NATIONAL PENSION	S	YS	TE	M	(N	PS	<b>3</b> ) .	_ {	SU	BS	CI	RIE	3E	RI	RE	GI	<b>S</b> 1	۲R	A1	10	N	FC	R	M	Т		<u>=</u>				
Central Recordkeeping Agency (CR					•		•																		- 1						
Please select your category [ Please tick(✓) ]		Cer Cer All	ntral ntral Citi	Gov Autzen l	vt. ono	mo lel								Sta Sta	te C	Sovi	t. non	noı	ıs B	ody							cm	pho × 2	ffix otog .5 cı ort s	n si	
To, National Pension System Trust. Dear Sir/Madam, I hereby request that an NPS account be	one	ned i	n m	v nan	ne as	s per	the	nart	icula	ırs ai	iven l	helov	w.																		
* indicates mandatory fields. Please fill th								_						fer ge	neral	guide	lines a	at inst	ructio	ns pa	ge)				+		_				
KYC Number, Retirement Adviser Code	e an	d Sp	ous	e Nai	ne fi	elds	are	not	арр	licat	ole fo	or Go	overi	nme	nt &	_									4						
KYC Number (if applicable) Retirement Adviser Code (If applicable)										+			-			Ge	nera	ted f	rom	Cent	ral K	YC F	Regis	try	+						
1. PERSONAL DETAILS: (Please	refer	r to S	Sr. No	0.1 01	f the	instr	uctio	ons)																							
Name of Applicant in full		hri				Smt				Κι	ımaı	ri [																			
First Name*																						L		1	_		_				
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Last Name																		<u> </u>	+	<u> </u>	<u> </u>	+	<u> </u>	+	+	+	$\dashv$				
Subscriber's Maiden Name (if any) Father's Name*	F		r	0	+				<u>                                     </u>				IV/I		d	d			+		<u> </u>	+	+	+		2	0	+			
(Refer Sr. No. 1 of instructions)													IVI		u	u						_		_	_	α .		-			
Mother's Name* (Refer Sr. No. 1 of instructions)	F	i	r	S	t								M	İ	d	d		е							L	a :	S	t			
Father's name will be printed on PRAN	l car	d. In	case	, motl	ner's	nam	e to	be p	rinted	d inst	tead o	of fat	her's	nam	e [ P	leas	e tic	k (√	)]												
Date of Birth*	d	d	1	m	m	1	У	У	У	У		(Da	ate of	f Birt	h sh	ould	be s	upp	orte	d by	relev	ant	docu	ıme	entai	y pro	of)				
City of Birth*											<u> </u>							<u> </u>	+	<u> </u>	<u> </u>	+	<u> </u>	+	_	_	$\dashv$				
Country of Birth*  Gender* [ Please tick (✓) ]	N 1 - I							7		) } }	rs [	<u> </u>				No	tion	Olity	·*			lua a	 	_			$\perp$				
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Spouse Name*	F	i	r	S	t				<u></u>				M	i	d	d	Τ	е				Τ		Τ	L	a	S	t			
(Refer Sr. No. 1 of instructions)	Indi	on																										·			
Troolection States																											_				
2. PROOF OF IDENTITY (Pol)* (A	ny c	one c	of the	e doc	umei	nts n	eed	to b	e pro	ovide	ed ald	ong v												_							
Passport														assp AN C			iry C	ate	! 	1	d	d	1	r	n	m /	+	У	У	У	У
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NREGA JOB Card															9 =	00110		ХРП	, ,	uto			,			, ,		7	y	J	7
Others	Nar	ne c	f th	e ID												D		Ν	U	m	b	е	r	PI	lease	refer S	3r. No	o. 2 of	the in	struct	tions.
UID (Aadhaar) (UID	I [ A	adh	aar]	nun	nber	not	req	uire	ed.)																						
As per the amendments made under Pre at present, please ensure that these deta																		9, <i>PA</i>	N or	Form	60 is	mar	datoi	ry ui	nder	NPS.I	lf you	u do	not h	ave F	PAN
																											=				
3. PROOF OF ADDRESS (PoA)*  [ Please tick (✓), as applicable ]  #Not more than 2 months old.  Please refer Sr. No. 2 of the instructions	ŧ				Pas Car Reg Red #La	sport d/Rat gistere eipt	Drivion Cod Le	ing L ard/0 ase/S	icens Others Sale a	se/UIE s greer	dres O (Aad ment d	dhaar of resi	idence	e/Mur	nicipal	Tax		b	Passp Card/ Regis Recei	Ration tered ipt	Driving n Card Lease	Lice d/Oth e/Sale	ense/l ers e agre	UID	ent c	f resid	dence	e/Mu	nicipa	ıl Tax	GA Job
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State/U.T.																				$^{+}$	<u> </u>	С	0		u	n i	t	r	V		
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State/5.1.																					1				UI .		-	1	y		

