NATIONAL PENSION SYSTEM (NPS)- SUBSCRIBER REGISTRATION FORM - PRIVATE SECTOR																																
How did you hear about NPS	Frie	end/	Fam	ily	s	ocial	Med	lia	N	ews	рар	er/N	Лag	azin	es		TV	/ Rad	io		Fin	anci	al A	dvis	sor/	Apps	3	E	Empl	oye	r	
PRAN Card & Kit* (refer sl no.1 of instructions)		еF	PRA	N Kit				Physi	ical F	PRA	NK	iit														Pa	ste		ent p	ass	port	
Print my PRAN in Hindi							YES					No	lf Ye	es, p	oleas	se s	ubm	it det	ails	as p	er A	nne	exur	e I			р		ize ogra	ph		
Please select your category*							Corp	orate	!			All (Citiz	en												(3.			2.5 c		size)	
	S account be opened in my name as per the particulars given below: ase fill the form in English and BLOCK letters (Refer general guidelines at instructions page).															ign a appl																
* indicates mandatory fields. Plea	ase fil	I the	form	in Eng	glish a	and B	LOCK	letter	rs (Re	efer (gene	eral g	guide	eline	s at i	instr	uctio	ns pa	ge).				,	,	_	-,-						_
CKYC Identifier			L	1			1										RA (Code									L		_			
1. PERSONAL DETAIL	S:	(Re	efer	Sr n	0 1	of i	nstru	uctio	ns)				l	Jse	A r	ne	xure	e II i	f na	me	e e>	cee	eds	th	e s	pac	e p	rov	ide	d b	elo	W
Salutation*		Sh	ri			Sm	it.	[Ku	mai	ri																				
Applicant Name*	F	Î	r	s t							M	į	d	d	1	е							L	a	S	t	\Box		\perp			
Father's Name	F	Ì	r	s t							M	İ	d	d	1	е							L	а	S	t						
Mother's Name	F	ì	r	s t							M	i	d	d	1	е							L	a	S	t						
Either Father's or Mother's name is mandatory* Select the name to appear on PRAN Card Father's Name Mother's Name																																
Date of Birth*	d	d	m n	n y	У	У	У																									
Place of Birth*																																
Country of Birth*															200		-93								, ,		_			50		
Gender*		Mal	le			Fen	nale			Tra	nsg	end	ler					Na	tiona	ality'	ŧ											
Marital Status*		Unr	marri	ied		Mar	ried			Wic	low/	/Wic	wob	er			Divo	rcee														=
Spouse Name* (if married)	F	ī	r	s t							M	i	d	d	1	е							1	а	S	t						
PAN Card*							Î				or	Fo	rm 6	60 fu	urnis	hed					Sub	mis	sion	of	PAN	or	Forr	n 60) is n	nan	dato	ry
Income Range (per annum)		Belo	ow 1	lac to	5 la	ac		5 lac	to 1	0 la	0		10) lac	to 2	25 la	ac		25 I	ac t	o 1	Cr			Ab	ove	1 C	r				
Occupation Details*		Pub	olic S	Sector	-	Pri	vate	Secto	or		Prof	ess	iona	al		Self	Emp	oloye	d	H	Hom	em	akeı	-		Othe	rs					
Please Tick If Applicable		Pol	litica	lly ex	oose	d per	son				Rela	ated	l to	Poli	ticall	у ех	cpos	ed pe	ersor	n		(Plea	ase	refe	r in	struc	ction	no.	1)		
2. PROOF OF IDENTIT	TYA	AND) AE	DDR	ESS	S * (I	Refe	er Sr	no	2 0	of in	str	uct	tion	s)																	
Passport										F	ass	spor	rt Ex	kpiry	/ Da	te																
Driving License							Ī				Drivi	ng l	Lice	nse	Exp	oiry I	Date	è	d	d	m	m	у	у	у	у						
Voter ID Card		T	Ť	i		T	Ť	ΪĪ		F	Proc	of of	pos	sses	sion	of /	Aadh	naar		Ì			Pro	vid	e la	st fo	ur d	ligits				
NREGA Job Card	25	Ŧ				Ħ	Ť		T	Ī	T	T		T	T		T		1		F		Ī	_			tifica	_				
National Population Register		\pm			H	-4	Ŧ			1	\pm	1		Ť	7	1		Ť														
3. ADDRESS DETAILS	1	sp	er t	he p	root	suk	mit	ted)		1_							_1_	I:			L											
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Line 2		- 10	Ť				Ť		$\overline{}$	1	Ť	1	Ï		1			V	I i	r i	a	g	е	1	С		t	V		1		=
