ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

Ι, .	hereby nominate the person(s) mentioned below who is/are member(s)
of	my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:									
1st Nominee	2nd Nominee	3rd Nominee							
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name							
2. Present Communication address of the nominees:									
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee							
3. Date of Birth* (Only in case of a minor):									
1st Nominee d d I m m I y <th< th=""><th>2nd Nominee d d <i>I</i> m m <i>I</i> y y y y</th><th>3rd Nominee d I m m y y y y</th></th<>	2nd Nominee d d <i>I</i> m m <i>I</i> y y y y	3rd Nominee d I m m y y y y							
4. Relationship with the Nominee:									
1st Nominee	2nd Nominee	3rd Nominee							
5. Percentage Share:									
5. Percentage Share: 1st Nominee	2nd Nominee %	3rd Nominee %							
1st Nominee %		3rd Nominee							
1st Nominee % 6. Nominee's Guardian Details (Only in case of a									
1st Nominee %	minor):	3rd Nominee % 3rd Nominee's Guardian Details First Name Middle Name Last Name							

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

TOBE	FILLED/ATTESTED BY POP-SP			
Certifie	d that the above declaration and nomination details has been sig			
	after he / she have read the entries	/ entries h	ave been read over to him / her by me and got confirmed by him / he	er.
	Rubber Stamp of the POP-SP		Signature of the Authorised Person	
POP-S	P Registration Number	on of the Authorised Person :		
(Allo	tted by CRA)			
			POP-SP Office Name :	
Date	d d I m m I y y y y			
TO BE	FILLED/ATTESTED BY POP/POP-SP			
			P/POP-SP Registration Number otted by CRA):	
		(All	Sued by CRAJ.	
Rubber	Stamp of the POP/POP-SP		Signature of the Authorised Person	