | Last Name<br>_____             | Last Name<br>_____             |

\_\_\_\_\_

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