# <u>Form 101-GS</u> <u>Page 1</u>

# **National Pension System (NPS)**

### Withdrawal Form for Claim of Accumulated Pension Wealth on Superannuation for Government Employees

(To be filled in by Subscriber - Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

| (FOR OFFICE PURPOSE  | ONLY-NOT       | TO BE FIL     | LED IN B   | Y THE SUB    | SCRIBEI | R) |  |                   |  |  |  |  |
|--|----------------|---------------|--|--------------|---------|----|--|-------------------|--|--|--|--|
|  | $\vdash$       | Self attested |  |              |         |    |  |                   |  |  |  |  |
| Date :   | Acknowledge    | ment Num      | iber :   |              |         |    |  | photograph of the |  |  |  |  |
| (DD/MM/YYYY) (O  | Generated by C | CRA)          |  |              |         |    |  | subscriber        |  |  |  |  |
| DDO Registration No.:  | PAO/I          | OTO/POP/I     | POP-SP R   | Registration | 1 No.:  |    |  |                   |  |  |  |  |
| Receipt Number issued by receiving office:   |                |               |  |              | $\top$  |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Entered By: Date: Verified By: Date:   |                |               |  |              |         |    |  |                   |  |  |  |  |
| Sir/Madam,   |                |               |  |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| hereby submit a request for withdrawal under NPS for both Tier-I / Tier-II (please tick as applicable) fund accumulations in my Permanent Retirement Account and give below the necessary details: |                |               |  |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| ction A – Subscriber's Personal Details:   |                |               |  |              |         |    |  |                   |  |  |  |  |
| 1. PRAN *:   |                |               |  |              |         |    |  |                   |  |  |  |  |
| I. IKAN  |                |               |  |              |         |    |  |                   |  |  |  |  |
| 2. Full Name (As in PRAN Card) *:  |                |               |  |              |         |    |  |                   |  |  |  |  |
| First Name*  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Middle Name  |                | 1 1           | <del>                                     </del> |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Last Name  |                | <del></del>   |  |              |         |    |  |                   |  |  |  |  |
| 3. Father's/Spouse name*:  |                |               |  |              |         |    |  |                   |  |  |  |  |
| First Name*  |                |               |  |              |         |    |  |                   |  |  |  |  |
| MC J Jl - Nome   |                |               |  |              |         |    |  |                   |  |  |  |  |
| Middle Name  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Last Name  |                |               | <del>                                     </del> |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| 4. Address*: Flat/Unit No, Block no.*  |                |               |  |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Name of Premise/Building/Village   | 1 1 1          |               |  | 1 1          |         |    |  |                   |  |  |  |  |
| Area/Locality/Taluka   |                |               |  |              |         |    |  |                   |  |  |  |  |
| Area/Locality/Taluka   |                |               |  |              |         |    |  |                   |  |  |  |  |
| District/Town/City*  |                |               |  |              | ,       |    |  |                   |  |  |  |  |
| State / Union Territory*   |                |               |  |              |         |    |  |                   |  |  |  |  |
| State / Chion Territory  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Country*   |                |               |  |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| Pin Code*  | 5. Mob         | ile No. [     |  |              |         |    |  |                   |  |  |  |  |
| 6. Date of Birth*(As in PRAN Card):  |                |               |  | 7. Email     | ID:     |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |
| 7. Date of retirement*:  |                |               |  |              |         |    |  |                   |  |  |  |  |
|  |                |               |  |              |         |    |  |                   |  |  |  |  |

