

NATIONAL PENSION SYSTEM (NPS)- SYSTEMATIC LUMP SUM WITHDRAWAL MANDATE MODIFICATION OR CANCELLATION FORM

KFIN TECHNOLOGIES LIMITED

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields/sections marked in*are mandatory.)

Section A-General Information **(Mandatory for all subscribers. Please tick the respective block which is applicable.)*

I) Subscriber's Name
(as in PRAN)* _____

(First Name) (Middle Name) (Last Name)

II) PRAN (Permanent Retirement Account Number)* _____

III) Mobile Number* _____

IV) Email ID: _____

V) Sector*: Govt. Nodal Office POP (Kindly provide Nodal Office POP/POP-SP Details)

VI) DTO/POP Reg No* _____ DTO/POP Name* _____

VII) DDO/POP-SP Reg No* _____ DDO/POP-SP Name* _____

SECTION B: SYSTEMATIC LUMP SUM WITHDRAWAL MODIFICATION DETAILS

I) SLW Frequency (Tick Anyone) Monthly Quarterly Half Yearly Yearly

II) SLW Amount [*] ₹ **In Figures** _____
*(Minimum SLW amount should be ₹ 500)

In Words _____

[*] Note: The SLW amount is subject to change due to Applicable NAV

III) SLW Start Date [\$] _____

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Declaration(Applies to Subscribers across all sectors)

I agree to be bound by the terms and conditions of processing of this SLW Request and understand that CRA may, as approved by PFRDA, amend any of the services completely partially without any new Declaration/Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable.

SECTION C : SYSTEMATIC LUMP SUM WITHDRAWAL CANCELLATION MANDATE

(To cancel the SLW mandate, please tick on below block)

Please cancel my Systematic Lumpsum Withdrawal registered in the above PRAN and credit the balance amount available as Lumpsum to the bank account registered in the PRAN with CRA

Date _____ Place _____ Name of Subscriber _____	<div style="border-bottom: 1px solid black; height: 40px;"></div> <p style="text-align: center; margin-top: 5px;">Signature/Thumb Impression* of subscriber in black ink <small>(* LTI in case of male and RTI in case of Females)</small></p>
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Instructions [\$]

1. Subscriber are requested to contact their associated Nodal office / POP for modification or cancellation of SLW
2. The revised SLW will commence once the same is authorized
3. eNPS Subscribers are requested to send the scanned request to CRA duly signed for processing at email ID operations.kcra@kfintech.com
4. Nodal office / POP is requested to verify and affix stamp and signature and send the scanned request to CRA for processing as per below mentioned id

Sector	Email
AL / CP (associated with POP)	kcra.pop@kfintech.com
Government	kcra.gov@kfintech.com

Acknowledgement

Name of Subscriber _____

Date of Receipt of Application form _____



Stamp & Signature of Nodal Officer/POP