Exi	NATIONAL PENS t from National Pension System			n		
Claim ID Acknowledgement No To, NPS Trust. Sir/Madam,				Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size		
1	NDO T		hereby apply for the			
withdrawals Tier II:- The Tier I accou	of the accumulated pension wealth in my NPS Tier-I account 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 give below the necessary details:					ı
*In case of	female right thumb Impression and in case	of male left thumb Impres	sion may be taken.	S	Signature / Thumb Impression of the Subscriber	ion*
Sr.No	Particular			Remark	s	
Section	n A - Subscriber's Personal Detai	ls				
	Subscriber Sector*		<ol> <li>Govt. Sector</li> <li>All India citizens/c</li> <li>NPS Lite / GDS</li> </ol>	corporate		
1.	Organisation Name* (PAO/DTO/CHO/NL/	AO Name)				
2. 3.	PRAN* Full Name*		First	Middle	e Last	
4.	Subscriber Gender*		Male	Female		
5.	Father's Name*		First	Middle	e Last	
6.	Marital Status*	la alla - al	Married	Unmarrie		
7. 8.	Maiden Name (In case of female married Spouse's Name* (only if subscriber is ma	,	First First	Middle Middle		
9.	Spouse Gender* (only if subscriber is ma	<u> </u>	Male	Female	Last	
10.	Date of Retirement / Superannuation / att age / Discharge (In case of Incapacitation	aining 60 / 65 years of	DD / MM / YYYY	r emaie		
11. 12.	Date of Birth (As in PRAN Card)*  Aadhar/VID		DD / MM / YYYY			
13.	PAN*					
14.	CKYC Number					
15.	Are you a Politically Exposed Person (PE	,	Yes No			
16.	Are you related to a Politically Exposed P	` '	Yes No			
17.	Do you have any history of conviction und proceedings in India or abroad?*	der any criminal	Yes No			
<b> </b>	If Yes, please provide details					
18.	Mobile number*: +91  18. Contact details Alternate phone number:  E-mail ID*:					
19.	Subscriber's full address with pin code* (Please refer instruction No. 9 for docume	ents to be submitted)				
	B - Subscriber's Bank Details -	(Please refer instruction N	0. 7)			
20. 21.	Bank Account Number*# : Bank Name*					
22.	Bank Branch Name and Address : The m sum amount would be deposited into this	onthly pension and lump account and hence fill in				
23.	all the details carefully.*  IFSC Code (attach a cancelled cheque leaf or copy of bank passbook/bank certificate containing IFSC code)*					
Fields mar	ked with * are mandatory. # Should be sam	· · · · · · · · · · · · · · · · · · ·	d in case of Governmer	nt sector/Corporate	e sector subscribers	
Section C - Subscriber's Withdrawal Details - (Please refer instruction No. 8)						
On attaining superannuation or attaining 60 / 65 years of age or superannuation due to Incapcitation  a) Would you like to withdraw full amount (if less than or equal to 5 Lakh/1 Lakh (NPS Lite))  Yes  No						
b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)#  Yes  No						
or c) Would you like to opt for Withdrawal of Deferred Corpus#: Yes No						
Lump Sum Withdrawal Annuity Withdrawal  or  d) Would you like to opt for Phase withdrawal : Yes No						
		hdraw total holdings	describe or describe	of open the		
% of corp	# Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity    We of corpus opted for lump sum withdrawal   Percentage of corpus opted for purchase of   Total (100%)					

