

Form B3

[See Regulation 19, 20 and 23]

Claim and Payout Form : Spouse of the Deceased Unified Pension Scheme (UPS) Subscriber who Superannuated/Retired on or after 01/04/2025 and eligible for UPS Benefits and Subscriber had already availed Benefits under UPS

Before filling the form, please read the INSTRUCTIONS carefully given at the end of the form

Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.)

Photograph of Spouse

3.5 cm × 2.5 cm size / passport size

(Do not sign across / staple / clip)

PART - A (to be filled by the Spouse)

1. Details of Deceased Subscriber:

Name
PRAN Date of Death (as per Death Certificate)

2. Details of Legally Wedded Spouse on the Date of Superannuation:

Name
DOB PAN
Gender ☐ Male ☐ Female ☐ Transgender

3. KYC Details:

Document (any one)	Document Type	Identification Number	Validity (in case of Passport and Driving License)
Aadhaar* / Driving License / Passport / Voter ID / CKYC ID / Letter issued by NPR			

4. Current Address:

Flat/House No./Bldg. Name
Street / Locality
Village & Post Office / Block
City / District State
Country Pin Code

5. Contact Details:

Telephone No. (If any) Mobile No.
E-Mail ID

6. Details of Bank A/C of Spouse for credit of UPS Benefits :

Type of Bank A/C ☐ Saving A/C ☐ Current A/C
Bank A/C No.
Bank Name IFSC

Declaration:

I _____ spouse of late _____ have fully read and understood the provisions of Unified Pension Scheme (UPS) as notified by GoI vide notification F. No. FX-1/3/2024-PR, dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025 as amended from time to time. I hereby declare that I am eligible to avail benefits under UPS in terms of the aforesaid notification and Regulations. I certify that the information given above is true and correct.

I hereby authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data/ details of my necessary personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regulations notified thereunder.

Place: _____ Name: _____
Date:

Signature / Thumb Impression* of Applicant

(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

PART - B (Details as recorded in the CRA System)

1. Details of UPS benefits that were being paid for Deceased Subscriber :

I.	Monthly Admissible Payout to Deceased Subscriber as on the Date of Demise	
II.	DR amount on the Date of Demise	

PART - C (to be filled by the DDO in the CRA System)

1. Employment Details as per Service record:

File No:

Employee Code / ID

Date of Start of Family Payout to Spouse (on demise of subscriber)

d d m m y y y y

Certified that the details provided by spouse of deceased subscriber in **Part-A**, details of employment, legally wedded spouse on the date of superannuation/retirement, date of death of subscriber which has been verified by HOO and the entry has been made as per such certification.
Verified and Certified that the details are true and correct.

Signature & Name of DDO :

DDO Name

DDO Registration No.

Date:

Place:

Form B3
(Part D)
UPS Payout Order (UPO) issued by PAO
(System Generated)

Photograph of
Spouse
3.5 cm × 2.5 cm
size /
passport size

(Do not sign across /
staple / clip)

To,
National Pension System Trust
Tower B, B-302, Third Floor, World Trade Center Nauroji Nagar, New Delhi-110029

File No:

UPS Payout Order (UPO) No:

Date of Issue:

d d m m y y y y

1. Details of Deceased Subscriber:

Name

PRAN

Date of Death (as per Death Certificate)

d d m m y y y y

2. Details of Legally Wedded Spouse on the Date of Superannuation :

Name

DOB

d d m m y y y y

PAN

Gender

☐ Male ☐ Female ☐ Transgender

Sanction of Admissible UPS Benefits Payable to Spouse

3. UPS Benefits Payable to Spouse:

Date of start of Family Payout to Spouse (on demise of subscriber)

d d m m y y y y

Monthly Family Pay-Out (60% of the monthly pay out to subscriber)

DR amount on Family Payout

Adjustment of excess Monthly Payout Paid for Deceased Subscriber upto the Date of Commencement of Family Payout, if any

Signature & Name of PAO :

PAO Name

PAO Registration No.

Date:

Place:

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.
- 5. 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. 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 Death certificate of deceased Government Subscriber
- iii. Copy of PAN Card of claimant.
- iv. KYC documents of claimant.
- v. One photograph.
- vi. Specimen signature of claimant.

By DDO:

- i. Copy of the document containing employment details verified by HOO.
- ii. Copy of the signed Form by claimant.