| <u>Form 101-GS</u>   |  |  | <u>Pa</u>                    | <u>ige 2</u> |
|--|--|--|------------------------------|--------------|
| ction B – Subscrib   | oer's Withdrawal Details   | :  |                              |              |
| <u> Fier – I Account</u>                                       | <u> </u>   |  |                              |              |
| . The Lump-sum am<br>General Instruction                       |  | nount to purchase annuity in case of norm  | nal withdrawal*(Please refer | •            |
| Description  | Lump-Sum amount (Maximum of 60%)                                   | Amount to purchase life annuity (Minimum of 40%)   | Total                        |              |
| % share  |  |  | 100%                         |              |
|  |  | purchase of Annuity and for arranging aid down by Annuity Service Provider                                 |                              | ity. The     |
| . Type of withdrawa  | 1*:  |  |                              |              |
| One Time Withdra   | wal Phase  | ed Withdrawal  |                              |              |
| . In case of Phased Vefer General Instru                       |  | the percentage of lump-sum amount to b   | e withdrawn this year (Pleas | <b>e</b>     |
| Descr  | ription Phased Lump-   | Sum Amount Percentage  |                              |              |
| Desci  |  | inimum 10%)  |                              |              |
| % s  | hare   |  |                              |              |
| educted from the con   | rpus/units lying in the accourter.                                 | the Central Recordkeeping Agency (CF<br>nt of the subscriber<br>paid out in single lump sum along with the | -                            |              |
| etion C – Subscrik   | per's Bank Details:  |  |                              |              |
| . For Electronic tran  | sfer or Direct Credit through                                      | ECS/NEFT/RTGS, Proof attached for B  | ank Details*:                |              |
| Cancelled Che<br>Please note that Moc<br>Fany, for direct cred | eque Ba le of remittance of funds wou it would be deducted from pe | ank Certificate<br>ald be through ECS/NEFT/RTGS/Electronsion wealth)                                       |                              | charges,     |
| . Type of Bank Acco  | _  | Current A/c  |                              |              |
| Bank A/c Number  | *<br>  |  |                              | <del></del>  |
| . Bank Name*   |  |  |                              |              |
| Bank Branch*   |  |  |                              |              |
| Bank Address*  |  |  |                              |              |
| 5. Bank Address**  |  |  |                              |              |
| / Dir Co 1 *   |  | -1 FC C -1 *   |                              |              |
| . Pin Code*  | 8. Bi  | ank IFS Code*  |                              |              |
| 9. Bank MICR Code  | (Wherever applicable)  |  |                              |              |

|                     |                |          | uD    | scrib   | er's  | s Aı  | nnı   | ıity  | Det              | tails    | s:     |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|---------------------|----------------|----------|-------|---------|-------|-------|-------|-------|------------------|----------|--------|--------|--------|--------|-------|--------|----------|-----|----------|----------|-------|----------|--------|-----|--------------------|-------------------|------------------|----------------|
| . А                 | Annııi         |          |       | ice Pr  |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| Ē                   |                |          | O1 V. | -       | -     |       | (110  | 1)1   |                  | <u> </u> |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| L.                  | an I           | <b>.</b> |       |         |       |       |       |       |                  |          |        | 1      |        | I      | ı     |        | <u> </u> | II. | <u> </u> | <u> </u> |       | <u> </u> |        |     | 1                  | 1                 | 1                | <u> </u>       |
|                     | ASP I          |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| . <u>A</u>          | ASP S          | cher     | me    | Name    | · *:  |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| L                   |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| 4. ASP Scheme ID *: |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
| ar                  | atio           | <u> </u> |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
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| reh                 | w dec          | lare t   | hat   | the in  | form  | natio | n nı  |       | ed a             | , ]      | NPS    | Subs   | scribe | er, m  | y PRA | N is   | vledge   | and | helie    |          |       | ,        |        |     |                    |                   |                  |                |
|                     | y dec          | iaie i   | mai   | uie iii | T     | Tatio | П     | T     | cu <i>a</i><br>] | DOVE     | C 18 ( | uue u  | o uie  | Dest   | or my | KIIOV  | vicugo   | anu | Dene.    | ١,       |       |          |        |     |                    | 7                 | C. TEI           | ,              |
| te:                 |                | D        | D     | M N     | / Y   | Y Y   | YYY   |       | J                |          |        |        |        |        |       |        |          |     |          |          |       |          |        | Imp | Signati<br>ression | are/Le<br>1 of tl | ft Thu<br>ne Sul | amb<br>oscribe |
|                     | : Lef<br>taine |          | mb    | impr    | essio | n in  | ı cas | se of | illit            | erat     | e m    | ale cl | aima   | ants a | and R | ight t | huml     | imp | ressi    | on ir    | ı cas | e of i   | illite |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
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|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
|                     |                |          |       |         |       |       |       |       |                  |          |        |        |        |        |       |        |          |     |          |          |       |          |        |     |                    |                   |                  |                |
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| Form 101-GS Page | 4 |
|------------------|---|
|------------------|---|

