National Pension System (NPS)

Withdrawal of Accumulated Pension Wealth by Claimant due to the death of the subscriber (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

If a valid nomination subsists: If no nomination subsists: By daughters whose husbands ar furnished by Executive Magi case of parents whether dependence. If both 1 & 2 above are not authority.	By the Nomine the family me re live, of the strate indicating andent or not) a applicable, By	e (s), if the mbers (far deceased f g complete ge, marita legal heir	e nominee (s mily include family memle e particulars al status. Als (s) duly sup	s posthumous per duly supp such as name so, if any fan ported by a 'l	(s) guardian of the reschild if any) exceptorted by a list of se, relationship with nily member is min	ot major sons and urviving family the deceased nor by the guard	members nember (in lian of the
In case of multiple claimants							
	(FOR OFFICE PUI	RPOSE ONL	Y-NOT TO BE	FILLED IN BY	THE CLAIMANTS)		
Date :		Ack	nowledgement	Number:			
(DD/MM/YYYY)		(Gen	nerated by CRA)			
DDO Registration No.:		PAO/D	TO/POP/POP-S	SP Registration N	o.:	-	, .
Receipt Number issued by rece	eiving office:					7	1
			V 'C 1F				
Entered By:	Date:		Verified E	sy:	Date:	>	6
payment of the accumulated applicable). I / we understal would be settled as per the NI Section A – Subscriber's Deta	nd further that PS scheme and	the entire	accumulated	d pension wea	alth in both Tier I a		
2. Full Name (As in PRAN Car	·d) *:						
First Name*							
Middle Name							
Last Name							
3. Father's name/Spouse' Name* First Name*							
Middle Name							
Last Name							
							
4. Date of Birth of the deceased5. Date of subscriber's death (DI		n PRAN C	ard):		(DDMMY	YYYY)	

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B – Details of the Claimant (person entitled to receive claim proceeds under the policy):	
ame of the Claimant Itst Name* Middle Name Surname/last name	
Tridge Paine Surmand has name	
2.Claimant's current communication Address:	,
Flat/Unit No, Block no*	
Name of Premise/Building/Village	*
Area/Locality/Taluka	
District/Town/City*	9
State / Union Territory*	
Country* Pin Code* Email ID: Mobile No.	
3. Date of Birth of the Claimant (DDMMYYYY):	· /».
4. Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son')	
5.Claimant's Guardian Details*(only in case of a minor):	
First Name* Middle Name Last Name	
Section C - Claimant's Bank Details(Please refer General Instruction no.6): I. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*:	
Cancelled Cheque Bank Certificate	
2. Type of Bank Account*: Savings A/c Current A/c	
3. Bank A/c Number*	
4. Bank Name*	
5. Bank Branch*	
6. Bank Address*	
	Po.
7. Pin Code * 8. Bank IFS Code*	
9. Bank MICR Code (Wherever applicable)	

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tion:	Page 3				
e (as mentioned below), the nominee(s)/legal heir(s)/guardi	an of minor nominee(s) or minor heir(s)of NPS do hereby declare that the information provided				
above is true to the best of my/our knowledge and belief.	The state of the s				
Claimants Signature (Signature of guardian in case the claimant is a minor) Name of the Claimant or of guardian	ardian				
Date : D D M M Y Y	Self attested photograph of the Claimant /guardian				
Signature/Left Thumb Impression*					
	1				
TO BE FILLED/ATTESTED BY DDO/POP-SP					
Certified that the above declaration and details has been signed / thumb impressed after the nominee(s)/legal heir(s)/guardian of the been read over to him / her by me and got confirmed by him / her.	d before me by Sh./Smt/Msninor nominee(s) or minor heir(s) has read the entries / entries have				
Rubber Stamp of the DDO/POP-SP	Signature of the Authorised Person				
DDO/POP-SP Registration Number Designation of the A	Authorised Person :				
	e Name :				
D D M M Y Y Y					
TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP					
	PAO/DTO/POP/POP-SP Registration Number (Allotted by CRA):				
Rubber Stamp of the PAO/DTO/POP/POP-SP	Signature of the Authorised Person				
	-				
CLAIM FOR THE WITHDRAWAL OF ACCUMULATE DUE TO THE DEATH OF THE SUBSCRIBER UN	DEP NATIONAL DENSION SYSTEM				
SEATTLE SEDECKIDER ON	DER NATIONAL PENSION SYSTEM				
Advanced Stamped	Receipt				
Claimant / Guardian of the Claimant (if the claimant is minor)	•				
Received a sum of Rs. /- (Rupees	Only)from				
National Pension System / National Pension System Trust by deposit in					
settlement of National Pension System account of late Shri/Smt					
PRAN Number					
	Affix 1 Rupee Revenue Stamp				
	and sign across				

(To be filled by PAO/DTO/POP/POP-SP)

Date:

PAO/DTO/POP/POP-SP Office Name:

Time:

Received from PRAN:

Acknowledgement Number : [

Received at:

PAO/DTO/POP/POP-SP Registration Number:

INSTRUCTIONS FOR FILLING UP THE FORM

All the columns in the form should be filled with black ink pen without any overwriting Fields marked with (*) are mandatory.

