NATIONAL PENSION SYSTEM (NPS)

Exit from National Pension System on attaining 60 years of age or Superannuation or Incapacitation of NPS Lite/GDS Subscribers

(Under Regulation 5(1)(a)

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

Claim ID | | | | | | | | | | | | | Acknowledgement No | | | | | | | | | | | | | |

To,
NPS Trust Sir/Madam

I_____hereby apply for the payment of the accumulated pension wealth in NPS Tier-I account of _____ as per the relevant provisions of the PFRDA (Exits and withdrawals under 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 furnish 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/NLAO Name)

PRAN*

Salutation* ☐ Shri ☐ Smt. ☐ Kumari

Subscriber Name* First | | | | | | | | | | | | Middle | | | | | | | | | | | | Last | | | | | | | | | | | |

Father's Name First | | | | | | | | | | | | Middle | | | | | | | | | | | | Last | | | | | | | | | | | |

Mother's Name First | | | | | | | | | | | | Middle | | | | | | | | | | | | Last | | | | | | | | | | | |

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

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

Date of Birth* d d m m y y y y

Place of Birth*

Country of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender Nationality*

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

Spouse Name* (if married) First | | | | | | | | | | | | Middle | | | | | | | | | | | | Last | | | | | | | | | | | |

Date of Birth of Spouse* d d m m y y y y

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 d d m m y y y y

Driving License | | | | | | | | | | Driving License Expiry Date d d m m y y y y

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 Village/City

District State/U.T.

Country PIN Code

4. CONTACT DETAILS*

Mobile* 9 1 | | | | | | | | | | Telephone with STD code

Email ID*

5. BANK DETAILS* (Proof to be submitted - Refer Sr no. 8 iv 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/Corporate sector subscribers

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

On attaining superannuation or attaining 60 years of age or superannuation due to Incapcitation

a) Would you like to withdraw full amount (if less than or equal to 2 Lakh (NPS Lite) ☐

OR

b) 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%) ☐

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 Life Insurance Co. Ltd.
- ☐ Canara HSBC Life Insurance Co. Ltd.
- ☐ Edelweiss Life Insurance Co. Ltd.
- ☐ HDFC Life Insurance Co. Ltd.
- ☐ ICICI Life Insurance Co. Ltd
- ☐ IndiaFirst Life Insurance Co. Ltd
- ☐ Kotak Mahindra Life Insurance Co. Ltd
- ☐ Life Insurance Corporation of India
- ☐ Axis Max Life Insurance Co. Ltd.
- ☐ Pnb Metlife India Insurance Co. Ltd
- ☐ SBI Life Insurance Co. Ltd
- ☐ Shriram Life Insurance Co. Ltd.
- ☐ Star Union Dai-ichi Life Insurance Co. Ltd.
- ☐ TATA AIA Life Insurance Co. Ltd
- ☐ Aviva Life Insurance Company India Limited
- ☐ Ageas Federal Life Insurance Company Limited

Select Annuity Scheme (please tick the below options as per your choice. The option of multiple Annuities from the same ASP is available for those Subscribers who earmark the annuity corpus more than Rs 10 lakhs wherein Rs 5 lakhs utilized to buy each annuity scheme.)

- ☐ Annuity for Life without return of purchase price on death
- ☐ Annuity for Life with return of purchase price on death
- ☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant without return of purchase price on death
- ☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on of purchase price
- ☐ NPS-Family Income option
- ☐ Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice.

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

In case of Annuity schemes, Annuity payable for life with 100% annuity payable to spouse on death of annuitiant with/without return on purchase of annuity (or) NPS-Family income option (Default annuity), the Joint Annuiant has to fill the details as per the **Annexure III** and submit required documents. (please refer instruction No 9 for documents to be submitted)

*** Signature/Thumb Impression of the Subscriber**

Date : d d m m y y y y

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

8. NOMINATION DETAILS* (Refer Sr no. 16 of the instructions)

A. The nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, **submit Annexure II.**

Nominee Name First Middle Last

Relationship Age Date of Birth (In case of Minor) D D / M M / Y Y Y Y

Percentage share

Name of Guardian First Middle Last

(if nominee is a minor)

Address of Nominee/Guardian

Contact details of Nominee/Guardian

Note: In case of Annuity schemes, Annuity payable for life with 100% annuity payable to spouse on death of annuitiant with/without return on purchase of annuity (or) NPS-Family income option, the nominee must not be Spouse.

9. Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

S.no.	Details	Full Name	Aadhar VID	PAN	Date of Birth
1	Spouse				d d m m y y y y
2	Mother (if living)				d d m m y y y y
3	Father (if living)				d d m m y y y y
4	Child 1 (if living)				d d m m y y y y
5	Child 2 (if living)				d d m m y y y y
6	Child 3 (if living)				d d m m y y y y

10. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 12 of the instructions):

☐ 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 subscriber
(refer instructions)

Date : d d m m y y y y

Place

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

11. DECLARATION BY THE SUBSCRIBER

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 details provided by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Additionally, I hereby give my consent for the reinvestment of the lump sum and annuity corpus into my PRAN account in the event of returns or unsuccessful transactions to my or the ASP's bank account or due to non-submission of the requisite documents by me or the Nodal office/POP, as per the extant guidelines/ circulars/instructions issued by PFRDA. I also agree to follow the prescribed procedure established by PFRDA, NPS Trust, or CRA for reclaiming the return amount.

