ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

REGISTRATION FORM FOR EXISTING SWAVALAMBAN YOJANA SUBSCRIBERS

* Indicates mandatory fields. Please fill the form in English and BLOCK letters.
Subscribers who have registered under Swavalamban Yojana and are between 18 to 40 years on day of submission of form are eligible to shift to APY.
Copy of PRAN card is required to be submitted alongwith this Form.

The Branch Manager, _____ Bank_____ Branch

Subscriber Name : _____

PRAN (already allotted under Swavalamban Yojana)* | | | | | | | | | | | | |

Dear Sir/Madam,

I wish to continue under APY ☐ / I wish to opt out of APY# ☐ **(If you wish to continue under APY, then provide the following details)**

1. BANK DETAILS:

Bank A/c Number* | | | | | | | | | | | | | | | | | | | | | | | | | | |

Bank Name* _____ Bank Branch* _____

2. PERSONAL DETAILS:

Name of Applicant in full **Shri** ☐ **Smt.** ☐ **Kumari** ☐

Full Name _____

Date of Birth* d d / m m / y y y y Age _____ Mobile No | | | | | | | | | | |

Email ID _____ Aadhaar | | | | | | | | | | | | |

Married **Yes** ☐ **No** ☐ **If married , spouse name is mandatory. Spouse will be the default nominee under APY.**

Name of Spouse _____ Aadhaar | | | | | | | | | | | | |

Nominee's Name* _____ Aadhaar | | | | | | | | | | | | |

Nominee's relationship with the subscriber _____

Additional Details in case nominee is a Minor

Date of Birth* d d / m m / y y y y

Guardian's Name* _____

Whether beneficiary of other statutory social security schemes **Yes** ☐ **No** ☐

Whether Income Tax Payer **Yes** ☐ **No** ☐

3. PENSION DETAILS

Frequency of Contribution (Please tick(√)) *	Monthly ☐ Quarterly ☐ Half Yearly ☐	
Pension Amount (Please tick(√)) *	1000 ☐ 2000 ☐ 3000 ☐ 4000 ☐ 5000 ☐	
Contribution Amount (in Rs.) (To be filled by the Bank)		I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with overdue interest thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. **Further, I do not hold any pre-existing account under APY.** I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

Date d d / m m / y y y y

Place _____

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

If you are opting out of APY, you will continue to be part of Swavalamban Yojana.

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber: _____

PRAN Number | | | | | | | | | | | | |

Guaranteed Pension Amount _____ Periodicity of Contribution _____

Contribution Amount under APY (in Rs.) _____

Name of the Bank:		
Bank Branch:		
Receiving Officer's Name:		
Date of Receipt of Application:		**Stamp and Signature of the Bank**