

# NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

## KFINTECH CENTRAL RECORDKEEPING AGENCY (NPS)



Please select your category [ Please tick(✓) ]	Central Govt. <input type="checkbox"/>	State Govt. <input type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

To,  
National Pension System Trust.  
Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers													
KYC Number (if applicable)												Generated from Central KYC Registry	
Retirement Adviser Code (If applicable)													

**1. PERSONAL DETAILS : (Please refer to Sr. No. 1 of the instructions)**

Name of Applicant in full      Shri       Smt.       Kumari

First Name\*      [Grid]

Middle Name      [Grid]

Last Name      [Grid]

Subscriber's Maiden Name(if any)      [Grid]

Father's Name\*      [Grid]

(Refer Sr. No. 1 of instructions)

Mother's Name\*      [Grid]

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case mother's name to be printed instead of father's name [ Please tick (✓) ]

Date of Birth\*      [Grid] / [Grid] / [Grid]

City of Birth\*      [Grid]

Country of Birth\*      [Grid]

Gender\* [ Please tick (✓) ]      Male       Female       Others       Nationality\*      Indian

Marital Status\*      Married       Unmarried       Others

Spouse Name\*      [Grid]

(Refer Sr. No. 1 of instructions)

Residential Status\*      Indian

**2. PROOF OF IDENTITY (PoI)\* (Any one of the documents need to be provided along with the identification number)**

Passport	Passport Expiry Date
Voter ID Card	PAN Card
Driving License	Driving License Expiry Date
NREGA JOB Card	
Others	Name of the ID
<small>Please refer Sr. No. 2 of the instructions.</small>	

UID (Aadhaar)  (UIDI [ Aadhaar ] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

<b>3. PROOF OF ADDRESS (PoA)*</b> [ Please tick ( ), as applicable ] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	<b>Correspondence Address</b> Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/water/Electricity/Telephone[Landline or postpaid mobile] Bill	<b>Permanent Address</b> Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/water/Electricity/Telephone[Landline or postpaid mobile] Bill
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**4.1. CORRESPONDENCE ADDRESS DETAILS\***

Address Type\*      Residential/Business       Residential       Business       Registered Office       Unspecified

Flat/Room/Door/Block no.      [Grid]      Landmark      [Grid]

Premises/Building/Village      [Grid]

Road/Street/Lane      [Grid]

Area/Locality/Taluk      [Grid]

City/Town/District      [Grid]      PIN Code      [Grid]

State/U.T.      [Grid]

**4.2. PERMANENT ADDRESS DETAILS\***       Tick (✓) in the box in case the address is same as above.

Address Type\*      Residential/Business       Residential       Business       Registered Office       Unspecified

Flat/Room/Door/Block no.      [Grid]      Landmark      [Grid]

Premises/Building/Village      [Grid]

Road/Street/Lane      [Grid]

Area/Locality/Taluk      [Grid]

City/Town/District      [Grid]      PIN Code      [Grid]

State/U.T.      [Grid]



(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle(LC)Funds	Please Tick (✓) Only One	Choices in Govt. sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50			
LC 25		Available	

**11. DECLARATION BY SUBSCRIBER\*** ( Please refer to Sr.no. 7 of the instructions)

**Declaration & Authorization by all subscribers**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed there under and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

**Declaration under the Prevention of Money Laundering Act, 2002**

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has that right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date   /   /

Place :

**Signature/Thumb Impression\* of Subscriber in black ink**  
(\* LTI in case of male and RTI in case of females)

**12. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr.no. 8 of the instructions) :

**Section I\***

US Person\* Yes  No

**Section II\***

For the purposes of taxation, I am a resident in the following countries and my Permanent Account Number (PAN) / Tax Identification Number (TIN) / Functional Equivalent Number in each country is set out below or I have indicated that a PAN/TIN/functional equivalent Number is unavailable (kindly fill details of all countries of tax residence if more than one) :

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Permanent Account Number (PAN) / Tax Identification Number (TIN)/Functional Equivalent Number			
PAN/TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 there under and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India or any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Place : <input style="width: 100px;" type="text"/>	<b>Signature/Thumb Impression* of Subscriber in black ink</b> (*LTI in case of male and RTI in case of females)
Name of subscriber <input style="width: 100%; height: 15px;" type="text"/>	

