FORM B2 Form B2 [See Regulation 4,19 and 20] Claim and Payout Form: Unified Pension Scheme (UPS) Subscriber who Superannuated/Retired on or before 31/03/2025 Before filling the form, please read the INSTRUCTIONS carefully given at the end of the form Joint photograph of Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.) Subscriber & Spouse 3.5 cm \times 2.5 cm size / passport size PART - A (to be filled by the subscriber) (Do not sign across / stapple / clip) 1. Detail of Subscribers: Name Employee Code / ID **PRAN** Date of Birth Date of Superannuation / Retirement under FR 56(j) Date of Joining Service Male Gender Female Transgender PAO (office name) DDO (office name) Ministry / Department (from where retired) 2. KYC Details: **Document** Validity **Document Type Identification Number** (one of the documents) (in case of Passport and Driving License) Aadhaar* / Driving License / Passport / Voter ID / CKYC / Letter issued by NPR 3. Current Address: Flat/House No./Bldg. Name Street / Locality Village & Post Office / Block City / District State Country Pin Code 4. Contact Details: Telephone No. (If any) Mobile No E-Mail ID 5. Details of Legally Wedded Spouse as on Date of Superannuation: Name DOB PAN³ Gender Male Female Transgender Mobile No. E-Mail Id Aadhaar No.* Provide last Four Digits 6. Details of Bank Account: Type of Bank A/C Joint with legally wedded Spouse Single (only in the absence of legally wedded Spouse) Bank A/C No. Bank Name **IFSC** Note: Please ensure that the Government Servant is the Primary Account holder in the Joint Account. Declaration: Son / Daughter of Mr. / Mrs. a subscriber of National Pension System with PRAN and have fully read and understood the provisions of Unified Pension Scheme (UPS) as notified by Gol 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 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:
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Date: $d \mid d \mid m \mid m \mid y \mid y \mid y \mid y$

			PART	- B (Details as reco	rded in the C	RA Syste	em)						
1.	Details of	of Partial Withdraw	/al:										
	S. N.	N. Date of Partial Withdrawn Withdrawn Withdrawn Withdrawn Septiment Default Pattern NAV on the Date of Superannuation Superannuation Superannuation Value of Partial Withdrawals (no. of units withdrawn * NAV) as per default pattern on date of superannuation											
	1												
	2												
	3												
		Total											
2.	Details of	of Voluntary Contri	ibution:										
	S. N.	Date of Voluntary Contribution	Amount of Voluntary Contribution	No. of Units Allotted	NAV on the Superann		(no. c	Value of Voluntary Confunits * NAV) as on date of					
	1												
	2												
	3												
	n												
	Total												
3.	Details f	or Calculation of l	JPS benefits payable t	o Subscriber:									
	I.	Individual Corpus (IC): Value of Corpus as	on Date of Superanni	uation/Retiren	nent.							
	II.	Benchmark Corpus (BC): Value of IC as per Default Pattern of Investment + Value of Partial Withdrawals amount at the time of Superannuation as per Default Pattern - value of Voluntary Contribution on Date of Superannuation/Retirement.											
	III.	Final Withdrawal (FW in %).											
	IV.	Representative Annuity Rate (as on Date of Superannuation, as published by PFRDA).											
	V.	Representative Annuity Amount = (IC) x (1-FW%) *(Representative Annuity Rate) / (12*100) where {IC <= BC}.											
	PART - C (to be filled by the DDO in the CRA System)												
1.	1. Employment Details as per service record:												
	File No:												
		ee Code / ID											
			Qualifying Service (Qua on 2(k) read with Regulation		у у у у	,							
	Date of	Superannuation/ Re	etirement under Fundam sification, Control and A	nental Rules 56(j) (wh	ich is not treat	ted as per	nalty unde	d d m m y y	у у				
	_	of Qualifying Service	` '										
		of Qualifying Servic to be ignored)	e in Completed Half Yea	ırs (L)									
	(in case		ext day of superannuation o		у у у у								
			R 56 (j), next day of retirem										
2.	Basic pa	ay details for last 1	2 months before Supe		ent under FR	R 56 (j):							
		Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu private practice)	O (Basic pay +		Basio	: Pay	NPA (non-practicing 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	6			Month 12								
	Averag	Average of 12 Months of (Basic pay +NPA) = P											

3. Salary Details of last mont	h be	fore	Sup	era	nnu	ıatio	n/	Ret	irer	ner	nt u	nde	er F	R	56 ((j):																					
Month / Year		Ва	sic F	Pay	(inc						_		vanc	_				ned	lical	off	icer						nes ce	s (D/	4)			E		Гota ВР+		A)	
Last month emolument (E for lump-sum payment	Ξ)																																				
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Signature & Name of DDO :																																					
DDO Name													DI	DO	Re	gis	tra	tio	n N	0.																	
Date:													Pla	ace):																						
	U	Form B2 Part D UPS Payout Order (UPO) issued by PAO (System Generated)																		Joint photograph of Subscriber & spouse 3.5 cm × 2.5 cm size / passport size																	
To, National Pension System Trus Tower B, B-302, Third Floor, V		l Tro	do C	`ont	-ar h	Jaur	·oli	No	aor	N/c		Dal	bi 1	110	020])			_	n acı / clip		s/	
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1. Details of Subscriber:																																					
Name																													T	\top	\Box						Г
Employee Code / ID																				I			I						\perp	\perp							Γ
PRAN																						ate	of	Bir	th	d	0	n	7 r	η	У	У	У	У			
Date of Superannuation / Re	etiren	nent	unde	er F	R 50	6(j)	d	d	m	m	У	У	У	У				D	ate	of .	Joir	ning	Se	ervi	ice	d	0	l n	7 r	η	У	У	У	У			
Gender		Mal	le				Fe	ma	le				Tra	ans	ge	nde	er																				
PAO (office name)																													\top								
DDO (office name)																							T														Γ
PAN																																					
Ministry / Department (from 1	where	retir	red)																										I	I	\Box						Γ
2. Details of Legally Wedded	Spo	use	on t	he [Date	of	Su	pera	ann	uat	tior	ı/R	≀eti	ren	ner	nt:																					
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Gender		Mal	le		F	ema	le		Tra	ans	ger	nder	٢				Mo	bile	e No										\perp	\perp	\Box						
E-mail Id																													\Box								
3. Details of Employment & S	Salar	y:																																			
Length of Qualifying Service	in n	umbe	er of	mo	nths	3			Ш																												
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Last Month Salary (Basic Pa	ay + [DA)					L	<u></u>	<u></u>	_																											
Length of Qualifying Service	in co	ompl	eted	Six	Мо	nths	: [ᆜ	ᆜ					,																						
Date of Start of Monthly Pay							d	d	m	m	У	У	У	У																			_				
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4. UPS Benefits Payable to S	ubsc	cribe		sand	ctio	n of	Ac	IMIS	SID)le (UP	5 B	ene	etits	s P	aya	able	e to	S	IDS	cri	ber															
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Date:

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											

Instructions to fill the form

Place:

- 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. 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).