District		12					Ī		L	1	\pm	1		Stat	te/U.	т. Г		1	<u> </u>	Ė	I.ü.	9		_	I, <u> </u>							=
Country		Ì					Î	Ė				i		I		Ī	ĺ	Ì			F	PIN	Cod	е						Ť		Ŧ
4. CONTACT DETAILS	S*						'												1		,											
Mobile*	9	1	T			T	T					7	Γele	pho	ne w	/ith	STD	code	9										T			Ī
Email ID*												Ī																	Ī			
5. BANK DETAILS* (Pr	roof	to k	oe s	subm	nitte	d- R	efer	Sr	no.	3 o	f th	e i	nst	ruc	tion	s)																
Account Type		Sav	ings	s A/c		Cur	rent	A/c																								
Bank A/c Number											T																		7			
Bank Name		Ī.				1				j	1	İ	j	Î.	İ	Ĺ		FS C	ode								j	j	İ			

6. NOMINATION DETAILS	* (Refer Sr no. 4 of the instru	uctions)			
	or of one or more persons belonging de by the subscriber on his/her mai	•	ninating more than o	one person, sub	mit Annexure III
Nominee Name	1 1 5 1	M i d d l	4	La	s t
Relationship		age Date of Bir	th (In case of Minor))	D D M M Y Y Y
Name of Guardian (if nominee is a minor)	i r s t .	M r d d 1 e		La	s t .
7. SELECTION OF PENSI	ON FUND (PF) AND INVEST	TMENT CHOICE* (R	efer Sr no. 5 of t	the instructio	ons)
2. All Citizen: Selection of one PF	ler active choice is restricted after 5 is mandatory else form will be reje estment Choice may be exercised in	cted. If no investment cho	ice is sejected, fund		
Pension	Fund* (Please Tick (✓) one)		Inve	estment Choice	(Please Tick (✓) one)
Aditya Birla Sunlife Pension HDFC Pension Mgmt Co Ltd Kotak Mahindra Pension Fu	d ICICI Prude Mgmt.Co. I		Active Choice E (Upto75%) C (Upto E Equity % Corp	hare in each asset class below	
MAX Life Pension Fund Mar	ngement Ltd SBI Pension	on Funds Private Ltd	Auto Choice s	select one life cycl	e fund below
Tata Pension Management		TIETI SOIGIOTIS EIG	Conservative(LC25)	Moderate (LC	Aggressive(LC75)
8. Activate my Tier- II accor	unt (Please tick (✓) to activa	te) (Refer Sr no	7 of instructions)) Providing	PAN is mandatory
With the same bank, nomine	ee & investment details	With dif	ferent bank/nomine	e/investment de	tails as per Annexure IV
9. FATCA* (Foreign Account	nt Tax Compliance Act) & CF	RS DECLARATION (F	Refer Sr no.6 of the inst	tructions)	
	and not resident of other country	I am a t	ax resident of the co	ountry/ies menti	oned below
US Person Yes		Ti .	Г		
Particula		Country (1)	Countr	y (2)	Country (3)
Country/countries of	Address Line 1				
Address in the jurisdiction for Tax	City/Town/Village				
Residence	State				
	Zip/Post Code				
Tax Identification Number (TIN)/Pa	AN/Functional equivalent Number				
TIN/PAN/Functional equivalent Nu					
Validity of documentary evidence	provided (Wherever applicable)	ddimmyyyy	ddmr	myyyy	ddmmyyyy
	requirements of this Form (read all eby confirm that the information pro- accept the same.		rm is true		nb Impression* of Applicant er instructions)
10. DECLARATION BY AP	PLICANT* (Refer Sr no 7 o	f instructions)			
