

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.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

Address of 1 st Nominee	Address of 2 nd Nominee	Address of 3 rd Nominee

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

1st Nominee	2nd Nominee	3rd Nominee
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y

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 Details	3rd Nominee'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

*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 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.

Rubber Stamp of the DDO/POP-SP/NL-CC

Signature of the Authorised Person

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

Date :

D	D	M	M	Y	Y	Y	Y

Designation of the Authorised Person : _____

DDO/POP-SP/NL-CC Office Name : _____

TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number (Allotted by CRA): _____ _____
	Signature of the Authorised Person
Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	