

ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

Application for Modification/Addition of details in APY & Change of APY Service Provider (APY-SP)

Application for Modification/Addition of details in APY (version1.0)

| The Branch Manager, | Bank Name , | Bank Branch | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|--|--|--|
| Sir/Madam, | Bank Name , | Dank Brahon | | | |
| I would like to change/modify my details in APY PRAN u | nder APV scheme as per the details given help | w. | | | |
| PRAN is mandatory. Fill only the field (s) which is/are to l | - | | | | |
| Permanent Retirement Account Number*: | | | | | |
| I hereby request for the following change: A) Changes or Correction in other Personal Details C) Changes or Correction in Nomination details E) Changes or Correction in Date of Birth G) Request for Pension Downgrade | F) Request for Pension Upgra | quency of Deduction of Contributions ade RAN/e-SoT/Subscriber Information | | | |
| I hereby submit the following details for change: | | | | | |
| Section A: Change/Correction in Personal Details | | | | | |
| Subscriber Name (Initials are not permitted) | | | | | |
| Please Tick as applicable: Shri Sm | t. Kumari | | | | |
| Subscriber Name: 2. Gender Male Fer | male | | | | |
| 3. PAN | | | | | |
| 5. Father Name | | | | | |
| 6. Correspondence Address: (supported by releva | nt documentary proof asked by bank) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | PIN: | | | |
| 7. Mobile Number: | | | | | |
| 9. Income Tax Payer Flag: Yes | s No | | | | |
| 10. Beneficiary of Social Security Flag: Yes | 10. Beneficiary of Social Security Flag: Yes No | | | | |
| Note: Point 9 &10 is applicable only for those who have | ve joined APY prior to 31/03/2016 | | | | |
| Section B: Change/Correction in Bank Details: | | | | | |
| 11. Subscriber Bank Details Change: | | | | | |
| Type of Account: Savings | | | | | |
| Bank Account Number : Bank Name | | | | | |
| Bank Branch | | | | | |
| Bank IFS Code: | | | | | |
| (Bank detail changes should be supp | orted by relevant documentary proof | | | | |
| Section C: Change/Correction in Nominee /Spouse d | etails: | | | | |
| 12. Change/Correction in Nominee/Spouse details | | | | | |
| Name of Spouse Marital status Married | Unmarried | | | | |
| Major Yes No Min | | d Guardian Name is mandatory in case of minor] | | | |
| Nominee Name: | , to (bate of bitti and | alaalaalaala.ala | | | |
| Nominee Date of Birth: | V V V V | | | | |
| Nonlinee Date of Birth. | | | | | |
| Relationship with subscriber: | | | | | |
| Guardian Name: | | | | | |