5. CONTACT DETAILS												
Tel. (Off) (with STD code) +	Tel. (Res): (with STD code) +											
Mobile* (Mandatory) + 9 1	(Mobile Number is required for communication and to get SMS alerts)											
Email ID												
6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions )  ▶ Occupation Details* [ please tick(✓) ]  Private Sector □ Public Sector □ Government Sector □												
Self Employed Homemaker Student	Others (Please Specify)											
► Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐	5 lac to 10 lac											
► Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐	Graduate Masters Professionals (CA, CS, CMA, etc.)											
▶ Please Tick If Applicable Politically exposed person ☐ Re	elated to Politically exposed Person (Please refer instruction no.3)											
7. SUBSCRIBER BANK DETAILS* ( Please refer to Sr no. 4 of the instructions )												
(All the bank details are mandatory except MICR Code.)												
,												
Account Type [ please tick(✓) ] Savings A/c Current A/	C											
Bank A/c Number												
Bank Name												
Branch Name												
Branch Address	PIN Code											
State/U.T.												
Bank MICR Code	FS Code											
8. SUBSCRIBERS NOMINATION DETAILS* (Nomination details are mandatory	Please refer to Sr. No. 5 of the instructions\											
Name of the Normhee (You can nominate up to a maximum of 3 nominees and if you	ou desire so please fill in Annexure III (Additional Nomination Form) provided separately)											
First Name Middle	Name Last Name											
Relationship with the Nominee	Date of Birth (In case of Minor)											
	Sate of Birth (in case of willion)											
Nominee's Guardian Details (in case of a minor)												
First Name Middle	Name Last Name											
9. NPS OPTION DETAILS (Please tick (✓) as applicable)												
	e submit details in Annexure I.											
	nnexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POF											
POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)	, ,											
I would like my PRAN to be printed in Hindi YES NO If Yes, plea	se submit details on Annexure II											
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* ( Pleas	e refer to Sr no. 6 of the instructions.)											
	,											
(i) PENSION FUND SELECTION (Tier I): Please read below condition	<b>is before opting for the choice of Pension Funds:</b> y as default PFs, if choice is not exercised by the government employee/subscribe											
	y as default FFs, if choice is not exercised by the government employee/subscribe stirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Governmen											
	his section will be ignored, if choice to employees is not notified by the respective State											
Govt/Ministry.	hanne the qualishin DEs as nor their shoirs in the table helevy											
<ol> <li>All Citizen Model: Subscribers under All Citizen model have the option to c</li> <li>Corporate Model: Subscribers shall have the option to choose the available P</li> </ol>												
4. <b>NPS Lite:</b> NPS Lite is a group choice model where subscriber has a choice												
	Tick (✓) Default Choice of Pension Funds											
LIC Pension Fund Limited  SBI Pension Funds Private Limited	Available in Government sector, if employee/subscriber does not exercise											
UTI Retirement Solutions Limited	choice of PF											
ICICI Prudential Pension Funds Management Company Limited												
Kotak Mahindra Pension Fund Limited												
HDFC Pension Management Company Limited												
Aditya Birla Sun life Pension Management Limited												
TATA Pension Management Limited												
Max Life Pension Fund Management Limited												
_												
* Selection of 01 Pension Fund is mandatory for All Citizen subscriber												
(ii) INVESTMENT OPTION												
(Please Tick (✓) in the box given below showing your investment option).												
Active Choice Auto Choice												
Please note:												
<ol> <li>In case you select Active Choice fill up section (iii) below and if you select A</li> <li>In case you do not indicate any investment option, your funds will be invested</li> </ol>												
	g to Asset Allocation, the Asset Allocation instructions will be ignored and investment w											
be made as per Auto Choice (LC 50).	g modulo: modulo: min or ignorou did in outline wi											

