

FORM: 601 PW

National Pension System (NPS)
 (Under Regulations 8 of PFRDA (Exits & Withdrawals) Regulations, 2015)
Partial Withdrawal form for Tier I account under NPS
 (Please fill all the details in CAPITAL LETTERS & in BLACK INK only)

For Nodal Office use

PAO/DTO/POP/POP-SP Reg. No.

Receipt No.:

PRAN

Ack No.

(Generated by CRA System)

Entered By: _____ Date: _____

Verified By: _____ Date: _____

Please select your Category (please tick v)

- Government Sector Corporate Sector
 All Citizen of India NPS Lite/ Swavalamban

To,
NPS Trust

Sir/Madam,
I _____ holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details:

Section A – Subscriber's Personal Details:

| | |
|-------------------------|----------------------|
| PRAN* | <input type="text"/> |
| Name of the Subscriber* | <input type="text"/> |
| Mobile No.# | <input type="text"/> |
| Email ID# | <input type="text"/> |

Subscribers Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit S2 Form.

a. % of Partial Withdrawal* %

(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. Purpose of withdrawal* (please tick v on box below with reason applicable & submit the supporting documents)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. for Higher education of children including a legally adopted child |
| <input type="checkbox"/> | 2. for the marriage of children, including a legally adopted child; |
| <input type="checkbox"/> | 3. for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse |
| <input type="checkbox"/> | 4. for treatment of specified illnesses (please tick v) |
- | | |
|--------------------------|---|
| <input type="checkbox"/> | a. Cancer |
| <input type="checkbox"/> | b. Kidney Failure (End Stage Renal Failure) |
| <input type="checkbox"/> | c. Primary Pulmonary Arterial Hypertension |
| <input type="checkbox"/> | d. Multiple Sclerosis |
| <input type="checkbox"/> | e. Major Organ Transplant |
| <input type="checkbox"/> | f. Coronary Artery Bypass Graft |
| <input type="checkbox"/> | g. Aorta Graft Surgery |
| <input type="checkbox"/> | h. Heart Valve Surgery |
| <input type="checkbox"/> | i. Stroke |
| <input type="checkbox"/> | j. Myocardial Infarction |
| <input type="checkbox"/> | k. Coma |
| <input type="checkbox"/> | l. Total blindness |
| <input type="checkbox"/> | m. Paralysis |
| <input type="checkbox"/> | n. Accident of serious/ life threatening nature |

c. Bank account details of the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick v as applicable & submit the bank proof)

- same bank account already registered under NPS another Bank account, please provide the details below

| | |
|-----------------------|--|
| Bank Account Number | <input type="text"/> |
| Bank Name | <input type="text"/> |
| Type of Bank Account | Savings Account () Current Account () |
| Branch Name & Address | <input type="text"/> |
| IFSC Code | <input type="text"/> |

Section B – Declarations

Declaration by the Subscriber*:

1. I hereby declare that information stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of ten years in to the NPS as required for partial withdrawal and eligible to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.

2. I(name) with PRAN.....agree that in case of any failure of Direct Credit, for any reason whatsoever, NPS Trust / CRA shall not be responsible. I also agree that NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Date <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | |
| Place <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | Signature / Thumb Impression of the Subscriber** | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

** Left thumb impression in case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal Office(for government sector subscribers):*

I/We hereby declare that the subscriber Sh./Smt/Kum..... with PRAN.....is employed with us and I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|---------------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Date <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Registration No. of DDO | | | | | | | | | | | | | | | Signature & stamp of the DDO | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Registration No. of PAO/CDDO/DTO | | | | | | | | | | | | | | | Signature & stamp of the DTO/PAO/CDDO | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Declaration by POP/Aggregator(for Non government sector subscribers):

I hereby declare that the subscriber Sh./Smt/Kum..... with PRAN..... has signed/thumb impressed before me after he/she has read the entries/have been read over by him/her for the request of partial withdrawal under NPS. I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Date <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Registration No. of POP-SP/NL-CC | | | | | | | | | | | | | | | Signature & stamp of the Authorised person at POP-SP/NL-CC | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Registration No. of POP/NL-AO | | | | | | | | | | | | | | | Signature & stamp of the Authorised person at POP/NL-AO | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ACKNOWLEDGMENT RECEIPT

Acknowledgment slip to the NPS Subscriber on receipt of partial withdrawal application form
(To be filled by DDO/CDDO/PAO/DTO/POP/Aggregator)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Received from PRAN : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DDO/POP-SP/NL-CC Registration Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAO/CDDO/DTO/POP/NL-AO Registration Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acknowledgement Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date : | <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | d | d | m | m | y | y | y | y | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received at | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions Page

Instructions for filling up the form:

1. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
2. The Subscriber shall submit the application to the respective Nodal Office/POP/Aggregator for processing of request.
3. Before submitting the withdrawal form, subscriber should ensure that the bank account details are matched from the bank passbook/ bank statement or cheque etc to ensure that the details are correct. Subscriber should also attach the bank proof (cancelled cheque/copy of bank passbook/bank certificate) with the Partial Withdrawal Form submitted.
4. Subscriber should specify the purpose of Partial Withdrawal and a proof need to be submitted for the same.
5. Subscriber should be in the NPS atleast for a period of 10 years.
A subscriber shall be permitted to withdraw not exceeding 25% of the contributions made by such subscriber to his/her individual pension account,
6. The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber.
7. Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
8. The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
9. In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under PFRDA regulations is permitted.
10. Treatment of specific illness covers the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from the specified illness, which shall comprise of hospitalization and treatment.
11. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
12. Frequency: the subscriber shall be allowed to withdraw only a maximum of three times during the entire tenure of subscription under the National Pension System and not less than a period of five years shall have elapsed from the last date of each of such withdrawal. Five years should have elapsed between two withdrawals shall not apply in case of "treatment for specified illnesses or in case of withdrawal arising out of exit from National Pension System due to the death of the subscriber.
13. For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals) Regulations, 2015.
14. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to NPS Claims Processing Cell (NPS CPC) at address mentioned below:
NPS Claim Processing Cell,
Central Record Keeping Agency, NSDL,
10th Floor, Times Tower, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel West, Mumbai - 400013