# **Annexure for Nomination Details**

| INSTRUCTIONS | FOR FI         | LLINGI | V THE FORM  |
|--------------|----------------|--------|---|
| INDINUCTIONS | 1, ( ) 1/ 1, 1 |        | 4 1 1 1 1 1 2 1 7 7 1 X 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |

| The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber       |
|---|
| before entire proceeds are withdrawn (Please refer general instruction no: 6) is to be provided hereunder. Also, please note that in case |
| of demise of the subscriber after opting for phased withdrawal, all the outstanding pension wealth out of the phased lump sum             |
| withdrawal in the account of the subscriber will be paid to the nominee(s) as mentioned in this form and the same would be treated as     |
| full and final discharge of the obligation. In case, if you wish to appoint multiple nominees, please fill in the form 401-AN.            |
|   |

|                   | hdrav<br>and                            |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      | eate  | ed as |
|-------------------|---|--------------------------|---------------------|------------------|------------------|-------------------|------|----------|-----------------|------------|-------------|---------|------|------|------|-----|----------|-----|-----|------|----|-----|-----------------|-----|------|-----|----|----|-----|-----|-----|-----|----|------|--------------|------|-----------|-------|------|---------------|----|---------------|------|-------|-------|
| mei<br>the<br>hav | mber<br>ever<br>ing t                   | r(s) on<br>t of<br>pecon | of my<br>my<br>me p | fa<br>dea<br>aya | mily<br>th table | y to<br>efo<br>ha | o re | ce<br>th | ive<br>at e     | th<br>elig | e a<br>gibl | m<br>le | oui  | nt 1 | tha  | t n | nay      | S   | tan | ıd 1 | to | my  | ус              | red | it i | n t | he | Na | tic | nal | l P | ens | io | n S  | yst          | em   | ı a       | s ii  | ndi  | cate          | ed | bel           | low  | v, i1 | 1     |
| Fi                | rst N                                   | lame                     | *                   |                  |                  |                   |      |          |                 |            |             |         |      | N.   | Iido | ile | N        | an  | ne  |      |    |     |                 |     |      |     |    |    |     |     | S   | urn | am | ne/l | ast          | na   | m         | e     |      |               |    |               |      |       |       |
|                   |   |                          |                     |                  |                  |                   |      |          | <u></u>         | <u></u>    |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      | <u>_</u>  |       |      |               |    |               |      |       |       |
| 2. N              | Nominee's current communication Address |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| ]                 | Flat/Unit No, Block no*                 |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| ]                 | Name                                    | e of P                   | remi                | se/I             | Build            | ling              | g/Vi | lla      | ge _            |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| 4                 | Area/                                   | Loca                     | lity/7              | alu              | ıka_             |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| ]                 | Distri                                  | ict/To                   | own/0               | City             | *                |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
|                   | State                                   | / Uni                    | ion T               | erri             | tory             | *                 |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| (                 | Coun                                    | try*_                    |                     |                  |                  | _ P               | in ( | Coc      | le*_            |            |             |         |      |      | En   | nai | l II     | ):_ |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      | _ N          | 1ob  | ile       | e No  | э.:_ |               |    |               |      |       |       |
|                   | ate o                                   |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     | or):     |     |     |      |    |     |                 |     |      |     |    | Ι  |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
|                   | Relati<br>e.g. l                        |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     | ati      | on  | shi | p a  | as | 'So | on'             | ')  |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| 5. N              | Nomi                                    | nee'                     | s Gu                | arc              | lian             | De                | tail | s*(      | (on             | ly         | in (        | cas     | se o | of a | a m  | in  | or)      | :   |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| Fi                | rst N                                   | lame                     | *                   |                  |                  |                   |      | 1        | $\overline{}$   | _          | ı           |         |      | N.   | Iido | lle | N        | lar | ne  | Г    | 1  | 1   | _               |     |      |     |    |    |     |     | L   | ast | Νa | ame  | <del>)</del> |      | _         |       | _    | $\overline{}$ | _  | $\overline{}$ | _    |       |       |
|                   |   |                          |                     |                  |                  |                   |      |          | <u> </u>        | $\pm$      |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      | <u></u>   |       |      |               |    |               |      |       |       |
|                   | ed th                                   |                          |                     |                  |                  |                   |      |          |                 |            |             |         |      |      | _20  | )   | at       | ;   |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
|                   | Pa                                      | rtic                     | ulars               | 5                |                  |                   |      |          | 1 <sup>st</sup> | Wi         | itn         | ess     | S    |      |      |     |          |     |     |      |    | 2   | 2 <sup>nd</sup> | W   | /iti | nes | S  |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
| ļ                 |   | Nan                      | ne                  |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     | $\dashv$ |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              | In   |           |       |      |               |    | Thu:          |      |       |       |
|                   | A                                       | Addı                     | ess                 |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      | <u> </u>     | -111 | <u>p1</u> | . 000 | .011 | 01 (          |    | 540           | 5011 |       |       |
|                   | Si                                      | igna                     | ture                |                  |                  |                   |      |          |                 |            |             |         |      |      |      |     |          |     |     |      |    |     |                 |     |      |     |    |    |     |     |     |     |    |      |              |      |           |       |      |               |    |               |      |       |       |
|                   | _                                       |                          |                     |                  |                  |                   | _    |          |                 |            |             |         |      |      | _    |     | _        |     |     |      |    |     |                 |     |      | _   |    |    |     |     |     |     |    |      | _            |      | -         |       | _    | _             |    |               |      |       |       |

