Form-ISS (Ver 1.1) Page 1

## National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in \* are mandatory.)

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III) Existing PRAN association (Refer Instruction No. I)  a) Sector: **Central Government	III) Existing PRAN association (Refer Instruction No. I)  a) Sector: ** Central Government		·
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a) Sector: ** Central Government	a) Sector.* Central Government	II) PRAN (Permanent Retirement Account Number) *:	
h) DDO / CBO / POP-SP Reg. No. * DDO / CBO / POP-SP Name: *	b) DDO / CBO / POP-SP Reg. No. * DDO / CBO / POP-SP Name: *  IV) Target PRAN association (Refer Instruction No. II)  a) Sector: * Central Government	III) Existing PRAN association (Refer Instruction No. I)	
IV) Target PRAN association (Refer Instruction No. II)  a) Sector: ** Central Government	IV) Target PRAN association (Refer Instruction No. II)  a) Sector: " Central Government	a) Sector: * Central Government State Government	All Citizens of India (UOS) Corporate Sector
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b) DDO / CBO / POP-SP Reg. No. *  DDO / CBO / POP-SP Name: *  V) PAN  VI) Audhaar  I hereby authorize CRs registered with Pension Find Regulatory and Development Authority (FFDD) to not mendolmer details for Notional Pension System (VFS) and authorized multiple states of the pension of the pension system (VFS) and authorized multiple states of the pension of the p	b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / POP-SP Name: *  V) PAN  V) PAN  VI) Audhuar  J. Jacoby outdories CBA registered with Pension Famil Regulators and Development Authority (PERDA) to use my Analbuar details for National Pension System (NPS) and authoriticate my inference of the Audhor A	IV) Target PRAN association (Refer Instruction No. II)	
V) PAN  VI) Aadhaar  I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Analinar details for National Pension System (NPS) and authenticate my identify through the Analinar Anthentication system (Analinar Cargeda Delivery of Financial and other Subdisce). Sheepilis and Services Act. 2015 and the allied rate and regulations notified thereunder. Indendates this historiant of which are the allied rate and regulations notified thereunder. Indendates this historiant of the dankar (Cargeda Delivery of Financial and other Subdisce). Act of the allied rate and regulations notified thereunder. Indendates that the Analinar (Cargeda Delivery of Financial and other Subdisce). Act of the allied rate and regulations notified thereunder. Indendates that the care which results are all and the allied rate and security and confidentiality of personal identity data provided, for the purpose of Analinar based authentication is ensured by CRA registered with PFRDA all such that it is acting as CRA for my NFS account.  VII) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6, Please refer to Instruction No. VI.)  Nominee's Name:  (First Name) (Middle Name) (Last Name)  Relationship with the Nominee:  Date of Birth (In Case of Minor):  (First Name) (Middle Name) (Last Name)  Section B - Additional information for Subscribers shifting to Government Sector (All Details are Mandatory)  (Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. IX & X]  a) Date of Joining:  (dd/mm/yyyy) b) Date of Retirement:  (dd/mm/yyyy)  c) Group of the Employee: A B C D D  d) Office:  e) Department:  1) Ministry:  g) Basic Salary:  h) Pay Scale:  Certified that the above declaration has been signed / thumb impressed before me by after he/ she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also c	V) PAN  VI) Andhaar  I here's natherite CRA registered with Pension. Fund Regulators and Development Authority (PEDD); to use m Andhaur details for National Pension Staten (VE) and authorities my classified the provided of the Special Control of the Control of the Special Control of the Con	a) Sector: * Central Government State Government	All Citizens of India (UOS) Corporate Sector
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h) Pay Scale:  Certified that the above declaration has been signed / thumb impressed before me by	h) Pay Scale:  Certified that the above declaration has been signed / thumb impressed before me byafter he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Department  Signature of the Authorised Person Rubber Stamp of the DDO Name of the DDO	f) Ministry:	
Certified that the above declaration has been signed / thumb impressed before me by	Certified that the above declaration has been signed / thumb impressed before me by	g) Basic Salary:	
after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Department	after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Department  Signature of the Authorised Person Rubber Stamp of the DDO  Designation of the Authorised Person Name of the DDO	h) Pay Scale:	
Signature of the Authorised Person Rubber Stamp of the DDO	Designation of the Authorised Person Name of the DDO	after he / she has read the entries / entries have been read over to him / her by me ar	d got confirmed by him / her. Also certified that the employment details are as per
		Signature of the Authorised Person	Rubber Stamp of the DDO
Designation of the Authorised Person Name of the DDO		Designation of the Authorised Person	Name of the DDO
Date Department / Ministry	Date Department / Ministry	Date	Department / Ministry