ei i. <i>i</i>						
Section D - Subscriber's Annuity Details - (Please refer instruction No. 12 & 13) (Not to be filled in case of complete withdrawal, Withdrawal						
of Deferred Lump Sum Corpus & phase withdrawal)						
Select Annuity Service Provider (please tick one of the below	_					
Aditya Birla Sun Life Insurance Co. Ltd.	_	anz Life Insurance Co. Ltd.				
Canara HSBC Life Insurance Co. Ltd.		ss Tokio Life Insurance Co. Ltd.				
HDFC Life Insurance Co. Ltd.	_ ICICI Pr	udential Life Insurance Co. Ltd				
IndiaFirst Life Insurance Co. Ltd	Kotak M	ahindra Life Insurance Co. Ltd				
Life Insurance Corporation of India	Max Life	Insurance Co. Ltd.				
Pnb Metlife India Insurance Co. Ltd	SBI Life	Insurance Co. Ltd				
Shriram Life Insurance Co. Ltd.	Star Uni	on Dai-ichi Life Insurance Co. Ltd.				
TATA AIA Life Insurance Co. Ltd						
Select Annuity Scheme (please tick one of the below options	as por vou	r choice)				
Annuity for Life	as per you	i choice)				
Annuity for Life Annuity for Life with return of purchase price on death						
Annuity payable for life with 100% annuity payable to spouse	on doath of	annuitant				
Annuity payable for life with 100% annuity payable to spouse Annuity payable for life with 100% annuity payable to spouse						
NPS-Family Income option (Default annuity)	on acam or	annulant with retain on parchase of annulty				
Other (Please Specify)						
Select Annuity Frequency: Please tick one of the below options	oo por vour	ahaina				
		_				
Monthly Quarterly	Half Y	early Annual				
<b>D</b> (						
Date: DD / MM / YYYY		* Signature/Thumb Impression of the Subscriber				
*In case of female right thumb Impression and in case of male lef	t thumb Imp	ression may be taken				
Section E - Subscriber's Nomination Details*						
Nomination Details: Applicable to those eligible sums as per	regulations.	Name :				
Nominee must be immediate family member of subscribe		Relationship: Percentage Share:				
Children etc) in general except for exceptions as provided in Re	egulations.	Date of Birth of Nominee (Only in case of minor): DD / MM / YYYY				
		Guardian Name (Only in case of minor)				
		Guardian DOB (Only in case of minor)				
		Address & Contact Details :				
		Guardian Signature (Only in case of minor)				
		Name :				
		Relationship: Percentage Share:				
		Date of Birth of Nominee (Only in case of minor): DD / MM / YYYY				
		Guardian Name (Only in case of minor)				
		Guardian DOB (Only in case of minor)				
		Address & Contact Details :				
		Address & Contact Details .				
		Guardian Signature (Only in case of minor)				
		Name :				
		Relationship: Percentage Share:				
		Date of Birth of Nominee (Only in case of minor): DD / MM / YYYYY				
		Guardian Name (Only in case of minor)				
		Guardian DOB (Only in case of minor)				
	Address & Contact Details :					
		Cuardian Signatura (Only in account rains and				
		Guardian Signature (Only in case of minor)				
Ocation E. Oubcoulbania Fourille Manuban Datellation of the control of the contro						
Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)						
Family Member Details for providing annuity as chosen by the subscriber.						

Sr.No	Details	Full Name	Aadhar/VID	PAN <sup>\$</sup>	Date of Birth <sup>\$</sup>
1.	Spouse <sup>\$</sup>				DD/MM/YYYY
2.	Dependent Mother (if living)				DD/MM/YYYY
3.	Dependent Father (if living)				DD/MM/YYYY
4.	Child 1 (if living)				DD/MM/YYYY
5.	Child 2 (if living)				DD/MM/YYYY
6.	Child 3 (if living)				DD/MM/YYYY

Note: In case of children being more than 3, please specify in an additional sheet. Fields marked with\* are mandatory.

§Mandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option.

#### **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 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.

Date: DD/MM/YYYY

\* Signature/Thumb Impression of the Subscriber

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

Declaration by the Proposer: (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase 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 service tax, 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 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

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 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	<b>3</b>
			Affix a recent self signed photograph
Name and Address of	witness:		
Place:			
Date:	DD / MM / YYY	Y son other than proposer/proposer signs in a	vernacular language/proposer is illiterate
Not to be filled in case of control I hereby state that I have relevant documents to the understood the same and a	mplete withdrawal, Withd read out and explained e proposer inagree to abide by the term	the contents of this proposal form and all other language, he/she/they have ns and conditions of the resulting policy and have 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 the declaration			
Name & Address			
			Signature / Left thumb Impression of the Proposer
Place		Date: DD / MM / YYYY	

## Section G - Declaration & Attestation by Nodal Office

#### TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP

Rubber Stamp of the

DTO/PAO/POP/Aggregator

- 1. I/we have verified the documents as submitted by the Subscriber with the originals / digitally signed documents / scanned 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. having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
- 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 government nodal office)
- 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.
- 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 government nodal office).

Go	e hereby certify that the subscriber has been lot. Subscriber). We hereby certify that we have disability (in case of Non Govt. Subscriber) [a	e checked Disabili	ity Certificate issued by Gov	ed office on account of invalidation or disability (in overnment Surgeon or Doctor stating the nature and icitation only]	ase of extent
	Rubber Stamp of the DDO/POP-SP	ANI CC			
	Rubbel Starip of the DDO/FOF-SF	INLOC	Si	ignature of the Authorised Person	
DDO/P	OP-SP/NLCC Registration Number				
Design	ation of the Authorised Person:		DDO/POP-SP/NLC	C Office Name:	
Date					
	Rubber Stamp of the DTO/PAO/POP/	Aggregator	Sig	gnature of the Authorised Person	
DTO/P	AO/POP/ Aggregator Registration Number _				
Design	nation of the Authorised Person :		DTO/PAO/POP/ A	ggregator Office Name:	
Date					
	[As per Population 2/a]//	I/o\/E/o\ of DEDDA	(Exite and Withdrawala)	under the Regulations, 2015]	
than Rs	s. 5,00,000/- for NPS subscriber and Rs. 1,0	00,000/- in case of	NPS lite Subscriber resp	and where the total pension wealth is equal to pectively, aged about	
residing	at			do hereby solemnly affirm and declare as	under:
1. Tha	t I am a Subscriber of National Pension Syste	em, holding PRAN			
of R Bas ben I als	is. 5,00,000/- (Rs. 1,00,000/- for NPS Lite), Lite ing on the above, I hereby opt to withdraw in efits receivable by me. o understand that with the aforesaid withdraw	inderstand that I an my complete pensi ral, I or my family m	n eligible to opt for withdraw ion wealth lying to my cred embers shall not be entitled	which is less than/equal to the wal of the total pension wealth under NPS rules/guid dit in my aforesaid PRAN account being the full and to receive any other or further benefits under the New January 1981.	delines, nd final National
	to certify that all the details provided in the for	•	•	• • •	
Date :	DD I MM I YYYY			* Signature/Thumb Impression of the Subsc	riber
*In case	of female right thumb Impression and in cas	e of male left thum	b Impression may be taken	1.	
Rub	ober Stamp of the DDO/POP-SP/ NLCC	Signature of	f the DDO/POP-SP/ NLCC	Date D D / M M / Y Y N  Registration No. of DDO/POP-SP/ NLC	C
				Date DD / MM / YYY	/ Y

