

NATIONAL PENSION SYSTEM (NPS)

Exit from National Pension System on attaining the age of Superannuation or Incapacitation for Government Sector Subscribers including corporate sector subscriber of a statutory body or any body corporate or other entity under the ownership and control, either of the Central Government or any State Government or a Government Company

Under Regulation 3(1)(a) & 3(1)(d)

Claim ID

Acknowledgement No

To,
NPS Trust

Affix recent colour
photograph of
3.5 cm × 2.5 cm
size / Passport
size

I _____ hereby apply for the payment of the accumulated pension wealth in my NPS Tier-I account as per the relevant provisions of the PFRDA (Exits and withdrawals under the NPS) Regulations, 2015 as amended.

Tier II:- The entire accumulated pension wealth in Tier II account would be paid along with lumpsum withdrawal of Tier I account.

I herewith give below the necessary details:

*In case of female right thumb Impression and in case of male/Transgender left thumb Impression may be taken.

Signature / Thumb Impression*
of the Subscriber

1. PERSONAL DETAILS:

Use Annexure I if name exceeds the space provided below

Organisation Name* (PAO/DTO Name)

PRAN*

Salutation* ☐ Shri ☐ Smt. ☐ Kumari

Subscriber Name*

Father's Name

Mother's Name

Either Father's or Mother's name is mandatory*

Date of Retirement / Superannuation / attaining 60 / Discharge (In case of Incapacitation)*

Date of Birth*

Place of Birth*

Country of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender Nationality*

Marital Status* ☐ Unmarried ☐ Married ☐ Widow/Widower ☐ Divorcee

Spouse Name* (if married)

Date of Birth of the Spouse*

Spouse Gender* ☐ Male ☐ Female ☐ Transgender

PAN Card*

Annual Income Range* ☐ Below 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac to 1 Cr ☐ Above 1 Cr

Occupation Details* ☐ Public Sector ☐ Private Sector ☐ Professional ☐ Self Employed ☐ Homemaker ☐ Others

Please Tick If Applicable ☐ Politically exposed person ☐ Related to Politically exposed person (Please refer instruction no. 2)

2. PROOF OF IDENTITY AND ADDRESS* (Refer Sr. No. 11 of the instructions)

Passport Passport Expiry Date

Driving License Driving License Expiry Date

Voter ID Card Proof of possession of Aadhaar Provide last four digits

NREGA Job Card

National Population Register

CKYC Number (To download required KYC records)

3. CURRENT ADDRESS DETAILS* (Proof to be submitted)

Line 1

Line 2

District State/U.T.

Country PIN Code

4. CONTACT DETAILS*

Mobile* Telephone with STD code

Email ID*

5. BANK DETAILS* (Proof to be submitted - Refer Sr no. 8iv of the instructions)

Account Type ☐ Saving A/c ☐ Current A/c

Bank A/c Number#

Bank Name IFS Code

Should be same where last salary credited in case of Government sector subscribers

6. Subscriber's Withdrawal Details - (Please refer instruction No. 10)

On attaining superannuation or attaining 60 / 85 years of age or superannuation due to Incapacitation
Please select ONE of the following options based on your total corpus:

A) For Corpus up to ₹8 Lakh

Would you like to withdraw the Full Amount?

100% Lumpsum

or

Systematic Unit Redemption

or

Systematic Lump sum Withdrawal

B) For Corpus > ₹8 Lakh and ≤ ₹12 Lakh

Please choose the distribution of your funds (subject to the following limits):

1. Lumpsum Withdrawal: (Max ₹6 Lakh) Amount: ₹

2. Balance Corpus: (Must be used for one of the following)

(i) Systematic Unit Redemption (for minimum period of 6 years i.e 72 months) in months

(ii) Annuity Purchase

C) For Corpus greater than ₹12 Lakh

Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)

% of corpus opted for lump sum withdrawal (Max 60%) % of corpus opted for purchase of annuity (Min 40%) Total (100%)

And

How would you like to withdraw the lump sum amount?