## (iii) ACTIVE CHOICE - ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Choices in Govt sector	Not ava	ailable	Available	Not available	In case	of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only

### Please note:

Name of subscriber

- 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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

# (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)	Please Tick (✓)	Choices in Govt	
Funds	Only One	sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		Available	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 25		Available	

Section II*  US Person* Yes No  Section III  For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is tout below or I have indicated that at TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):  Particulars  Country (1)  Country (2)  Country (2)  Country (3)  Country/countries of tax residency  Address In the jurisdiction for Tax Residence  Address In the jurisdiction for Tax Residence  Itax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number issuing Country  Validity of documentary evidence provided (Wherever applicable)  Ji certify that:  a) 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 IRABLE 115F to 141H of the Income tax Pulses 1962 thereunder and the information provided in the Form is in accordance with the afforesaid rules.  By Italia the 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 IRABLE 115F to 141H of the Income tax Pulses 1962 thereunder and the information provided in the Form is in accordance with the afforesaid rules.  By Italia the my responsibility to educate myself and to comply an advantage and a single the assessment/designation and accounts as Reportable account or relating to reporting under section 285BA of the Act read with IRABLE 115F to 14H of the Income tax Pulses 1962 thereunder and the information provided in the Orange and the accordance with the afforesaid rules.  By Italia the my responsibility to educate and and any material information that may affect the assessment/designation accounts as a Reportable account or therews.  C) I permittauthorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by	11. DECLARATION ON FATCA* (Foreign Ac	count Tax Compliar	nce Act) COMPLIANCE	(Please refer to Sr no. 7 of the instru	ictions):							
Section II*  For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):    Particulars	Section I*											
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):    Particulars	US Person* Yes No											
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  ZI/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  1 certify that:  a) 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 I Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence with the aforesaid rules.  I) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence with the aforesaid rules.  I) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence or the NPS Trust to collect, store, communicate and process information relating to the Accordance with the aforesaid rules.  I) permitianthose the NPS Trust to collect, store, communicate and process information relating to the Accordance with the authorities in andor outside India of a continuation of the account as a Reportable account of the account as a Reportable account of the Form is an advised to the Accordance with the decline of the Accordance with	Section II*											
Country/countries of tax residency  Address Line 1  City/Town/Village State  ZiP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  **Certify that:  a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 2858A of the Act read with 1 Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, the correct and complete and that I have not withheld any material information that may affect the assessment/caeproization of the account as a Reportable account or otherwise.  C) I permitauthorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Tru and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) 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 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 seems the 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 author designated by the Government of India (GOI) /RB/INRDA/FRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust fit deliciency is not remedied by me within the stipulated period.  f) I hereby accept and acknow		•	•	` ,	,							
Address in the jurisdiction for Tax Residence  State  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  1 certify that:  a) 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 It Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, fit or ordered 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.  c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Tr and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) I undertake the responsibility to declare and discloses within 30 days from the date of change, any changes that may take place in the information provided 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 se certification along with documentary evidence, and its constitution along with documentary evidence, is a supporting Annexure and supporting the providence, is a supporting Ann	Particulars	Particulars Country (1) Country (2) Country (3)										
Address in the jurisdiction for Tax Residence  City/Town/Village  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  'I certify that: a) 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 It Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, fit or correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable accour or otherwise.  c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trans and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) I undertake the responsibility to declare and discloses within 30 days from the date of change, any changes that may take place in the information provided 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 se certification along with documentary evidence, e) 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 author designated by the Government of India (GOI)/RBI/RDA/FDRA/for the purpose or take any other action as may be deemed appropriate by the NPS Trust the NPS Trust shall have the ri	Country/countries of tax residency											
Residence  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  't certify that:  a) 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 IRules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, tin correct and complete and that I have not withheld any material information provided in the Form is in accordance with the aforesaid rules, c) I permitsualthorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Tru and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) 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 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 six certification along with documentary evidence.  e) 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 author deficiency is not remedied by me within the stipulated period.  f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information avalidable in public dome for confirming the information avalidable		Address Line 1										
Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  *I certify that:  a) 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, the correct and complete and that I have not withheld any material information that may affect the assement/categorization of the account as a Reportable account or otherwise.  c) I permit Jauthorise 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 of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) 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 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 so certification along with documentary evidence any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any author designated by the Government of India (GOI) /RBI/RDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust that NPS Trust shall have the right and authority to carry out investigations from the information available in public dome for confirming the information provided by me to th	Address in the jurisdiction for Tax	City/Town/Village										
Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  dd / mm / yyyy  Validity of documentary evidence provided (Wherever applicable)  'I certify that:  a) 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, the correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable accordance or otherwise. c) I permitsultuhorise 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 of a confidential information for compliance with any law or regulation whether domestic or foreign. d) 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 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 se certification along with documentary evidence. e) 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 regulator and/or any author designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate b	Residence	State										
TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  I certify that:  a) 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 Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, to correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable according or otherwise. c) I permittauthorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Train and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign. d) 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 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 st certification along with documentary evidence, where the provided by me or if any certification becomes incorrect and to provide fresh st certification along with documentary evidence are, the purpose or take any other action as may be deemed appropriate by the NPS Trust if if 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 dome for confirming the information available		ZIP/Post Code										
Validity of documentary evidence provided (Wherever applicable)  It certify that:  a) 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, the 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. c) 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 of a confidential information for compliance with any law or regulation whether domestic or foreign. d) 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 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 secretification along with documentary evidence, l also agree that in case of my failure to disclose a my material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority deficiency is not remedied by me within the stipulated period. f) 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 dome for confirming the information provided by me to the NPS Trust shall have the right and authority to carry out investigations from the information availa	Tax Identification Number (TIN)/Functional e	quivalent Number										
"I certify that: a) 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, to correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable according or otherwise. c) 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 of a confidential information for compliance with any law or regulation whether domestic or foreign. d) 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 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 so certification along with documentary evidence. e) 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 author 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. f) 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 dome for confirming the information provided by me to the NPS Trust o	TIN/ Functional equivalent Number Issuing C	Country										
a) 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) 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, the correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable according 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 of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) 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 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 se certification along with documentary evidence.  e) 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 author 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.  f) 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 dome for confirming the information provided by me to the NPS Trust and the reperion of the subject matter herein.  Date    Date	Validity of documentary evidence provided (Wh	erever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd I mm I yyyy							
Place : Signature/Thumb Impression* of Subscriber in black in	a) It shall be my responsibility to educate myself Rules 114F to 114H of the Income tax Rules, b) the information provided by me in the Form, it correct and complete and that I have not withh or otherwise.  c) I permit/authorise the NPS Trust to collect, st and any of NPS intermediaries wherever situs confidential information for compliance with all I undertake the responsibility to declare and the Form, its supporting Annexures as well as certification along with documentary evidence e) I also agree that in case of my failure to disclodesignated by the Government of India (GOI) deficiency is not remedied by me within the st I hereby accept and acknowledge that the NP for confirming the information provided by me g) I also agree to furnish such information and/cabroad in the subject matter herein.	1962 thereunder and to a supporting Annexure leld any material informore, communicate and ated including sharing hy law or regulation with disclose within 30 days in the documentary of the same any material fact kn/RBI/IRDA/PFRDA for ipulated period.  S Trust shall have the to the NPS Trust or documents as the Norday in the support of the same and the sa	the information provided in the sas well as in the documentation that may affect the dispression of the following that may affect the dispression of the following that may be a set of the following that the purpose or take any oright and authority to carrows.	In the Form is in accordance with the entary evidence are, to the best of assessment/categorization of the auting to the Account and all transact between them and to the authorities.  It is, any changes that may take plact or if any certification becomes incourse, the NPS Trust may report to another action as may be deemed apply out investigations from the informant time to time on account of any	e aforesaid rules, finy knowledge and belief, true, count as a Reportable account at a Reportable and/or outside India of any are in the information provided in orrect and to provide fresh self-ary regulator and/or any authority propriate by the NPS Trust if the mation available in public domain change in law either in India or							
I I I I I I I I I I I I I I I I I I I		<u>y</u>		•								

