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)}

	eing paid by this office to the following family bearing PRAN	
	issued dated	
•		
Relationship of family member with the	subscriber	
•	ate to transfer the accumulated pension weat t are submitted by the above family membe th this declaration.	
the amount of accumulated pensio Sh./Smt/Ms the details given as under.	Regulation 6(e) of PFRDA (Exits & W n wealth lying in the PRAN of the d may be released to this n	eceased subscriber/Subscriber odal office bank account as per
Name of the Beneficiary :		
Bank Account Number :		
Bank Name :		
Branch Name :		
IFS Code :		
-	ction Certificate to transfer the accumulated er/subscriber to this office have been collect r.	•
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.		
	ath Certificate of the Subscriber (in case of fave been collected from the family member fice.	, , ,
	Stamp & Signature of DDO	
Date:	Name of the DDO	
J.	Regn No:	
Countersigned by DTO/PAO/CDDO/DT	A/PrAO	
	Stamp & Signature of DTO/PAO/CDDO/I	DTA/PrAO
Date:	Name of the DTO/PAO/CDDO/DTA/PrAO	
Place:	Regn No:	

No objection for settlement of Accumulated Pension Wealth in NPS

-	be enclosed along with noo scriber or to the subscriber (dal office declaration where family pension is granted to the claimant(s) of deceased in case of disability)}
I / that Sh./	WeI/we have no objection fo	(name of the claimant/subscriber), hereby confirm or release of NPS accumulated pension wealth lying in PRAN of subscriber Late with PRANor in my
		to Nodal Office/Department where I/he/she was employed as I/we am/are receiving the
		ayment Order no dated
Details of pension being paid (in case of Death):		
		per
	Pension Payment Order (I	PPO) No
Relationship with decease		ion of Claimant
		mail:
	Place:	Date:
Deta	ails of pension being paid	(in case of Disability):
2.	Name of the Subscriber _	
	Pension Payment Order (PPO) No:
		ion of Subscriber:
		mail:
	Place:	Date:
Atte	estation by Nodal Office:	
		eclaration and details have been entered and signed/thumb impressed by the family criber Sh./Smt/Ms
•	AN)	or by the subscriber before me. Further the above details have been
		of the deceased subscriber/subscriber and found in order. Further,
•	•	No Objection Certificate to transfer the accumulated pension wealth from the NPS subscriber/subscriber to this office have been collected from the family member(s) of the scriber.
•	Trust/CRA shall not be res that funds will be transferr	details furnished above are true and correct as per our office records. PFRDA/NPS ponsible in case of any wrong information furnished in this regard. Further, I understand red to PAO bank account on authorisation of withdrawal request by office and physical be forwarded to CRA for record keeping within 60 days of authorization of withdrawal
•	I/We hereby declare that o	copy of Death Certificate of the Subscriber (in case of family pension) and copy of PRAN
		scriber have been collected from the family member(s) of the deceased Subscriber/
		Stamp & Signature of DDO/DTO/PAO
Da	te:	Name of the DDO/DTO/PAO
DIa	ico.	Pean No: