

Declaration by Nodal Office

{To be declared by the nodal office where family pension is granted to the family member(s) of deceased subscriber or to the subscriber (in case of disability)}

It is certified that the family pension is being paid by this office to the following family members of the late subscriber Sh./Smt/Ms. \_\_\_\_\_ bearing PRAN \_\_\_\_\_ or to the subscriber Sh./Smt/Ms. \_\_\_\_\_ (PRAN) \_\_\_\_\_ on disability as per Pension Payment Order No. \_\_\_\_\_ issued dated \_\_\_\_\_.

Name of the family member/subscriber .....

Relationship of family member with the subscriber .....

In this respect, a No Objection Certificate to transfer the accumulated pension wealth from the NPS account of the deceased subscriber to this office/Govt are submitted by the above family member(s) of the deceased subscriber/ Subscriber. Same is enclosed along with this declaration.

Therefore, now, in accordance with Regulation 6(e) of PFRDA (Exits & Withdrawals) Regulations, 2015, the amount of accumulated pension wealth lying in the PRAN of the deceased subscriber/ Subscriber Sh./Smt/Ms. \_\_\_\_\_ may be released to this nodal office bank account as per the details given as under:

Name of the Beneficiary : \_\_\_\_\_  
 Bank Account Number : \_\_\_\_\_  
 Bank Name : \_\_\_\_\_  
 Branch Name : \_\_\_\_\_  
 IFS Code : \_\_\_\_\_

- I/We hereby declare that No Objection Certificate to transfer the accumulated pension wealth from the NPS account of the deceased subscriber/subscriber to this office have been collected from the family member(s) of the deceased subscriber/subscriber.
- I/We hereby declare that details furnished above are true and correct as per our office records. PFRDA/ NPS Trust/CRA shall not be responsible in case of any wrong information furnished in this regard. Further, I understand that funds will be transferred to PAO bank account on authorisation of withdrawal request by office and physical documents is required to be forwarded to CRA for record keeping within 60 days of authorization of withdrawal request.

Stamp & Signature of DDO		
Date	Name of the DDO	
Place	Regn No:	

**Countersigned by DTO/PAO/CDDO/DTA/PrAO**

Stamp & Signature of DTO/PAO/CDDO/DTA/PrAO		
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Date	Name of the DTO/PAO/CDDO/DTA/PrAO	
Place	Regn No:	