Signature of the

DTO/PAO/POP/Aggregator

Registration No. of

DTO/PAO/POP/ Aggregator

## INSTRUCTIONS FOR FILLING FORM

# This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation or attaining 60 / 65 years of age

#### **General Instructions:**

- 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. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl. com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office
- As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. 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/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. 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
- All the columns in the form should be filled with black ink pen without any overwriting.
- Fields marked with (\*) are mandatory.
- Correct postal address, including the pin code should be provided.
- 7. Documents to be enclosed with withdrawal application form:
  - Copy of the Address proof attested by the Nodal Office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
  - ii. Copy of the Identity proof attested by the Nodal Office.
  - 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 nonsubmission of the PRAN card.
  - Cancelled cheque/Bank Certificate/Bank Passbook (Containing Subscriber Name, Bank Account Number and IFSC code) for direct credit or electronic transfer.

### 8. Withdrawal preference:

- Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 5 lakh / Rs. 1 lakh (For NPS Lite Subscribers)).
- ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lumpsum and amount to purchase life annuity provided under Section C the Form.
- iii. If subscriber selects deferred withdrawal option, he/she can defer the lump sum withdrawal amount as well as annuity up to 75 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 Section C 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. The subscriber needs to provide the Annuity details under Section D-Annuity Details, in case of Normal withdrawal or Deferred withdrawal. The selection of Annuity scheme and Annuity Service Provider is mandatory.
- vi. The subscriber availing the complete withdrawal option (where the accumulated amount at superannuation is less than Rs. 5 lakh/ Rs. 1 lakh (For NPS Lite Subscribers)) 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.
- vii. In case of death of subscriber during deferment period of annuity purchase, the deferred amount shall be paid as per PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015
- viii. 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)

- ix. 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
- x. In case of Phased Withdrawal, Subscriber needs to purchase Annuity first
- xi. For more details of Annuity options, please refer to Instructions No. 12
- 9. List of documents acceptable as Proof Identity and Address for exit:-

Sr. No.	Proof of Identity (Any one of the given below documents)	Proof of Address (Any one of the given below documents)		
а	Passport issued by Government of India.	Passport issued by Government of India.		
b	Ration Card with Photograph.	Ration card with photograph and residential address.		
С	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.		
d	Voters Identity card with photograph and residential address.	,		
е	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.		
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judical Magistrate etc.		
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	photograph signed by a Member		
h	Aadhar Card/letter issued by Unique identification Authority of India.	,		
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer		
		of the State Government.		
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).		
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).		
I	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).		
m	_	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).		
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	following:  Central/State Government and its Departments, Statuary/		

- 10. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type 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 and Address 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 and Address Details is not allowed.
- 11. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

## NPS Claim Processing Cell,

Central Recordkeeping Agency (National Pension System)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound,
Lower Parel, Mumbai – 400 013

#### 12. Annuity Service Providers

There are 15 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order):

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Annuity Service Provider Name	Minimum Age	Minimum Corpus (Rs.)
Aditya Birla Sun Life Insurance Co. Ltd	45	2,50,000
Bajaj Allianz Life Insurance Co. Ltd	37	25,000
Canara HSBC Life Insurance Co. Ltd	30	2,00,000
Edelweiss Tokio Life Insurance Co. Ltd	40	2,00,000
HDFC Life Insurance Co. Ltd	20	Any Amount
ICICI Prudential Life Insurance Co. Ltd	30	Any Amount
IndiaFirst Life Insurance Co. Ltd	40	10,000
Kotak Mahindra Life Insurance Co. Ltd	18	2,05,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd	18	Any Amount
Pnb Metlife India Insurance Co. Ltd	18	3,00,000
SBI Life Insurance Co. Ltd	18	50,000
Shriram Life Insurance Co. Ltd.	18	20,00,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000
TATA AIA Life Insurance Co. Ltd	40	2,24,200

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 1 of the withdrawal form:

- 1. **Annuity for life -** 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 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 on purchase of annuity 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.

#### Note:

Please note 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: www.npscra.nsdl.co.in/annuity-service-providers.php

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.

#### 13. 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.12 above.