## **ADDITIONAL NOMINATION FORM**

Instructions or 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pension wealth of the subscriber is payable in case of the demise of the subscriber before entie proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Als , please note that in case of demise of the subscriber aaer opting or deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this orm and the same would be treated as full and final discharge of the obligagation.

family to receive the amount in my PRAI  1. Name of the Nominee*:	N account under National ension Sys	tem in the event of my death.		
1st Nominee	2nd Nom	inee 3rd N	Nominee	
First Name*	First Name*	First Name*		
Middle Name	Middle Name	Middle Name		
Wilddle Name	Wildle Name	Ivilidate Name		
Last Name	Last Name	Last Name	Name	
2. Present Communication addess	of the nominees:			
Address of 1st Nominee	Address of 2 <sup>nd</sup> Nominee	Address of 3 <sup>rd</sup> Nominee	Address of 3 <sup>rd</sup> Nominee	
3.Date of Birth* (Only in case of a				
1st Nominee D D M M Y Y	2nd Nominee	3rd Nominee	M M Y Y Y	
4. Relationship with the Nominee		וועם ש	71 101 1 1 1 1	
1st Nominee	2nd Nominee	3rd Nominee	3rd Nominee	
5. Percentage Share*:				
1st Nominee	% 2nd Nominee	% 3rd Nominee	%	
6. Nominee's Guardian Details* (O				
1st Nominee's Guardian Details	2nd Nominee's Guardian		3rd Nominee's Guardian Details	
First Name*	First Name*	First Name*		
Middle Name	Middle Name	Middle Name		
Last Name	Last Name	Last Name	Last Name	
			TITIT	
Dated this day o	f 20 at			
day o	I			
		Signature/ Thumb Impression*	of the Subscriber	

\*Note: Left thumb impession in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.



## Annexure II to NRSF

## TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC

Certified t t the above declararation and nominatio tails has been signed	/ thumb impressed before me by Sh/Smt/Ms	
afer he / she have read the entries / entries have be	en 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 :	Designation of the Authorised erson :	
Date: D M M Y Y Y Y	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 (Alloted by CRA):	
Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	Signature of the Authorised Person	

