					gulatio		, 20							• / /					•	•	10.4			
Claim and Payout Form Before filling the										_			ite	i/re	lire	ed o	n o	r a	iter	01	/04/	202	25	
Before filling the form, please read the INSTRUCTIONS carefully given at the end of the form Protean eGov Technologies Limited <i>(formerly NSDL e- Governance Infrastructure Ltd.)</i> PART - A (to be filled by the subscriber)																	Joint	ph	otogi	raph	of			
																5	Subso	crib	er &	Spoι	use			
1. Category (any one):				(- /								3	8.5 cr	n × :	2.5 c	m si:	ze /	
Superannuation (After minim	num 10 yea	rs of Qua	lifying S	ervice)														•		oort s			
Voluntary Retirement (After	25 years of	Qualifying	g Servic	e)															(Dor s		sign a ole / c		is /	
Retirement under Fr 56(j) (w (Classification, Control and A				Centra	l Civil S	ervice	s																	
2. Detail of Subscribers:	,	. ,																						
Name							Т			T	T			T						Т	Т			Г
Employee Code / ID																						T		
PRAN												Dat	e o	f Birtl	h	d d	m	m	У	<i>y</i>	у у	7		
Date of Joining Service	d d m	m y y	у у			ate of	Volu	untar	y Re	tirem	ent	(if aj	ppli	cable)	d d	m	m	y .	y .	у у	1		
Gender	Male	[Fen	nale	Γ	Tra	nsge	ender														_		
Date of Superannuation / Ret	irement und	ler FR 56	(j)		d	d m	m y	y y	y	У														
In case of Voluntary Retireme	ent, Date of	Deemed	Superar	nnuatio	on d	d m	m y	́У	У	У														
PAO (office name)																								
DDO (office name)																						Ī		
PAN																								
Ministry / Department (from w	here retired)																							
3. KYC Details:		·																						
Document		Doci	ument 1	Type			L.	lonti	fica	tion I	Num	bor							Valio	dity	,			
(one of the documents)		DUCI		ype				Jenu	iica		YUII	bei			(in	case	ofP	assp	port a	nd I	Drivi	ng L	icen	ıse)
Aadhaar* / Driving License / Passport / Voter ID / CKYC ID Letter issued by NPR	/																							
4. Current Address:						_																		
Flat/House No./Bldg. Name																Τ	T					Τ		Γ
Street / Locality																								
Village & Post Office / Block																						1		
City / District								7		State					Ť	1						<u> </u>	1	
Country																1	Pi	n Co	de			T		
5. Contact Details:							- 1																1	1
Telephone No. (If any)									Mobi	le No.						Τ								
E-mail ID																								
6. Details of Legally Wedded S	Spouse as	on Date o	of Supe	rannu	ation:																			
Name																								
DOB	d d m	m y y	У У							PAN*														
Gender	Male	Fe	male	Tra	nsgend	er			Mobi	le No.														
E-mail ID																								
Aadhaar No.*		Provide	e last Fou	r Digits													-							
7. Details of Bank account:																								
Type of Bank A/C (As on date of superannuation)	Joint wi	th legally w	vedded Sp	oouse							s	ingle	e (or	ly in	the a	ıbsen	ce of	lega	ılly w	edde	ed Sp	ouse)	
Bank A/c No.																								
Bank Name								T						IFSO	- -							1		, T
Note: Please ensure that the Gove	ernment Se	rvant is th	ne Prima	arv Acc	ount ho	lder ir	י the	Join	t Acc	count														
8. Final Withdrawal Percentag				-				5011	., .00	Journ														
I desire to opt for Final With			,		,		_		_				_	_	_	_		_	_	_	_	_		_
<i>(applicable where subscriber h</i>		ed UPS bei	nefits)				9	6 of i	ndiv	idual	corp	bus												
	- 1		41 6		·				ι.	al.		_		-1										

FORM B1

				Declara	ition:			
	Scheme Scheme	under National Pensior	RAN Gol vide notification F. No	o. FX-1/3/2024-PR 025 as amended fr	and have and have an	fully read and und 1/2025 and PFRI me. I hereby decla	a subs derstood the provisions of DA (Operationalisation of are that I am eligible to ava ue and correct.	Unified Pension Unified Pension
	I authoriz	e the CRA, NPS Trust	-	ected with UPS to	collect and s	- hare data/ details	of my necessary persona	al information for
								· · · · · · · · · · · · · · · · · · ·
	Date:	d d m m y y y	У					
				(*LTI in case			ression* of Applicant o be provided. Toe impression	in case no hands)
			PART - B	(Details as recor	ded in the C	RA System)		
1.	Details f	or Calculation of UPS	Benefits Payable to Su	ubscriber:				
	Ι.	Individual Corpus (IC):	Value of corpus as on D	ate of Superannua	ation / Retire	ment		
		1 (C) (on date of superannual	,				
			idividual Corpus vis-a-vis	Benchmark Corp	us (IC-BC)			
	IV.	Final Withdrawal (FW	,					
1	Employr	nent Details as per se		to be filled by the	DDO in the	CRA system)		
	File No:							
		ee Code / ID						
	(Qualifyi		Regulation $2(k)$ read with R	egulation 13)	d d m m	У У У У		
			ement under Fundamenta cation, Control and Appea				der <u>d d m m y y</u>	УУ
	0	of Qualifying Service in						
		of Qualifying Service in to be ignored)	Completed Half Years (I	L)				
	(in case o		sible Payout tary Retirement : Form nex (i) From next day of retirer		tion,	m m y y y	У	
2	¢.		nonths before Superan	,	ent under FR	8 56 (i) / Voluntar	v Retirement :	
			NPA (non-practicing				NPA (non-practicing	
		Basic Pay	allowance granted to medical officer in lieu of private practice)	Total (Basic Pay + NPA)		Basic Pay	allowance granted to medical officer in lieu of private practice)	Total (Basic Pay + NPA)
	Month	1			Month 7			
	Month	2			Month 8			
	Month	3			Month 9			
	Month	4			Month 10			
	Month	5			Month 11			
	Month				Month 12			
	Averag	e of 12 Months of (Ba	isic Pay +NPA) = P					
3.	Salary D	etails of last month b	efore Superannuation/			-		
	Lastr	Month / Year	Basic Pay (includes no in lieu	on-practicing allowa of private practice)		o medical officer	Dearness Allowance (DA)	Total E = (BP + DA)
		ionth emolument (E) ump-sum payment						
	superanr		, legally wedded spouse		of superann	uation, which has	ing service, last basic pa been verified by HOO ar t.	
	Signati	ire & Name of DDO :						
	Julian							
	DDO Na				DDO Regi	istration No.		
					DDO Regi Place:	istration No.		

