

Annexure for Nomination Details

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn (Please refer general instruction no: 6) is to be provided hereunder. Also, please note that in case of demise of the subscriber after opting for phased withdrawal, all the outstanding pension wealth out of the phased lump sum withdrawal in the account of the subscriber will be 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)/non-member(s) of my family to receive the amount that may stand to my credit in the National Pension System as indicated below, in the event of my death before that eligible accumulated pension wealth amount has become payable or having become payable or having become payable has not been paid.

1. Name of the Nominee*:

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

2. Present Communication address of the nominees:

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

4. Relationship with the Nominee*:

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

5. Percentage Share*:

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

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* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Middle Name | Middle Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | Last Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Dated this _____ day of _____ 20 ____ at _____.

| Particulars | 1 st Witness | 2 nd Witness |
|-------------|-------------------------|-------------------------|
| Name | | |
| Address | | |
| Signature | | |

| |
|--|
| |
| Signature/Left 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

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.

| | | | |
|---|--------------------------------|---|------------------------------------|
| <table border="1" style="width: 100%; height: 50px;"> <tr> <td style="text-align: center;">Rubber Stamp of the DDO/POP-SP</td> </tr> </table> | Rubber Stamp of the DDO/POP-SP | <table border="1" style="width: 100%; height: 50px;"> <tr> <td style="text-align: center;">Signature of the Authorised Person</td> </tr> </table> | Signature of the Authorised Person |
| Rubber Stamp of the DDO/POP-SP | | | |
| Signature of the Authorised Person | | | |

DDO/POP-SP Registration Number _____ (Allotted by CRA)

Date :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

 D D M M Y Y Y Y

Designation of the Authorised Person : _____

DDO/POP-SP Office Name : _____

TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP

| | |
|--|---|
| <p>Rubber Stamp of the PAO/DTO/POP/POP-SP</p> | <p>PAO/DTO/POP Registration Number (Allotted by CRA): _____</p> <hr/> <p style="text-align: center;">Signature of the Authorised Person</p> |
|--|---|