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

| <u>Form 101-GS</u>  |                             |                                   | <u>Page 5</u>                    |
|---|-----------------------------|-----------------------------------|----------------------------------|
| TO BE FILLED/ATTESTED BY DDO/POP-SP Certified that the above declaration and nor        | after he / she have rea     | ad the entries / entries have be  | een read over to him / her by me |
| and got confirmed by him / her. Also certify The date of retirement of the subscriber a |                             |                                   | available with the Department.   |
| (DDMMYY   | -                           | <b></b>                           |                                  |
|   |                             |                                   |                                  |
|   |                             |                                   |                                  |
| Rubber Stamp of the DDO/POP   | P-SP                        | Signature of the Authoris         | ed Person                        |
| DDO/POP-SP Registration Number  | Design                      | nation of the Authorised Person : |                                  |
| (Allotted by CRA)   | DDO/I                       | POP-SP Office Name:               |                                  |
| Date: DDMMYYYY  |                             |                                   |                                  |
| TO BE FILLED/ATTESTED BY PAO/DTO/POP/P  | POP-SP                      |                                   |                                  |
|   |                             | PAO/DTO/POP/POP-SP Registra       | ation Number (Allotted by CRA):  |
|   |                             |                                   |                                  |
|   |                             | Ciamatana afa                     |                                  |
| Rubber Stamp of the PAO/DTO   | D/POP/POP-SP                | Signature of t                    | the Authorised Person            |
|   |                             |                                   | <b>-</b>                         |
| CLAIM FOR THE WITHI   | DRAW <u>AL OF ACCUN</u>     | MULAT <u>ED PENSION V</u>         | WEALTH OF THE                    |
|   |                             | NAL PENSION SYSTE                 |                                  |
|   | Advanced Stamp              | ed Receipt                        |                                  |
| I   | covered under the Natio     | onal Pension System with Pen      | rmanent Retirement Account       |
| Number (PRAN)   | has received a              |                                   | /-                               |
| (Rupees   |                             | only) from                        | National Pension System /        |
| National Pension System Trust by dep  | posit in my Saving Bank /   | Current Account towards the       | e settlement of my National      |
| Pension System (NPS) account.   |                             |                                   |                                  |
|   |                             |                                   | Affix 1 Rupee                    |
|   |                             | I                                 | Revenue Stamp and                |
|   |                             |                                   | sign across                      |
| (*Note: Left thumb impression in ca   | •                           | Left/ Right hand thumb impre      |                                  |
| (*Note: Left thumb impression in ca<br>female claimants must be obtained.)              | ise of illiterate male ciam | iants and Right thumb imp         | ression in case of inherate      |
|   |                             | NT DECEIDT                        |                                  |
| Acknowledgment slip to the NPS Sul  | ACKNOWLEDGME                |                                   | drawal on Cunerannuation         |
| ACKIOWICUSINCIA SILP to the 111 5 5 5.  | (To be filled by PAO/DT     |                                   | drawai on Superannuanon          |
| Received from PRAN :  |                             |                                   |                                  |
| DDO Registration Number :   |                             | •                                 | lber:                            |
| Received at:  | Date :                      | Time: _                           |                                  |
| Acknowledgement Number : (Generated by CRA)   |                             |                                   |                                  |