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12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	200
Declaration & Authorization by all subscribers	15 )
I have read and understood the terms and conditions of the National Pension System and declare that the information and documents furnished by me are true and correct	and hereby agree to the same along with the PFRDAAct, regulations framed thereunder t, to the best of my knowledge and belief. I undertake to inform immediately the Central we information furnished by me. I do not hold any pre-existing account under NPS. I on or documents.
	CRA, from time to time and any amendment thereof as approved by PFRDA, whether and by the terms and conditions for the usage of I-PIN (to access CRA website and view
Declaration under the Prevention of Money Laundering Act, 2002	
	m legally declared and assessed sources of income. I understand that NPS Trust has it authorities. I further agree that NPS Trust has the right to close my PRAN in case I am
Date dd Imm Iyyyyy	
Place :	
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
Applicable to Governm	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining d d / m m / y y y y	Date of Retirement ddd/mm//yyyyy
Employee Code/ID (If applicable)	5 of the Color of DDAN on a final figure
PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
Group of Employee (Tick as applicable) Group A Group	D B Group C Group D
Office	
Department	
Ministry	
DDO Registration Number	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay	
Pay Scale	
It is certified that the details provided in this subscriber registration form be the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	e record of the employee maintained by us. Also, it is further certified that
Signature of the Authorised person  Rubber Stamp of the DDO	Signature of the Authorised person  Rubber Stamp of the DTO/PAO/CDDO/
(In the box above) (In the box above)  Designation of the Authorised Person	(In the box above) DTA/PrAO (In the box above)
Name of the DDO	Designation of the Authorised Person  Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d d / m m / v v v
2 Speciminally	
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpora	ate Subscribers only
(Subscribers Employment Details to be filled and a	ttested by Corporate (All Details are Mandatory))
Date of Joining	Date of Retirement dd l/m m/l/y y y y
Employee Code/ID	
Corporate Regd. Number (CHO No.) Allotted by CRA	
CBO No. allotted by CRA	
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employment entries / entries have been read over to him / her by us and got confirmed by	
Date d d / m m / y y y y	Place
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGA	TOR									
	Applicable to NPS L	Lite Subscribe	rs							
Authorisation by Aggregator's office										
Certified that the subscriber is registered and the above declaration has been sig been read over to her/him by me.	d with the aggregator and he/she has		-					_		-
Signature of the Authorised p	erson (In the box above)	Ru	bber Stamp o	of the Ago	gregato	r (In th	e box a	above)		
Name of the Aggregator										
NPS Lite Account Office (NL-AO) Registration	ı Number NPS I	Lite - Collection Cer	ntre (NL - CC)	Registration	on Num	ber				
Membership No. allotted by Aggregator (if ar	ıy)									
Place	Date d d / m m / y	у у у								
16. TO BE FILLED BY POP-SP										
Receipt No. (17 digits)	, [	Р	OP-SP Reg	istration	Num	ber				
Document accepted for date of Birth Pr										
Copy of PAN card submitted YES  Documents Received:	NO KYO Originals Verified) Self Certified	C Compliance (Attested) Tru	YES	_  NO						
	one Onginals verified) dell'octified	(Attested) The	<u>c copies</u>	_						
Existing Customer:										
The KYC documents available with us Rules. I / We further confirm that the Sa of Bank PoP)  To be filled by POP-SP		is not	a 'Basic Sa							
10 20 11100 27 1 01		Nam	e:							
		Desi	gnation:				Pla	ace:		
POP-SP Seal	Signature of Authorized Signator	ory Date	d d	1 m	m	<b>/</b> у	у	у у		
	[To be filled by CRA - Facilit	tation Centre (	CRA-FC)]							
Received by	CRA-FC	Registration Nur	nber							
Received at				Date	d	d	/ m	m /	V	VV
					 ]	u	, , , , , ,	· · · · · · ·	У	уу
Acknowledgement Number (by CRA-FC)  PRAN Allotted										
Name of the Subscriber:	ACKNOWLED	DGEMENT								
Contribution Amount Remitted:	₹									
Date of Receipt of Application and Cont		m / v v	V V							
Date of Necespt of Application and Cont	III U U I III	111 <b>1</b> y y	у У							

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### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### **General Guidelines**

(a) 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 is 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.