documents furnished by me are tr furnished by me shall be informe understand that I shall be fully liab Declaration under the Prevention I hereby declare that the contribut assessed sources of income. I ure the information, with other governing in case I am found violating the pre-	terms and conditions of the Nation rue and correct, to the best of my kind to CRA / NPS Trust. I do not hope for submission of any false or into no f Money Laundering Act, 2002 aution paid by me/on my behalf has inderstand that NPS Trust has the right ment authorities. I further agree that rovisions of any law relating to priver	nowledge. Any changes in old any pre-existing account correct information or door correct information or door correct information s been derived from lega ght to peruse my financial NPS Trust has the right to	In the information on tunder NPS. I uments. Illy declared and profile or share close my PRAN	(*LTI In cas	b Impression* of Applicant se of males and RTI in of females to be
Date: d d m m y y	y y Place			provided. Toe im	pression in case no hands)
11. DECLARATION BY EM	PLOYER* (All Details are I	Mandatory)	, <u> </u>		
Date of Joining	d m m y y y y	Date of Retir	ement d d	m m y y	уу
Employee Code/ID		No	n-mandatory if not a	vailable	==
	is employe above are as per the service record y us and got confirmed by him/her.		rovided in this subcr		n from including the address e/she has read entry/entries
Designation of the Authorised Per	son				
Date	ddmmyyyy				
Place		Signature of Au	ithorised person	Rubber	Stamp of the Employer

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12. TO BE FILLED BY POP *								
Receipt No. (17 digits)								
POP Registration Number POP-SP Registration Number								
Documents Received								
Existing Customer: I/we hereby certify/confirm that Shri/Smt/Kum is an exiting KYC verified customer. The above applicant is hat operative Bank/ Demat/ Folio/	nined at did are in							
Name of the Authorised Person								
Designation of the Authorised Person								
Date ddmmyyyy Place Signature of Authorised person Rubber Stamp of the Employe	er							
ACKNOWLEDGEMENT								
Name of the Subscriber : Application Receipt Date d d m m y y y y								
Application Receipt Date								
Initial Contribution Amount:								
Mode of Payment								
Cheque/DD Debit Instruction Cash								
	- 1							

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgment slip signed/stamped by the PoP/PoP-SP office.

Sr. No	Item No	Item Details						Ins	struction	IS						
		Option for PRAN	In case a	a subscriber	opts not	to have a p	hysical F	RAN Ca	rd or Weld	ome Kit, red	luced acc	ount openir	ng charges	of CRA are	applicable	e as under:
		Card and Kit	А	ccount oper	ning with	Physical P	RAN Kit	in₹)				Acc	ount openi	ng with ePR	AN Kit (in	₹)
		1		₹39.36 (E	xcludes a	pplicable (Charges)					₹4	.00 * (Excl	udes applica	able taxes)
1	1		(a) If the name has	more than	30 digits	fill Appoyu	ro II for th	o camo								
		Father's Name, Mother's Name					nay leave the fields blank. However, an official document to support the status to be submitted.									
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions such as hear government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, impofficials.													
2	4	Proof of Identity and Address	If the applicant is and Address sub			aar as pro	of of Ide	entity an	d Addres	s, the first	8 digits	of the Aa	dhaar nur	mber shoul	ld be red	acted / masked or
3	5	Bank Details	For Tier I & Tier statement / bank													bank passbook / b e.