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Section C - Additional information for Subsc	eribers shifting to All Citizens of India (UOS) & Corporate Sector
I. Subscriber Scheme Preference*:	
Do you wish to continue with the existing Pension	
<ul> <li>If Subscriber is shifting to Corporate sector, the associated employees.</li> </ul>	applicable only if the target Corporate has given the option of selecting scheme preference to
• If Subscriber is shifting from Government Sec	ctor, please submit Subscriber Scheme Preference details on Page 4.
II. KYC details* (Applicable only if Subscriber	is shifting from Government Sector. Refer Instruction No. XII)
a) KYC document accepted for Identify Proo	f:
b) KYC document accepted for Address Proo	f:
c) Document accepted for Date of birth proof	·:
fully operative Saving Bank account no required for opening Bank Account which	Kum
III. Employment Details* (Applicable if Subscriba) Date of Joining*:	ber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)  b) Date of Retirement*:
D D M M Y Y Y	D D M M Y Y Y
c) Employee ID*:	d) CHO Reg No*:
Certified that the above declaration has been signed b after he / she has read the entries / entries have been r details are as per employee records available with the  . Signature of the Authorised Person  Designation of the Authorised Person	ead over to him / her by me and got confirmed by him / her. Also certified that the employmen Corporate.
Productive (	And Production Control of the Contro
I agree to be bound by the terms and conditions for request) and understand that CRA may, as approved	Applies to Subscribers across all sectors):  the target sector (in which my PRAN will belong after processing of this Intersector Shifting by PFRDA, amend any of the services completely or partially without any new Declaration the necessary charges, as applicable, of the target sector.
	nture/Left Thumb impression of Subscriber*
	use only (To be filled up by the officer accepting the form)
Received by:	Nodal Office Registration Number:
Received at:	Date: Time Stamp
Details verified by:	Date: Time stamp

Receipt Number issued by the receiving office (only for POP-SP)

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 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.
- VII. Active choice Under Active choice, Subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
  - a) PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
  - b) Allocation under Equity (E) cannot exceed 50.
  - c) A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VIII.Auto choice Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
  - a) A Subscriber opting for Auto Choice must also select a PFM. The form shall be rejected if a PFM is not opted for.
  - b) In case both investment option and the asset allocation table are left blank, the Subscriber's funds will be invested as per Auto Choice.

For more details on investment options and asset classes, please refer to the scheme information available on CRA website (www.npscra.nsdl.co.in).

- IX. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- X. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- XI. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).

XII. Illustrative list of documents acceptable as proof of identity and address.

	rative list of documents acceptable as proof of identity		
S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India.	1	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 bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank 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	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, statuary/ 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.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 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)
Note:	ou are required to bring original documents & two self-attested	l photo	copies for verification.

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## I. SUBSCRIBER SCHEME PREFERENCE:

(	i)	. PENSION FUND	SELECTION -	- TIER I	Select only	one PFM)