### INSTRUCTIONS FOR FILLING UP THE FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation from Government Service.

### Documents to be enclosed along with this application:-

- 1. PRAN card in original. In case PRAN card is not available, the subscriber needs to submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
- 2. Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
- 3. A pre-signed receipt acknowledging the receipt of the proceed under NPS by the subscriber
- 4. In addition to the PRAN card any other Identification and address proof of the subscriber. The photocopies of documents (Sr. No. a to i) and original document (Sr No. j) that can be provided as identification and address proof are as mentioned below:
  - a) Ration Card with photograph of the subscriber and residential address
  - b) Bank Passbook with photograph and residential address
  - c) Credit Card with photograph, any other address proof like latest telephone bill, electricity bill in the name of the subscriber.
  - d) Passport
  - e) Aadhar Card issued by UIAD
  - f) Voter's Photo Identity Card with residential address
  - g) Driving license with photograph and residential address
  - h) PAN card and any other address proof like latest telephone bill, electricity bill in the name of the subscriber
  - i) Final relieving certificate from government service on superannuation, if the application for withdrawal is submitted through the Points of Presence (POP).
  - j) Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted Officer and any other address proof like latest telephone bill, electricity bill in the name of the subscriber (to be provided original)

In case if the address is not present on any of the above documents or differs with address provided in this form, proof in respect of current residential address like latest telephone bill, electricity bill in the name of the subscriber should be submitted.

#### **GENERAL INSTRUCTIONS:**

- 1. All the columns in the form should be filled with black ink pen without any overwriting.
- 2. Fields marked with (\*) are mandatory.
- 3. Correct postal address, including the pin code should be provided.
- 4. Percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity. Subscriber can withdraw maximum 60% of pension wealth and is required to transfer minimum 40% of pension wealth to annuity. For example, for a total corpus of Rs.1000, if subscriber wants Rs.300 as lump-sum and Rs.700 for annuitisation, subscriber to select 30% and 70%.
- 5. Please select the type of lump-sum withdrawal as one-time or phased. For e.g. for a total corpus of Rs. 1000/- subscriber has selected Rs. 300 as lump-sum amount. For one time withdrawal subscriber will be given Rs. 300 as lump-sum amount on processing of withdrawal request. For phased withdrawal subscriber will be given minimum of 10% i.e. Rs. 30 for the period of 10 years, at the age of 70 years, subscriber would compulsorily withdraw any amount lying to their credit.
- 6. Instructions for nomination
  - Subscriber can nominate maximum of three nominees.
  - Subscriber cannot fill the same nominee details more than once.
  - Percentage share value for all the nominees must be integer. Fractional value will not be accepted.
  - 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.
  - If a nominee is a minor, then nominee's guardian details will be mandatory

<u>For the purpose of this document Pension Wealth means:</u> The total amount of contributions made by the subscriber in the scheme plus the investment income derived from the investment of the contributions made by the subscriber from the date of joining of New Pension System till the date of execution of withdrawal request in the CRA System.