ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE 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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). 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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

of my family to receive the amount in my PRAN acc		the person(s) mentioned below who is/are member(s of my death.
1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nomi	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee d d / m m / y y y y	2nd Nominee dddlmm m lyyyy	3rd Nominee d d 1 m m 1 y y y y
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 Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
Dated this day of	20 at	gnature/ Thumb Impression* of the Subscriber

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC				
Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms				
Certified that the above declaration and nomination details has been signed / thumb impressed before me by \$n/\$mt/Ms				
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	Rubber Stamp of the DDO/POP-SP/NL-CC		Signature of the Authorised Person	
	Rubbel Stamp of the DDO/I Of -SI /NE-GO		Signature of the Authorised Ferson	
	OP-SP/NL-CC Registration Numbertted by CRA)		Designation of the Authorised Person :	
(Allo	illed by GNA)		DDO/POP-SP/NL-CC Office Name :	
Date	d d I m m I y y y y			
TO BE	FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrA	0		
IOBL	TILLEDIA TESTED BY PAOID FOR OTH OF SPINE-AOID FAFTA		O/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number	
		(Allo	lotted by CRA):	
Dubba	a Charge of the DA O/DTO/DOD/DOD CD/AU A O/DTA/D-A O			
Rubbei	r Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO		Signature of the Authorised Person	