4	6	Nomination Details	Any nomination and any nominat	made in fa tion made be in favo the subso ore than o	vour of before s r of any riber sh ne nomin	a person such mare person o all make nee, the p	not belo iage sh r persor a fresh percenta	onging to all deem as but if nominat age shar	family s led to be the subs on in fav	hall be inv invalid; If criber subs our of one	alid; A fr at the tin equently or more	resh noming ne of mak y acquires persons	nation sha ing a non a family, belonging	all be made nination the such nom g to his fan	e by the e subscri nination s nily.	onging to his/her f subscriber upon n ber has no family, hall forthwith be d ual to 100.
		Selection of	The Asset class wi	se exposure	e limits the	at will now	be appli	cable to s	ubscriber	s under Tier	l and Tie	er II are tab	ulated belo	ow .	o a boy	ection from
		Pension Fund (PF)	TIER - I						TIER - II							
5	7	& Investment	AS	SET CLASS		- P	/IAX. LIMIT			ASSET	CLASS		MAX	. LIMIT		
		Choice	ASSET CLASS G (G	SOVERNMEN	T SECURIT	TES)	100%		ASSET CL	ASS G (GOVE	RNMENT	SECURITIES) 10	00%		
			ASSET CLASS C(C	ORPORATE E	ONDS)		100%		ASSET CL	ASS C(CORP	PRPORATE BONDS) 100%					
			ASSET CLASS E(EC	QUITY)			75%		ASSET CL	ASS E(EQUIT	Υ)		10	00%		
			ASSET CLASS A(AL	TERNATE AS	SETS)		5%									
	8	FATCA & CRS Declaration	purpose in USA Tax identification high integrity nu for individual inc	Tax Resident Number (Imber with clude, a sont is declarated)	dence: S TIN): TIN an equi cial secting US r not hav	N need no valent lev urity/insul person st ving relind	ot be reported to the reported	e global ported if entificati umber, c 'No' but ent certif	it has no on (a "Fu itizen/pe his/her (cate is to	t been issentional erronal ider Country of be provided	n, every ued by the quivalen ntification Birth is the	US citize ne jurisdic t"), the sa n/services US, docum	n of what tion. How me may b code/num nent evide	ever nation vever, if the oe reported mber and rending Rel	e said jur d. Examp resident i inquishm	also a resident for isdiction has issue oles of that type of registration numberent of Citizenship section 9 of form
	rr	T II	Asset Class Ais	mat availa	ble und	er Tie r.II.	In case	Subscri	ber has	elected to	activata	Tier-II Ac	count wit	h Same Ba	ank, Non	
,	9	Tier_II activation	details that of Tie IV for Tier-II mer	er-I where	as he/sh	e has ch		ocation	n Asset							ninee and investmed to submit the An
	9		IV for Tier-II mer	er-I where ntioning th cant is un affixed a	as he/she asset able to 0 nd in ca	ne has cheallocation Declarations Se there is	n / affix	ed signa	ture, Let	t Thumb Ir	Tier-I a	on in case	of male a	nt would be and Right 7 ne thumb /	E require	nd to submit the An
		activation Declaration / Signature by Applicant Nomination	IV for Tier-II mer In case the appli female should be	er-I where ntioning th cant is un a affixed a one of wh	as he/she asset able to [able to [able to [able to [able to [able to be able	ne has cheallocation Declaration se there in the land be the	on / affix s no ha authori	ed signa nds, toe sed offic	ture, Let impress ial of Po	Class A for t Thumb Ir on of the a P attesting	Tier-I ampression	on in case to be pro-	of male a vided. Th	nt would be and Right T ne thumb / ficial seal a	E require	nd to submit the An
	10	activation Declaration / Signature by Applicant Nomination Relationship	IV for Tier-II mer In case the appli female should be	er-I where ntioning th cant is un a affixed a one of wh	as he/she asset able to [able to [able to come show the co	ne has cheallocation Declaration se there is a set the end of th	on / affix s no ha authori	ed signa nds, toe sed offic	ture, Let impress ial of Po mention	t Thumb Ir on of the a P attesting	Tier-I ampression	on in case to be pro-	of male a vided. Th his/her off	nt would be and Right T ee thumb / ficial seal a	E require	nd to submit the An
