

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

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 <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth* (Only in case of a minor):

1st Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2nd Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3rd Nominee <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Percentage Share:

1st Nominee <input type="text"/> %	2nd Nominee <input type="text"/> %	3rd Nominee <input type="text"/> %
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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 <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

Dated this _____ day of _____ 20 ____ at _____

Signature/ 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 POP-SP/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 POP-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

d	d	/	m	m	/	y	y	y	y
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TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO

POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number
(Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO

Signature of the Authorised Person