-		Form B1 (Part D) UPS Payout Order (UPO) issued by PAO (System Generated)																	S: 3.	ubs 5 cr pa	crib n × 2 assi	otog er & 2.5 c oort	spo m s size	ize	e /			
To, National Pension System Trust Tower B, B-302, Third Floor, World Tra	ade Cent	er Naur	oji Na	gar, I	New	Del	hi-1	100)29								-						S	tapp	le / c	lip)		
File No:																		ate	OT	ISSU	ie: [d	a	m	m j	()		y)
UPS Payout Order (UPO) No:											_																_	
Superannuation (After minimum 10	-		-	ice)																								
Voluntary Retirement (After 25 year																												
Retirement under FR 56(j) which is Control and Appeal) Rules, 1965	s not a pe	nalty un	der C	entral	l Civ	/il Se	ervic	ces	(Cla	ISSI	icat	tion	,															
2. Details of Subscriber:																												
Name																												
Employee Code / ID																												
PRAN														[Date	e of	Bir	th [d	d	т	т	У	У	y J	/		
Date of Joining Service d d	m m y	у у	У			Da	te c	of Vo	olun	tary	Re	etire	mer	nt (if ap	oplic	cab	le)	d	d	m	m	y	y	y J	/		
Gender Ma	ale		Fema	le] Tra	ans	gen	der																		
Date of Superannuation / Retirement	t under Fl	R 56(j)																										
In case of Voluntary Retirement, Date	e of Deer	ned Sup	erann	uatio	n																							
PAO (office name)																												
DDO (office name)																												
PAN																												
Ministry / Department (from where retin	ired)																											Τ
3. Details of Legally Wedded Spouse	on the D	Date of S	Supera	annu	atio	n/F	leti	rem	nent	:																		
Name																												
DOB d d	m m y	уу	У									PA	N															
Gender Ma	ale	Femal	e	Tran	isge	nder	•			N	lobi	le N	o.															
E-Mail ID																												
4. Details of Bank Account:																												
Bank A/c No.																	IFS	SC [
Bank Name																												
5. Details of Employment & Salary:		_																										
Length of Qualifying Service in Numb	ber of Mo	nths																										
Average of last 12 Months Basic Pay	/																											
Assured Payout																												
Last month salary (Basic Pay + DA)																												
Length of Qualifying Service in Comp	pleted Six	Months																										
Date of start of monthly Admissible P	ayout		d d	mn	n y	y y	У	y																				
	Sand	ction of	Admi	sible	e UF	PS B	ene	əfits	s pa	yab	le t	o S	ubs	cri	ibeı	ŗ												
6. UPS Benefits Payable to Subscribe	er:																											
Lumpsum Payment																												
Excess, if any, of Individual Corpus v	vis-a-vis Be	enchmai	rk Cor	ous																								
Final Withdrawal Amount																												
Monthly Admissible Payout [Assured	Payout *	IC/BC (I- Fina	l With	hdra	wal?	6)]																					
DR Amount on Admissible Payout																												
Arrears of Admissible Payout and Ap	plicable [DR																										
Signature & Name of PAO :																												
PAO Name								PAG	D R	ais	tra	tior	n No															
														· ·														

FORM B1

Authorising the release of benefits upon receipt of UPS Payout Order after due Verification

Authorised Signatory NPS Trust

Date:

Place:

Instructions to fill the form

- 1. All fields are mandatory, unless marked with Asterisks.
- 2. Please fill the details of the subscriber as per the service records.
- 3. Please give details of DDO, PAO, Department/Ministry of the office from where you retired.
- 4. Any one of the 5 KYC documents may be provided. In case of online filling of the form Aadhar Number or CKYC ID may be provided.
- The current address shall be as per the KYC document provided. In case there is change in the current address, the concerned KYC documents is to be updated first.
- 6. The mobile number and e-mail id of the claimant shall be verified separately by sending an OTP or a link as may be applicable.
- 7. The field of date of joining in Central Govt regular service shall be captured from the CRA system, however, in case of any change, it shall be editable by the subscriber and duly verified by DDO.
- 8. In case, Aadhaar number is being given for legally wedded spouse, only the last four digits of the Aadhaar number may be provided.

List of Documents to be attached with this form

By Claimant:

- i. Photocopy of the first page of Pass Book/Bank Statement or cancelled cheque of the Bank Account or any other bank document showing the name and account details of Account Holder, in which the payout is to be credited.
- ii. Copy of PAN Card of claimant.
- iii. KYC documents of claimant.
- iv. One joint photograph.
- v. Specimen signature of claimant.

By DDO:

- i. Copy of the document containing employment details verified by HOO.
- ii. Copy of the signed Form by subscriber (in case the form submitted by subscriber in physical mode).