

Specimen Copy (To be filled when subscriber wants to nominate more than 1 nominee but maximum of 3 nominees)

Annexure III to CSRF I

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no. 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.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

1st Nominee	2nd Nominee	3rd Nominee
First Name HARPREET	First Name PARMJEET	First Name KULDEEP
Middle Name	Middle Name	Middle Name
Last Name SINGH	Last Name KAUR	Last Name SINGH

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
100-A PHASE-I URBAN ESTATE PATIALA	100-A PHASE-I URBAN ESTATE PATIALA	100-A PHASE-I URBAN ESTATE PATIALA

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

1st Nominee dd/mm/yyyy	2nd Nominee dd/mm/yyyy	3rd Nominee 11/01/2010
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4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
FATHER	MOTHER	SON

5. Percentage Share:

1st Nominee 50%	2nd Nominee 25%	3rd Nominee 25%
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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	First Name	First Name NAVDEEP
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name KAUR

Dated this 11th day of June 2015 at Patiala

Nandeep

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 DDO/POP-SP/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Shri Mandeep Singh after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

NO STAMP
Rubber Stamp of the DDO/POP-SP/NL-CC

NO SIGNATURE
Signature of the Authorised Person

DDO/POP-SP/NL-CC Registration Number SGV149506C
(Allotted by CRA)

Designation of the Authorised Person Accounts officer
DDO/POP-SP/NL-CC Office Name : PSTO, Patiala

Date 01/07/2015

TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

NO STAMP
Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
(Allotted by CRA): 4016714

NO SIGNATURE
Signature of the Authorised Person