Lumpsum - one time withdrawal (max 60%)

or

Systematic Unit Redemption (for lump sum part)

or

Systematic Lump sum Withdrawal (for lump sum part)

D) For Any Corpus

Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)

% of corpus opted for lump sum withdrawal (Max 60%) % of corpus opted for purchase of annuity (Min 40%) Total (100%)

E) Would you like to opt for Withdrawal of Deferred Corpus#:

Lump Sum Withdrawal Annuity Withdrawal or both

#For deferred corpus, choose the % of corpus opted for lump sum withdrawal and annuity withdrawal, as applicable

% of corpus opted for lump sum withdrawal (Max 60%) % of corpus opted for purchase of annuity (Min 40%) Total (100%)

AND

F) If opted Systematic Lumpsum Withdrawal (SLW) as per point A & C above:

Withdrawal Frequency under SLW: Monthly Quarterly Half yearly Annually

Enter the age till when SLW is required* Enter withdrawal amount under the selected frequency

*Maximum age for availing the SUR benefit is 85 years

OR

G) If opted Systematic Unit Redemption (SUR)* as per point A, B & C above:

Withdrawal Frequency under SUR: Monthly Quarterly Half yearly Annually

Minimum Period for which SUR is required in months

*Maximum age for availing the SUR benefit is 85 years

7. Subscriber's Annuity Details - (Please refer instruction No. 15) (Not to be filled in case of complete withdrawal)

Select Annuity Service Provider (please tick one of the below options as per your choice)

☐ Aditya Birla Sun Life Insurance Co. Ltd.

☐ Bajaj Allianz Life Insurance Co. Ltd.

☐ Canara HSBC Life Insurance Co. Ltd.

☐ Edelweiss Tokio Life Insurance Co. Ltd.

☐ HDFC Life Insurance Co. Ltd.

☐ ICICI Prudential Life Insurance Co. Ltd

Signature / Thumb Impression* of subscriber
(refer instructions)

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

11. DECLARATION BY THE SUBSCRIBER

Signature / Thumb Impression* of Claimant
(Signature of Guardian in case the Claimant is a minor)
 (*LTI in case of males/transgender and RTI in case of females to be provided. Toe impression in case no hands)

Place:

12. DECLARATION BY THE PROPOSER: (Not to be filled in case of complete withdrawal)

I hereby understand that in case of surrender of annuity policy, the rules of surrender will be as per the contract entered between the ASP and the Proposer.

Affix a recent self signed photograph

Name and address of the Witness:

Place:

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

13. DECLARATION & ATTESTATION BY NODAL OFFICE**TO BE FILLED/ATTESTED BY DDO/PAO/DTO**

1. I/we have verified the documents as submitted by the Subscriber with the originals / digitally signed documents and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/ Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
2. That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level.
3. That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
4. It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment.
5. We hereby certify that the subscriber has been discharged from the services of the concerned office on account of invalidation or disability (in case of Govt. Subscriber). [applicable in case of Withdrawal due to incapacitation only]

Rubber Stamp of the DDO

Signature of the Authorised Person

DDO Registration Number

Designation of the Authorised Person:

DDO Office Name:

Date:

d	d	m	m	y	y	y	y
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Rubber Stamp of the DTO/PAO

Signature of the Authorised Person

DTO/PAO Registration No.

Designation of the Authorised Person:

DTO/PAO Office Name:

Date:

d	d	m	m	y	y	y	y
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14. Request cum under taking form for withdrawal of total pension wealth at superannuation and where the total pension wealth is equal to or less than Rs. 8,00,000/- for NPS subscriber**[As per Regulation 3(a) (i) of PFRDA (Exits and Withdrawals) (Amendment) Regulations, 2025]****(To be filled in case of complete withdrawal)**

I, _____ S/D/W/o _____, aged about _____ years, residing at _____ do hereby solemnly affirm and declare as under:

1. That I am a Subscriber of National Pension System, holding PRAN _____
2. That since the total amount receivable by me as the benefits receivable upon exit from NPS is Rs. _____ which is less than/equal to the limit of Rs. 8,00,000/-, I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines, Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me. I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) (Amendment) Regulations 2025. I also certify that all the details provided in the form above are true and correct to the best of my knowledge

* Signature/Thumb Impression of the Subscriber
*In case of female right thumb Impression and in case of male/ Transgender left thumb Impression may be taken.

Date:

d	d	m	m	y	y	y	y
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Rubber Stamp of the DDO

Signature of the DDO

DDO Registration Number

Date:

d	d	m	m	y	y	y	y
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Rubber Stamp of the DTO/PAO

Signature of the DTO/PAO

DTO/PAO Registration No.

