Ver 1.2 Annexure III to CSRF

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

l, of my family to receive the amount in my PRAN acc			oned below who is/are member(s)/	
1. Name of the Nominee:	•	•		
1st Nominee	2nd Nominee		3rd Nominee	
First Name	First Name	First Name		
Middle Name	Middle Name	Middle Name		
Last Name	Last Name	Last Name		
			,	
2. Present Communication address of the nomi				
Address of 1st Nominee	Address of 2nd Nominee	Add	ress of 3rd Nominee	
3. Date of Birth* (Only in case of a minor):				
1st Nominee d d / m m / y y y y	2nd Nominee ddd1 mm m1y	y y y 3rd Nominee	d d I m m I y y y y	
		<u> </u>		
4. Relationship with the Nominee:				
1st Nominee	2nd Nominee		3rd Nominee	
5. Percentage Share:				
1st Nominee	2nd Nominee	% 3rd Nominee		
6. Nominee's Guardian Details (Only in case of a	minor):			
1st Nominee's Guardian Details	2nd Nominee's Guardian Detail	s 3rd Nor	ninee's Guardian Details	
First Name	First Name	First Name		
Middle Name	Middle Name	Middle Name		
Last Name	Last Name	Last Name		
Dated this day of	20 at			
		Signature/ Thumb Impression* of the Subscriber		

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TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC				
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				
Rubber Stamp of the POP-SP/DDO/NL-CC Signature of the Authorised Person				
POP-SP/DDO/NL-CC Registration Number Designation of the Authorised Person :	Designation of the Authorised Person :			
(Allotted by CRA)	DOD CD/DDO/NII CC Office Name :			
POP-SP/DDO/NL-CC Office Name :				
Date				
TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO				
	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number			
(Allotted by CRA):				
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	0:			
Signature of the Authorised Person	Signature of the Authorised Person			