(g) <b>S.</b>	-	•	sion sh	ould be verified by the designated officer of POP-SP / Nodal C	-										
S. No	Item No.	Item Details			ructior										
		Personal Details	ii. Cu	is Form is applicable only for Resident Indians. There is a sep irrently, Foreign Nationals / Other Country Individuals (OCI) ar e applicant shall mention father's name and mother's name ar	nd Pers	sons of Indian Origin (PIO) are not allowed to open PRAN.									
		Spouse Name	_	ried, spouse name is mandatory.											
1	1	Father's Name	ii. If I	ther's name is mandatory. -ather's name has more than 30 digits, you may fill Annexure	I for th	e same.									
		Mother's Name		other's name is mandatory Nother's name has more than 30 digits, you may fill Annexure	II for th	ne same.									
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.									
			S.No		S.No										
			1	Passport issued by Government of India.		Passport issued by Government of India									
			2	Ration card with photograph.	2	Ration card with photograph and residential address									
			3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address									
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.									
			5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address									
			6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address									
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	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.									
			8												
		Identity, Correspondence &	9	of India India clearly showing the address											
		Permanent address details	10	State Government State Government											
2	2, 3 & 4		11	11 Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.  The identity card/document with address or letter of accommodation issued by any of the follow State Government and its Departments, Statutory/ State Government and its Departments of State Government and its Departments accommodation issued by any of the follow State Government and its Departments and its Departments accommodation issued by any of the follow State Government and its Departments accommodation issued by any of the follow State Government and its Departments and its Departments are included in the state of accommodation issued by any of the follow State Government and its Departments and its Departments accommodation issued by any of the follow State Government and its Departments, Statutory/ State Government and its Departments, Statutory/ State Government and its Departments, Statutory/ State Government and its Departments and its Department and its Department and its Departments and its Department and its Depart											
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's		Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)									
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)									
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)									
					15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)									
			(ii) If to for & I	nening form, the document may be accepted as a valid proof on the address indicated on the document submitted for identity perm, a separate proof of address should be obtained. All future coermanent address are different, then proof for both have to be the KYC documents may be submitted within a period of 30 days.	f both i proof di mmuni e subm /s after	iffers from the current address mentioned in the account opening cations will be sent to correspondence address. If correspondence nitted.  generation of PRAN. (Only for Government Subscribers)									
3	6	Politically Exposed Person	exam	ple heads of state or of the government, senior politicians, se		entrusted with prominent public functions in a foreign country, for overnment, judicial or military officials, senior executives of state-									
				d corporations, important political party officials.		and the second second Bloom in the second se									
4	7	Subscriber's Bank Details	conta Subso	ining Subscriber Name, Bank Name, Bank Account Number a	nd IFS	ported by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank									
5	8	Subscriber's Nomination Details	Fracti of per	onal values shall not be accepted in the nomination(s). Sum of centage is not equal to 100, entire nomination will be rejected.	perce	entage share value for all the nominees must be integer. Decimals/ ntage share across all the nominees must be equal to 100. If sum									
6	10	Pension Fund (PF) Selection and Investment Option	Actice the ch	: Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto (	Choice <sup>1</sup>	ds and allocate their investments either in Asset Class'G' under' '. In case a Government employee/subscribers does not exercises 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI									
7	11	Declaration by subscriber on FATCA Compliance	<ul> <li>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</li> <li>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.</li> <li>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)</li> <li>If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> <li>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</li> </ul>												
8	12	Declaration by Subscriber	desig	nated officer of POP/POP-SP/Nodal office with the official sea ssion in case of females.	I and s	the form. Thumb impression, if used, should be attested by the stamp. Left Thumb Impression in case of males and Right Thumb									
				General Information for Subscribe	rs										

### General Information for Subscribers

The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. c) For more information / clarifications, contact CRA:

Website: <a href="https://www.npscra.nsdl.co.in">https://www.npscra.nsdl.co.in</a> Call: 022-4090 4242

Call: 022-4090 4242
Address: Central Recordkeeping Agency (CRA)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Ver 1.7 Annexure A to CSRF