	10	activation Declaration / Signature by Applicant Nomination	IV for Tier-II mer In case the appli female should be	er-I where ntioning th cant is un a affixed a one of wh	as he/she asset able to [able to [able to com should able to [a	ne has cheallocation Declaration se there is a set the end of th	on / affix s no ha authori	ed signa nds, toe sed offic	ture, Let impress ial of Po mention	t Thumb Ir ton of the a Pattesting	mpressic applicant the san	on in case to be pro- ne under I	of male a vided. Th his/her off given bel	nt would be and Right T se thumb / ficial seal a low)	Fhumb Intoe imprand stam	nd to submit the An
	10	activation Declaration / Signature by Applicant Nomination Relationship	IV for Tier-II mer In case the appli female should be by two persons,	er-I where ntioning th cant is un e affixed a one of wh	as he/she asset able to [able to [able to com should able to [a	ne has cheallocation Declaration se there is all the cheal the c	on / affix s no ha a authori	ed signa nds, toe sed offic	ture, Let impress ial of Po mention	t Thumb Ir on of the a P attesting	Tier-I ampression	on in case to be pro- ne under I	of male a vided. Th his/her off given bel	nt would be and Right T ee thumb / ficial seal a	Fhumb Intoe imprand stam	nd to submit the An
	10	activation Declaration / Signature by Applicant Nomination Relationship	IV for Tier-II mer In case the appli female should be by two persons, Relationship	cant is une affixed a one of wh	as he/she asset able to End in calom should make Married	Declaration Declaration Set there is all the the set there is all the the set	on / affix s no ha authori Matrix (ed signa nds, toe sed offic Please Unmarrie	ture, Lef impressi ial of Po mention Fe	t Thumb Ir on of the a P attesting relationshale Widower	mpressic applicant the san	on in case to be pro- ne under I er details	of male a vided. Th nis/her off Given be Trans Married W	and Right The thumb / ficial seal at thumb / gender	Fhumb Intoe imprand stam	nd to submit the An
	10	activation Declaration / Signature by Applicant Nomination Relationship	IV for Tier-II mer In case the applifemale should be by two persons, Relationship Father	cant is une affixed a one of whominat Unmarried Yes	as he/she asset able to [able to [and in ca om shou fon Rela Ma Married Yes	Declaration Declaration Set there is the the the thickness of the the thickness of the thic	on / affix s no ha a authori Matrix (ed signands, toe sed office Please Unmarrie	ture, Let impressial of Pomention Fed Married Yes	t Thumb Ir on of the a P attesting relationsh male Widower	mpressic applicant the san lip as pe	on in case to be prone under I er details Unmarried Yes	of male a vided. The off male a vided of the off male a vided of the off male and o	and Right The thumb / ficial seal at thumb / ficial seal at the thumb / fic	Fhumb Intoe imprand stam Divorcee Yes	nd to submit the An

Relationship							maio		rianagender							
Relationship	Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower/Widow	Divorce				
Father	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
Mother	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
Son		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes				
Daughter		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes				
Husband						Yes			7- 1	Yes						
Wife		Yes														
Father In Law						Yes	Yes			Yes	Yes	Yes				
Mother In Law						Yes	Yes			Yes	Yes	Yes				
Grand Son		Yes	Yes (only if	Yes		Yes	Yes (only if	Yes		Yes	Yes (only if	Yes				
Grand Daughter		Yes	the Married SON is	Yes		Yes	the Married SON is	Yes		Yes	the Married SON is	Yes				
Daughter In Law		Yes	expired)	Yes		Yes	expired)	Yes		Yes	expired)	Yes				
Others	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes				

Applicable CRA charges:	KFintech (Rs.)
Account Opening charges	₹ 39.36
Account Maintenance Charges (p.a.)	₹ 57.63
Charge per transaction	₹ 3.36

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	Annexures-Subscriber Registration Form for Private Sector applicants (Tick and fill applicable annexures below)																													
Annexure I - Print PRAN Card in Hindi (Fill the details in Devnagri script)																														
Applic	ant's First Name																													
Middle	Name																											L		
Last N	ame							ļ.															Ų.		1	II.				