Date:

d	d	m	m	y	y	y	y
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INSTRUCTIONS FOR FILLING FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation or attaining 60 / 85 years of age

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant.
2. As per PML Rules, "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.
3. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
4. eNPS Subscriber has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 and amendment thereof or circular issued by the authority.
5. All the columns in the form should be filled with black ink pen without any overwriting.
6. Fields marked with (*) are mandatory.
7. Correct postal address, including the pin code should be provided.
8. **Documents to be enclosed with withdrawal application form:**
 - i. Copy of the Address proof attested by the Nodal Office in support of the address provided on the withdrawal form. Providing current address is mandatory. The submitted address proof should contain the current address as provided in the form.
 - ii. Copy of the Identity proof attested by the Nodal Office. (PAN attested by Nodal office is mandatory to be submitted at the time of Exit)
 - iii. Copy of PRAN card (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non- submission of the PRAN card.
 - iv. Bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank certificate containing Subscriber's Name, Bank Name, Bank Account Number and IFS Code, for direct credit or electronic transfer.
9. It can be noted that in case of action awaited from the Subscriber/ Nodal office, the pending NPS withdrawal proceeds will be reinvested in the PRAN as per the extant investment choice and as per the defined guidelines.
10. **Withdrawal preference:**
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 8 lakh).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump- sum and amount to purchase life annuity provided under Point 6 of the Form.
 - iii. If subscriber selects deferred withdrawal option, he/she can defer the lump sum withdrawal amount as well as annuity up to 85 years of age from the date of attainment of superannuation. In case of deferment as well, the subscriber needs to fill up percentage of allocation for amount to be withdrawn as Lump sum and amount to purchase life annuity provided under Point 6 of the Form.
 - iv. In case of percentage of withdrawal is not provided by the subscriber, a default 60% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 40% of the amount shall be utilised for annuity purchase.
 - v. If the subscriber selects the SLW or SUR option under Point 6 of the form, it is mandatory to furnish the corresponding SLW or SUR details under sub-point 'F' or 'G' of Point 6.

- vi. The subscriber needs to provide the Annuity details under Point 7 of the form - Annuity Details, in case of Normal withdrawal or Deferred withdrawal. The selection of Annuity scheme and Annuity Service Provider is mandatory.
- vii. The subscriber availing the complete withdrawal option (where the accumulated amount at superannuation is less than Rs. 8 lakh shall leave the Annuity Details section and Subscriber Family Member Details section blank and fill up Request Cum Undertaking Form provided along with the Form.
- viii. In case of death of subscriber during deferment period of Lump sum withdrawal, the deferred amount shall be paid as per PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015
- ix. In case of death of subscriber during deferment period of annuity purchase, the annuity shall be purchased by the spouse as defined under Regulation 3(a) (iii) PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015 (applicable for Government Sector subscribers)
- x. During deferment period, the account maintenance charges and including the charges payable to Central Record Keeping Agency, Pension Fund, Trustee Bank and any other intermediary shall continue to apply and shall be charged by deducting units from the account
- xi. For more details of Annuity options, please refer to Instructions No. 16.

11. List of documents acceptable as Proof of Identity and Current Address for exit:-

The officially valid documents are as follows:

1. Passport
 2. Driving licence,
 3. Proof of possession of Aadhaar number
 4. Voter's Identity Card issued by Election Commission of India
 5. Job card issued by NREGA duly signed by an officer of the State Government.
 6. Letter issued by the National Population Register containing details of name, address
- # if the applicant is submitting Aadhaar as proof of identity and Address, the first 8 digits of the Aadhaar number should be redacted/masked on the submitted copy.
- Providing current address is mandatory. The submitted address proof should contain the current address as provided in the form.

12. Declaration by claimant on FATCA Compliance

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 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.

13. The subscriber needs to provide his/her complete bank details like name of the bank, account number and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment. If there is any change in Bank Details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details is not allowed.

14. At the time of authorizing the withdrawal claim, the Nodal office shall ensure that the Withdrawal Form and all supporting documents are complete in every aspect. Further, the Nodal office is required to upload the forms, KYC documents, and bank proof of the subscriber to the CRA portal. As the withdrawal process is online, submission of physical documents to the CRA is not required for storage purposes.

15. Annuity Service Providers and Annuity Variants

There are 15 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers.

The following are the variants that are available in India and with most of the ASPs. Claimants need to select any of the below mentioned option on the page 3 of the withdrawal form:

1. Annuity for life without return of purchase price on death - On death of the annuitant, payment of annuity ceases.
2. Annuity for life with return of purchase price on death - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee.
3. Annuity payable for life with 100% annuity payable to spouse on death of annuitant without return of purchase price on death - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
4. Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return of purchase price - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.
5. NPS - Family Income Scheme with return of purchase price

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 40% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- (a) living dependent mother of the deceased subscriber;
- (b) living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable.

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no.15 above.