- 3. The day on which CRA receives the confirmation of funds transferred to Subscriber's accounts; the PRAN will be deactivated in the CRA System.
- 4. Correct postal address, including the pin code should be provided
- 5. The literate claimant should sign the application form. In case of the claimant being illiterate, Left hand thumb impression by illiterate male claimant and Right hand thumb impression by illiterate female should be affixed in the claim form.
- 6. If the Nominee/ legal heir is minor, Bank account number should be in the name of nominee/ legal heir. Bank account's guardian should be same as mentioned in the withdrawal form.

Documents to be enclosed with the application:-

- 1. Death certificate in original of the deceased subscriber.
- 2. PRAN card in original. In case PRAN card is not available, a duly notarized affidavit as to the reasons of non-submission of the PRAN card is needs to be submitted.
- 3. Certified copy of family member's certificate issued by Executive Magistrate for cases where no nomination was registered with us.
- 4. Legal heir certificate when the claim is being made by.
- 5. Cancelled cheque (containing nominee Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFSC code, for direct or electronic transfer.
- 6. A pre-signed receipt acknowledging the receipt of the proceeds by nominee/nominees/legal heir (as applicable)
- 1. Identification and address proof of the nominee or nominees, in case of multiple nominees. The photocopies of documents (Sr. No. a to h) and original document (Sr. No. i) that can be provided as identification and address proof are as mentioned below:
 - a) Ration Card with photograph and residential address
 - b) Bank Passbook with photograph and residential address
 - c) Credit Card with photograph, any other address proof like latest telephone bill, electricity bill in the name of the nominee.
 - d) Passport
 - e) Aadhar Card issued by UIAD
 - f) Voter's Photo Identity Card with residential address
 - g) Driving license with photograph and residential address
 - h) PAN card and any other address proof like latest telephone bill, electricity bill in the name of the nominee.
 - i) Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted Officer and any other address proof like latest telephone bill, electricity bill in the name of the nominee (to be provided original)

In case if the address is not present on any of the above documents or differs with address provided in this form, proof in respect of current residential address like latest telephone bill, electricity bill in the name of the nominee should be submitted.

For the purpose of this document Pension Wealth means: The total amount of contributions made by the subscriber in the scheme plus the investment income derived from the investment of the contributions made by the subscriber from the date of joining of National Pension System till the date of execution of withdrawal request in the CRA System.

Form of letter to the member or members of the family of a deceased Government servant where valid nomination for the settlement of the accumulated NPS wealth does not exist. Department/Govt. of
No
Γο,
Subject :- Payment of accumulated NPS wealth in respect of the late Shri/Smt
Sir/Madam,
As per the records available with our department in respect of Late Sh./Smt./Miss(Designation) in the Office/Department of
shares:
i) Wife/Husband including judicially separatedwife/husband. ii) Sons* iii) Unmarried daughters* including step children and adopted children
2. In the event of there being no surviving member of the family as indicated above,the accumulated NPS pension wealth will be payable to the following members of the family in equal shares:
i) widowed daughters including step daughters and adopted daughters ;
ii) father,** iii) mother**, *including adoptive parents in case ofindividuals whose personal law permitsadoption
iv) brother below the age of eighteen years and unmarried and widowedsisters including step prothers and step sisters;
v) married daughters; and
vi) children of a pre deceased son.
t is requested that payment of the accumulated NPS pension wealth may be made as per the vithdrawal form submitted in this regard separately.
Yours faithfully,

Annexure NOC_D

(To be enclosed alongwith Withdrawal Form 103 GD)

No objection for Settlement of Accumulated Pension Wealth in NPS

confirm that th	f (nar nis office has not &PW (A) dt. 5th	paid/received	any far	nily pens	sionas per	O.M. no.
Pensioners we	lfare (DoPPW) a	nd other OMs	issued	in this r	egard, if a	any, with
request to/by	the legal heir(s)/ nominee(s)	of the	e decease	ed subscr	iber Late
	(PRAN)	or	to the	subscri	ber Sh.
	(PRAN -	-)on_i	nvalidati	ion and	we don't
have any obj claimant(s).	ection for releas	se of accumul	ated p	ension	wealth to	his/her
				7	· j	,
Stamp and Sig	nature of the Aut	horised person				
) 10 10 10 10 10					
PAO/CDDO/	DTO Reg. No					
PAO/CDDO/	DTO Name					
	ame					
Date						

Certification to be issued by DDO/PAO/POP-SP/Aggregator in case of Death Claims

(To be issued only if Death Certificate is received in Vernacular Language)

This is to certify that following is certificate received		information the	that has been decease		d in the D	
Sh./Smt./					available	in
(name of lan			,			
Name		B			0	×
Name of Father/Husband	2					
Sex			1 e	120		
Date of Death	я.		2			
Place of Death	15.				(a)	1
Permanent Address, if mentioned in attached death certificate		1			, m	c
Registration No/Sl. No. of Death Certificate					-	
Date of Registration(mmddyyyy)	,		9	1	And the second s	
Death Certificate issued by (Name of Municipal Council/state along with place)						
	9					
Place:						
Date:						
I hereby declare that above details certificateissued by the Registrar of (Name of state).						
			Signature of the	PAO / I	DO / POP	
		5	SP/Aggregator along with Rub)DO / 1 OI •	