**13. DECLARATION BY EMPLOYER**

**Applicable to Government Subscribers only**

**(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

Date of Joining <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date of Retirement <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Employee Code/ID (If applicable) <input style="width: 100%; height: 15px;" type="text"/>	Employee Code/ID and PRAN are optional. If you intend to provide, mention any one.
PPAN ( If applicable ) <input style="width: 100%; height: 15px;" type="text"/>	
Group of Employee (Tick as applicable)    Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>	
Office <input style="width: 100%; height: 15px;" type="text"/>	
Department <input style="width: 100%; height: 15px;" type="text"/>	
Ministry <input style="width: 100%; height: 15px;" type="text"/>	
DDO Registration Number <input style="width: 100%; height: 15px;" type="text"/>	
DTO/PAO/CDDO/DTA/PrAO Registration Number <input style="width: 100%; height: 15px;" type="text"/>	
Basic Pay <input style="width: 100%; height: 15px;" type="text"/>	
Pay Scale <input style="width: 100%; height: 15px;" type="text"/>	

It is certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he /she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person <input style="width: 100%; height: 15px;" type="text"/>		Designation of the Authorised Person <input style="width: 100%; height: 15px;" type="text"/>	
Name of the DDO <input style="width: 100%; height: 15px;" type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input style="width: 100%; height: 15px;" type="text"/>	
Deptt/Ministry <input style="width: 100%; height: 15px;" type="text"/>		Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

**14. DECLARATION BY EMPLOYER/ CORPORATE**

**Applicable to Corporate Subscribers only**

**(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

Date of Joining <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date of Retirement <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Employee Code/ID <input style="width: 100%; height: 15px;" type="text"/>	
Corporate Regd. Number (CHO No.) Allotted by CRA <input style="width: 100%; height: 15px;" type="text"/>	
CBO No. allotted by CRA <input style="width: 100%; height: 15px;" type="text"/>	

Certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he /she has read entries / entries have been read over to him / her by us and got confirmed by him / her.

Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Place <input style="width: 100%; height: 15px;" type="text"/>
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person <input style="width: 100%; height: 15px;" type="text"/>	Rubber Stamp of the Corporate (In the box above)

**15. TO BE FILLED BY POP-SP**

Receipt No. (17 digits)  POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES  NO  KYC Compliance YES  NO

Document Received:  (Originals Verified) Self Certified  (Attested )True Copies

Identity Verification :  Done

**Existing Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum ..... is an existing KYC verified customer.  
 The above applicant is having an operative Bank/Demat/Folio/..... account (specify nature of the account) having account number/client ID.....maintained at ..... branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum..... is not a Basic Savings Bank Deposit Account (applicable in case of Bank PoP).

To be filled by POP-SP		Name:
		Designation:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/>

**To Be Filled by CRA Branch**

Received by  CRA-Branch

Received at  Date

Acknowledgement Number (by CRA-Branch)

PRAN Allotted

**ACKNOWLEDGEMENT**

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount

Stamp and Signature of the Employee/PoP:

# INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## General Guidelines

- Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- In case, you mention the KYC number submission of proof for the same in necessary.
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.
- The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S.No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is only for Resident Indians and there is a separate Form for Non Resident Indians and overseas citizens of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
		Father's Name	i. Father's name is mandatory. ii. If father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Mother's Name	i. Mother's name is mandatory. ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer</td> <td>4</td> <td>Certificate of the POP for an existing customer</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the state Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Financial Institutions and listed companies for their employees. 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(I) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.																																																																			
(II) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																			
(III) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)																																																																			
3	6	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by documentary proof, Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number, and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fun (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely(i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by Subscriber	Signature/Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																
8	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence of tax purposes in jurisdiction(s) outside India . Jurisdiction(s) of Tax Residence : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. . Tax Identification Number (TIN) : Tin need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number . If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) . In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided.																																																																

## General Information for Subscribers

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- Subscribers are advised to retain the acknowledgment slip signed/stamped by the designated nodal officer where they submit the application.
- For more information/clarifications, contact CRA:

Website: <https://nps.kfintech.com>  
 Call: 1800 208 1516  
 Address: KFin Technologies Pvt. Ltd.  
 Tower- B, Plot No 31 & 32,  
 Selenium Building, Financial district,  
 Nanakramguda, Gachibowli,  
 Hyderabad - 500 032.

### Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.