# **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.

Ver 1.7 Annexure I to CSRF

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l h	ereby submit the following det	aile f	or act	ivat	ion	of Tie	r – I	l ac	coun	ıt ıını	ler N	IPS																		
			or act	ivat	1011	01 110	– .	1 40	Coun	T and	101 1	0																		
1.	PAN card Number (Mandatory)	:																												
2.	Subscribers Bank Details:	(All I	ank o	letai	ls ar	e ma	ndato	ory e	excep	ot MIC	CR C	ode	∍)																	
	If same as Tier I, Please Tick (\	)	else	e, pr	ovid	e the	deta	ils b	elow	: Sa	aving	s A	/c				Cur	rent	A/c											
	Bank A/c Number																													
	Bank Name							ī	i		i										<u> </u>				<u> </u>	i	i	i	i	
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	Branch Name																1													
	Branch Address									Ш										F	PIN (	COE	)E		L					
							S	State	/U.T.												С	0	U	n	t	r	У			
	Bank MICR Code								IFS	S Coo	de																			
Su	bscriber's Nomination Deta	ails																												
If o	ame as Tier I, Please Tick (√)		co pr	ovid	o the	o dota	ile b	olov	, In c	2200	,OU 6	doci	iro to	. no	min	ato	mor	o th	an i	ono	nore	on	nloc	sco f	Fill A	nnc	vur	S 111		
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3.	Name of the Nominee:																													
Fi	rst Name				Mi	ddle	Nam	е									La	ast l	Nan	ne										
	Relationship with the Nominee:  Nominee's Guardian Details (in	case	of a r	mino	r):																									
Fi	rst Name				Mi	ddle	Nam	е									La	ast l	Nan	ne										
C.,	bscriber Scheme Preference																													
	If same as Tier I, Please Tick (√  (i) PENSION FUND SELECTI  * Name of the Pension Funds	) ON (	Γier II	) : PI	ease		belo	w co			efore	opt	ting f	for t	he c	hoid	ce of	Per	ısio	n Fu	nds:									
	Name of the Pension										Pleas	se 1	Γick	(√)	Onl	у О	ne	]												
	Aditya Birla Sun Life Pensi														]	_														
	HDFC Pension Manageme	nt Co	ompar	ny Li	mite	d									]															
	ICICI Prudential Pension F	unds	Mana	agen	nent	Com	oany	Lim	ited						]															
	Kotak Mahindra Pension F	und l	imite	d											]															
	LIC Pension Fund Limited																													
	Max Life Pension Fund Ma	nage	ment	Limi	ted					$\perp$					]															
	SBI Pension Funds Private																													
	TATA Pension Managemer									_																				
	UTI Retirement Solutions L	imite	:d																											
	* Selection of Pension Fund is ma	ndator	y both	in Act	ive a	nd Aut	o Cho	ice.																						
	(ii) INVESTMENT OPTION																													
	(Please Tick ( $$ ) in the box $Q$	jiven	below	shc	win	g you	r inve	estm	ent o	optior	ı).																			
	Active Choice	Auto	Choi	ce																										
	Please note:																													
	1. In case you select Activ	e Ch	oice fi	ll up	sec	tion (i	ii) be	low	and	if you	sele	ect A	Auto	Ch	oice	fill	up s	ecti	on (	iv) t	oelo	N.								
	2. In case you do not indic	ate a	ny inv	estn	nent	optio	n, yc	our f	unds	will b	e in	ves	ted i	n A	uto (	Cho	ice (	LC	50)											
	<ol> <li>In case you have opted and investment will be r</li> </ol>									) belo	ow re	elati	ng to	o As	sset	Allo	cati	on,	the	Ass	et Al	loca	ition	inst	truc	tion	s wil	l be	igno	red

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(	iii)	<b>ACTIVE CHOICE</b>	- ASSET ALLOCATION	(to be filled up o	nly in case	vou have selected	'Active Choice' th	e investment option

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)		Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments.
Specify %				100%	

#### 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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C and G asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(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	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
LC 75		
LC 50		
LC 25		

### **Declaration & Authorization by subscriber**

POP-SP/Nodal Office Seal

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same 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 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/NPSCAN and view details) & T-pin on the CRA website.

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

	NPS Trust has the 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:
	Signature/Thumb Impression* of
	Place: Subscriber in black ink
	(* LTI in case of male and RTI in case of female)
	To be filled by POP/POP – SP/Nodal Office
	POP-SP/Nodal Office Registration Number
(	Copy of PAN Card Submitted YES NO
	Name:
	Designation:
ı	

Signature of Authorised Signatory

Place:

Date

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