PFM Nan	ne (in alphabet	ical order)				Plea	ase Tick (√) only one
Birla Sunl	ife Pension Ma	nagement L	imited				
HDFC Per	nsion Managem	ent Compa	ny Limited				
ICICI Pru	dential Pension	Funds Man	agement C	Company Limite	ed		
Kotak Mal	hindra Pension	Fund Limit	ed				
LIC Pensi	on Fund Limite	d					
Reliance C	Capital Pension	Fund Limit	ed				
SBI Pensio	on Funds Privat	e Limited					
UTI Retire	ement Solutions	Limited					
tion of PFM	is mandatory both	n in Active a	nd Auto Cho	oice. In case you	do not ind	icate a choic	te of PFM, your application form shall be summarily reject
In case yo investmen	nt will be made as	Auto Choice s per Auto Cl	and fill up hoice (LC 50	section (iii) below )).	w relating	to Asset Allo	ocation, the Asset Allocation instructions will be ignored ve Choice' investment option)
Asset Class Specify %	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	to 100%. In application Asset class Bonds and	ne total allocation across E, C, G and A asset classes must be e n case, the allocation is left blank and/or does not equal 100%, shall be rejected. 2. Asset class E-Equity and related instrume C-Corporate debt and related instruments; Asset class G-Governi related instruments; Asset Class A-Alternative Investment Finstruments like CMBS, MBS, REITS, AIFs, Invlts etc
Life Cycle L	e (LC) Funds  .C75 .C50	Please Ti Only (	ck ( $$ ) One	Note: 1. LC 75- It is the 2. LC 50- It is the	c Life cycle Life cycl	e fund where	e the Cap to Equity investments is 75% of the total asset the Cap to Equity investments is 50% of the total asset to the Cap to Equity investments is 25% of the total asset to 25% of the total asset to 25% of the 25%
	Place:						Signature/Thumb Impression* of Subscriber in bla (* LTI in case of male and RTI in case of females

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## ADDITIONAL NOMINATION FORM

proceeds are withdrawn is to be provided hereu after opting for deferred withdrawal, all the out receiving the request and paid to the nominees	nder (Please refer instruction no: VI). Also, pleastanding pension wealth present in the NPS according	case of the demise of the Subscriber before entire ase note that in case of demise of the Subscriber ount of the Subscriber shall be withdrawn upon all be treated as full and final discharge of the
obligation.		
I,	t	nereby nominate the person(s) mentioned below
I,who is/are member(s)/ of my family to receive the	ne amount in my PRAN account under National I	Pension System in the event of my death.
1. Name of the Nominee*: 1st Nominee	2nd Nominee	3rd Nominee
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
2. Present Communication address of the Non	ninaas*•	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
3. Date of Birth* (Only in case of a minor. In D	D/MM/YYYY):	
1st Nominee:/	2nd Nominee:/	3rd Nominee:/
4. Relationship with the Nominee*: 1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share*:		
1st Nominee%	2nd Nominee%	3rd Nominee%
	L	I
6. Nominee's Guardian Details (Only in case o 1st Nominee's Guardian Details	f a minor):  2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
M: J.H. N	Middle Name	MCJJI- N
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
	Signatu	re/ Thumb Impression* of the Subscriber
Dated thisday of20 at _		1

Deted by CRA) PC  BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP	Shas been signed / thumb impressed before me by he entries / entries have been read over to him / her by me and got  Signature of the Authorised Person  esignation of the Authorised Person:  OP-SP/DDO Office Name  OP-SP/PAO/DTO/DTA/PrAO Registration Number otted by CRA):
Rubber stamp of the POP-SP/DDO  P-SP/DDO Registration Number De otted by CRA)  PC  BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA O  POP-SP/DDO SP/PAO/DTO/DTA O	Signature of the Authorised Person  esignation of the Authorised Person:  DP-SP/DDO Office Name   P/POP-SP/PAO/DTO/DTA/PrAO Registration Number
Rubber stamp of the POP-SP/DDO  P-SP/DDO Registration Number De otted by CRA)  PC  BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA O	Signature of the Authorised Person  esignation of the Authorised Person:  DP-SP/DDO Office Name  P/POP-SP/PAO/DTO/DTA/PrAO Registration Number
P-SP/DDO Registration Number De otted by CRA)  PC  BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA (Allo	esignation of the Authorised Person :  DP-SP/DDO Office Name  P/POP-SP/PAO/DTO/DTA/PrAO Registration Number
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BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA (Alle	P/POP-SP/PAO/DTO/DTA/PrAO Registration Number
BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA (Allo	P/POP-SP/PAO/DTO/DTA/PrAO Registration Number otted by CRA):
O (Allo	P/POP-SP/PAO/DTO/DTA/PrAO Registration Number otted by CRA):
O (Allo	P/POP-SP/PAO/DTO/DTA/PrAO Registration Number otted by CRA):
	otted by CRA):
ber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	
	Signature of the Authorised Person
	Signature of the Authorised Person