Note:

Please note that the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

<https://cra.nps-proteantech.in/CRAOnline/aspQuote.html>

<https://nps.kfintech.com/annuity/>

https://www.camsnps.in/annuity_calculator

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

16. Nomination Relationship Matrix

Nomination Relationship Matrix (Please mention relationship as per details given below)			
Marital Status	Male	Female	Transgender
Unmarried	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

Annexures - Subscriber Exit Upon Superannuation or Incapaciation (Tick and fill applicable annexures below)

	Annexure I - If characters of name exceeded the space provided on page 1 of the application form
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[illegible]

	Annexure II - Additional Nomination		For Tier-I		For Tier-II		For both Tier-I & Tier-II
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For both Tier-I & Tier-II

Percentage Share		Nominee I		Nominee II		Nominee III		Total should be equal to 100%																															
Nominee I	Nominee I - Name	F	i	r	s	t							M	i	d	d	l	e									L	a	s	t									
	Relationship											Age			Date of Birth (In case of Minor)										D	D	/	M	M	/	Y	Y	Y	Y					
	Name of Guardian	F	i	r	s	t								M	i	d	d	l	e									L	a	s	t								
	(if nominee is a minor)																																						
	Address of Nominee/Guardian																																						
	Contact details of Nominee/Guardian																																						

Nominee II	Nominee II - Name	F	i	r	s	t						M	i	d	d	l	e					L	a	s	t						
	Relationship											Age			Date of Birth (In case of Minor)	D	D	/	M	M	/	Y	Y	Y	Y						
	Name of Guardian (if nominee is a minor)	F	i	r	s	t						M	i	d	d	l	e					L	a	s	t						
	Address of Nominee/Guardian																														
	Contact details of Nominee/Guardian																														

Nominee III	Nominee III - Name	F	i	r	s	t					M	i	d	d	l	e			L	a	s	t							
	Relationship										Age			Date of Birth (In case of Minor)	D	D	/	M	M	/	Y	Y	Y	Y					
	Name of Guardian	F	i	r	s	t					M	i	d	d	l	e			L	a	s	t							
	(if nominee is a minor)																												
	Address of Nominee/Guardian																												
	Contact details of Nominee/Guardian																												

Name of the Subscriber		Signature / Thumb Impression* of Subscriber (refer instructions)
Place		
Date	D/ D/ M/ M/ Y/ Y/ Y/ Y/	

Annexure III - Details related to the Joint Annuitant	
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Affix recent colour photograph of 3.5 cm x 2.5 cm size / Passport size

Sr.No	Particular	Remarks					
Section A - Joint Annuitant Personal Details							
1.	Full Name*	First		Middle		Last	
2.	Gender*	Male		Female		Transgender	
3.	Father's Name*	First		Middle		Last	
4.	Maiden Name (In case of female married subscriber)	First		Middle		Last	
5.	Date of Birth	DD / MM / YYYY					

6.	Aadhar/VID				
7.	PAN*				
8.	CKYC Number				
9.	Are you a Politically Exposed Person (PEP)*	Yes		No	
10.	Are you related to a Politically Exposed Person (PEP)*	Yes		No	
11.	Contact details	Mobile number* : +91 Alternate phone number : E-mail ID* :			
12.	Full address with pin code* (Please refer instruction No. 9 for documents to be submitted)				

Section B - Joint Annuitant Bank Details - (Please refer instruction No. 7)

13.	Bank Account Number*:	
14.	Bank Name*	
15.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook/bank certificate containing IFSC code)*	

Fields marked with * are mandatory.

Declaration by the Joint Annuitant

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share above informations with the Annuity Service Providers for facilitating the purchase of annuity as is required under NPS.

Date:

d	d	m	m	y	y	y	y
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* Signature/Thumb Impression of the Joint Annuitant

*In case of female right thumb Impression and in case of male/Transgender left thumb Impression may be taken.

Section C - DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 10 of the instructions):

Section I*

US Person* ☐ Yes ☐ No

Section II* (To be filled only if the residence for tax purposes is other than India)
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

☐ I am a tax resident of India and not resident of any other country ☐ I am a tax resident of the country/ies mentioned below

US Person* ☐ Yes ☐ No

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of Tax Residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		ddmmyyyy	ddmmyyyy	ddmmyyyy

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature / Thumb Impression* of Joint Annuitant
(refer instructions)

Date:

d	d	m	m	y	y	y	y
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(* LTI in case of male/Transgender and RTI in case of females)

Place

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Name of Joint Annuitant

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