Father	/Mother's First Name		4		4			1		1					1							_			1	1	4	H		
	Name							1						1	1								_			1	1	1		
Last N	ame			Ш		1									1											Ц				
A	nnexure II - If charact	ers of	name	exce	eede	d the	space	prov	ided c	n pag	ge 1	of th	ne a	pplica	ation	form	1													
Applic	ant's First Name		1			4		1		1					1							1			1	4	1	L		
Middle	Name	-	4		_	1		4		_	L			_	4							_	-		+	4	1	1		
Last N	ame		4		4	4	1	+		+	_	1		4	4	-						4	_	_	+	4	\downarrow	Ļ		
	r's First Name		4		4	4	H	-			L			-	-						4	4	-	Ļ	+	4	+	⊨		
Middle	Name		+		4	-		+		+	L			4	+	-						-	-	+	+	+	+	⊨		
Last N	ame		_	\perp	4			-	Ш	+	L			4	1	-							-		1	4	1	-		
Mothe	r's First Name		4		_	1		-							1							_		1	1		1	Ļ		
Middle	Name		+		4	4		+		-	L			4	4	+						4	_	4	+	4	+	╄		
Last Name										\perp																				
A	Annexure III - Additional Nomination For Tier-I For Tier-II For both Tier-I & Tier-II																													
Perd	entage Share		Nom	inee	1			Nomi	nee II				No	mine	e III				To	otal	sho	ıld b	e eq	ual	to 1	00%	,			
	Nominee I - Name	FI	15.	5	Į.					1/1	1	d	d	I e								L a	5	t						
Nominee	Relationship								Age						Date	of B	Birth	(In	case	e of	Min	or)	D	D	M	M	Y.	Y	Υ	Υ.
Non	Name of Guardian (nominee is a minor)	F	Ŧ	9	U					M.	9	d	d	1 8								a	S	t					Ĭ	
	Nominee II - Name	FI	Tr	5			Ī	T	T	IVI	T	d	d	1 e			T	T		Ī	T	a	S	Ti	T				T	司
nee	Relationship Age										Date	of F	Birth	(In d	case	e of			D	-	M	M	¥.	Υ.	Y	V.				
Nominee II	Name of Guardian	FI	1	5	T				, ige	IVI	T	ď	d	I e				\\		7		La		T	100	1111			1	Ė
Z	(nominee is a minor)	4 2	31	3						187	1.4	63	54	3 6								- 52	-							
=	Nominee III - Name	F	Ť	5	£ .					1/1	\mathcal{A}	d	d	1 e								L B	S	Ţ						
Nominee III	Relationship						Age									Date of Birth (In case of Minor)										Ϋ́				
Non	Name of Guardian (nominee is a minor)	Fi	r	S	t					W	1	d	d	1 e								ā	S	t						
	nnexure IV - Activate	Tier-II	(with	Diffe	rent E	Bank/	Nomi	natior	n/Inve	stmer	nt De	etails	- ti	ck an	d fill	as a	pplic	able	e)											
PAN	*					Сору	of PA	N to b	oe atta	ched																				
	lo change in Bank det	ails			Bank	k deta	ils for	Tier-	II are	as un	der:																			
Acco	unt Type		Savin	g A/c			Curre	nt A/c	;																					
	A/c Number		T		T							T			T		T	T	Т	T	T		T	T	Τ					
 Bank	Name			Ť	Ť								_	Ť	1	FSC	Coc	ا و					+	T	T	Ť				
N	lo change in Nominee	detail	S		Nom	inee	detail	s for	Tier-II	are a	s un	ider:					000													
Nomi	nee Name	FI	r	s	t T					tvi -		d	d T	1 e				T	-	T		La	s	t	T					$\neg $
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Name of the Applicant									
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Date		Signature / Thumb Impression* of Applicant (refer instructions)							
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