Date: d d m m y y y y **Place:**

Signature / Thumb Impression* of Subscriber
(*LTI in case of males/trangender and RTI in case of females to be provided. Toe impression in case no hands)

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

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like GST, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to Trustee bank for further remittance to same or other ASP as per the any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

I authorize the Annuity Service Provider chosen vide this form to commence Annuity with no further requirement of additional documentation of details. I authorize the chosen ASP to issue Annuity basis the information provided in information and I am aware that no separate KYC details, proposal form will be collected for issue of Annuity. I hereby authorize my choice of ASP to complete Benefit Illustration requirements as per IRDAI guidelines.

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.

Signature of the witness	Signature / Left thumb Impression of the Proposer	Affix a recent self signed photograph

Name and address of the Witness : _____

Date: d d m m y y y y Place:

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate
(Not to be filled in case of complete withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

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 of the person making declaration

Name & Address

Date

Place

Signature / Left thumb Impression of the Proposer

13. DECLARATION & ATTESTATION BY POP/NLCC

TO BE FILLED/ATTESTED BY POP-SP/NLCC

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. (only for GDS subscribers)
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. (only for GDS subscribers).
5. We hereby certify that we have checked Disability Certificate issued by Government Surgeon or Government Doctor stating the nature and extent of disability (in case of Non Govt. Subscriber) [applicable in case of Withdrawal due to incapacitation only]

Rubber Stamp of the POP-SP/NLCC	Signature of the Authorised Person

POP-SP/NLCC Registration Number

Designation of the Authorised Person:

POP-SP/NLCC Office Name:

Date: d d m m y y y y

Rubber Stamp of the POP/Aggregator	Signature of the Authorised Person

POP/Aggregator Registration No.

Designation of the Authorised Person:

POP/Aggregator Office Name:

Date: d d m m y y y y

14. Request cum under taking form for withdrawal of total pension wealth after attaining the age of 60 years and where the total pension wealth is equal to or less than Rs. 2,00,000/-

[As per Regulation 5(a) of PFRDA (Exits and Withdrawals) under the Regulations, 2015 as amended]

(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. 2,00,000/-, 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) Regulations 2015.

   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

Rubber Stamp of the POP-SP/NLCC	Signature of the POP-SP/NLCC

DDO/POP-SP/NLCC Registration Number _____ Date: d d m m y y y y

Rubber Stamp of the POP/Aggregator	Signature of the POP/Aggregator

POP/Aggregator Registration No. _____ Date: d d m m y y y y

INSTRUCTIONS FOR FILLING FORM

This application should be filled by the NPS Lite Subscriber seeking to withdraw pension wealth benefits on attaining 60 years of age or Superannuation or Incapacitation

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 POP/NLAO along with KYC document for further approval/ processing. However, he/she has the option to submit the physical form to his POP/NLAO. 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 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 POP/NLAO 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 POP/NLAO. (PAN attested by POP/NLAO is mandatory to be submitted at the time of Exit)
   iii. **Copy of PRAN card** 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/ PoP etc., 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. 2 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. 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.
    iv. 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.
    v. The subscriber availing the complete withdrawal option 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.
    vi. For more details of Annuity options, please refer to Instructions No. 15.
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 subscriber 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 POP/NLAO shall ensure that the Withdrawal Form and all supporting documents are complete in every aspect. Further, the POP/NLAO 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 17 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. Subscriber needs to select any of the below mentioned option on the page 2 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.16 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. Fattier 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 8. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter tn 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 8. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

Annexures - Subscriber Exit Upon attaining the age of 60 years 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

Applicant's First Name

Middle Name

Last Name

Father's First Name

Middle Name

Last Name

Mother's First Name

Middle Name

Last Name

Annexure II - Additonal Nomination | For Tier-I | For Tier-II | 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 First Middle Last

Relationship Age Date of Birth (In case of Minor) DD/MM/YYYY

Name of Guardian First Middle Last

(if nominee is a minor)

Address of Nominee/Guardian

Contact details of Nominee/Guardian

Nominee II

Nominee II - Name First Middle Last

Relationship Age Date of Birth (In case of Minor) DD/MM/YYYY

Name of Guardian First Middle Last

(if nominee is a minor)

Address of Nominee/Guardian

Contact details of Nominee/Guardian

Nominee III

Nominee III - Name First Middle Last

Relationship Age Date of Birth (In case of Minor) DD/MM/YYYY

Name of Guardian First Middle Last

(if nominee is a minor)

Address of Nominee/Guardian

Contact details of Nominee/Guardian

Name of the Subscriber

Place

Date D/ D/ M/ M/ Y/ Y/ Y/ Y/

Signature / Thump Impression* of Subscriber
(refer instructions)

Annexure III - Details related to the Joint Annuitant

Affix recent colour photograph of 3.5 cm × 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 :						
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.

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

Section I*

☐ 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

Place

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

Name of Joint Annuitant