| Ш | 13. | Declaration: | | | | | |
|-------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | | best of my knowledge & belief. | the applicant, do hereby declare that the Information provided above is true to the | | | | |
| | | | | | | | |
| | | Date: d d / m m / y y y y | | | | | |
| | | | | | | | |
| | | | Signature/Thumb Impression* of Subscriber | | | | |
| | | | (* LTI in case of male and RTI in case of female) | | | | |
| Sec | tion | D : Change / Correction in Frequency: | | | | | |
| | 14. | Change/Correction in Frequency of deduction of APY co | entribution: | | | | |
| | | Update/Correct the frequency to (Tick the relevant Box) | : | | | | |
| | | Monthly Quarterly Ha | lfyearly | | | | |
| Sec | tion | E: Change/ Correction in Date of Birth: | | | | | |
| | 15. | Change/Correction in Date of Birth: | | | | | |
| | | Update/Correct the Date of Birth to (Tick the relevant Box | x): | | | | |
| | | Correct Date of Birth* d d / m m / y y y y (Date of Birth should be supported by relevant document | tary proof) | | | | |
| П | 16. | Declaration: | ary proof) | | | | |
| ш | 10. | | g payment under APY as applicable based on correction in <u>date of birth</u> If the transaction is delayed or ank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount | | | | |
| | | not effected at all for insufficient balance, I would not hold the ba as a result of correction in date of birth. In case of excess amount | ank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount nt contributed by subscriber, amount will be deposited in subscriber savings account by Protean-CRA. | | | | |
| | | | | | | | |
| | | Date: dd/mm//yyyyy | | | | | |
| | | Date. | Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female) | | | | |
| Sec | tion | F : Request for Pension Amount Upgrade: | Upgrade through existing mode Upgrade through Re-fixation | | | | |
| \Box | 17. | Pension Amount Upgrade: Tick the relevant Box: | (Subscriber will have to pay mode (Contribution decided | | | | |
| | | 2000 3000 4000 | 5000 short fall amount) based on current age) | | | | |
| Sec | tion | G : Request for Pension Amount Downgrade: | | | | | |
| | 18. | Pension Amount Downgrade: Tick the relevant Box: | | | | | |
| | | 1000 2000 3000 | 4000 | | | | |
| | | request to upgrade /downgrade pension under APY will be charg ges of Rs. 25 would be deducted from APY account. | eable. Bank charges of Rs. 25 would be required to pay by subscriber upfront to the Bank while the CRA | | | | |
| | | Declaration: | | | | | |
| | 10. | | ng 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 overdue interest thereon. I also authorise the bank to debit my bank to | ce, I would not hold the bank responsible. I also undertake to deposit the additional amount together with bank account (registered under APY) for additional contribution to be paid for upgraded pension amount. | | | | |
| | | In case of downgrade of pension amount, the differential amount | at would be refunded to the subscriber through direct credit to Bank Account (Registered under APY) | | | | |
| | | | | | | | |
| | | Date: dd/mm//yyyyy | Signature/Thumb Impression* of Subscriber | | | | |
| | | | (* LTI in case of male and RTI in case of female) | | | | |
| Sec | tion | H : Request for Reissue: | | | | | |
| | E-P | RAN by bank branch (Free of Cost) | | | | | |
| | E-S | tatement of Transaction by bank branch (Free of cost) | | | | | |
| | Sub | scriber Information Boucher (Free of cost) | | | | | |
| | | | FICATION UNDER ATAL PENSION YOJANA (APY) | | | | |
| | | | (To be filled by the Bank) | | | | |
| | | ne of the Subscriber: | | | | | |
| | PRA | N: | | | | | |
| | | nch Name: | | | | | |
| | | e of Receipt: dd/mm//yyyy | | | | | |
| | | • | ructions for filling the form | | | | |
| | • | his form is to be used for the purpose of change/Correction in subscriber's personal details, nominee details, Bank details, Correction in date | | | | | |
| of birth and change/Correction in frequency/Pension amount. | | | | | | | |
| | | This form is to be submitted at the APY-SPs bank Branch for care | rving out necessary changes. | | | | |
| | | This form is to be submitted at the APY-SPs bank Branch for care Only those details to be filled where modification/Correction is re | | | | | |
| | | Only those details to be filled where modification/Correction is re Subscriber are required to submit a relevant documentary proof f | equired. for execution of any changes as requested by APY-SPs. | | | | |
| | • | Only those details to be filled where modification/Correction is re Subscriber are required to submit a relevant documentary proof f | quired. | | | | |
| | • | Only those details to be filled where modification/Correction is re Subscriber are required to submit a relevant documentary proof f Form to be filled legibly in Block Letters. Please fill the form in leg Please do not overwrite. | equired. for execution of any changes as requested by APY-SPs. | | | | |
| | | Only those details to be filled where modification/Correction is re Subscriber are required to submit a relevant documentary proof f Form to be filled legibly in Block Letters. Please fill the form in leg Please do not overwrite. | quired. for execution of any changes as requested by APY-SPs. gible handwriting so as to avoid errors in your application processing. change/Correction is required and provide the corresponding row. Each box wherever provided, should | | | | |
| | | Only those details to be filled where modification/Correction is re Subscriber are required to submit a relevant documentary proof f Form to be filled legibly in Block Letters. Please fill the form in leg Please do not overwrite. Please tick the box on the left margin of appropriate row where contain only one character. | equired. for execution of any changes as requested by APY-SPs. gible handwriting so as to avoid errors in your application processing. change/Correction is required and provide the corresponding row. Each box wherever provided, should YYY format | | | | |



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Application for Modification/Addition of details in APY & Change of APY Service Provider (APY-SP) Application for Change of APY Service Provider (APY-SP) (version1.0)

| To, | | | | | | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------------------------------------|--|--|--|--|
| The | Branch Manager, | | Bank , | Branch | | | | |
| Sir/N | ladam, | | | | | | | |
| I would like to transfer my PRAN account under APY as per the details given below: | | | | | | | | |
| * Indicates mandatory fields. Please fill the form in English and BLOCK letters | | | | | | | | |
| PR | AN (Permanent Retirement Account Nur | nber)* | | Please attach copy of e PRAN | | | | |
| | | | | | | | | |
| 1. | BANK DETAILS: | | | | | | | |
| | Bank A/c Number* | | | | | | | |
| | Bank Name* | | | Bank Branch* | | | | |
| 2. | PERSONAL DETAILS: | | | | | | | |
| | Name of Applicant * Shri | Smt. K | Cumari | | | | | |
| | Full Name* | | | Materia Na | | | | |
| | Date of Birth* (As Register under APY) | d d / m | m / y y y y | Mobile No | | | | |
| | Email ID Married Yes No | | ama ia mandatany Ca | ouse will be the default nominee under APY. | | | | |
| | Name of Spouse | ii iiiairieu , spouse ii | ame is manuatory. Spo | ouse will be the detault nominee under AFT. | | | | |
| | Nominee's Name* | | | | | | | |
| | | ribor | | | | | | |
| | Nominee's Relationship with the Subso | | | | | | | |
| | Date of Birth* d d / m m | | | | | | | |
| | Guardian's Name* | , , , , , , , , , , , , , , , , , , , , | | | | | | |
| | Whether beneficiary of other statutory | social security schemes | Yes No | | | | | |
| | Whether Income Tax Payer | , , , , , , , , , , , , , , , , , , , , | Yes No | | | | | |
| 3. | , | | | | | | | |
| J. | 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(√)) * 1000 2000 3000 4000 5000 | | | | | | | |
| | Frequency of Contribution (Please tick($$)) | Monthly | Quarterly | Half Yearly | | | | |
| | rioquorioy or community (rioquo uon(v)) | Ihe | ereby authorize the bank to | o debit my above mentioned bank account till the age of 60 for making | | | | |
| | Contribution Amount (Monthly) payment under APY as applicable based on my age and the Pension Amount selected by me | | | | | | | |
| | (in Rs.) (in Rs.) responsible. I also undertake to deposit the additional amount together with overdue interest thereon. | | | | | | | |
| | | | | | | | | |
| I the | e applicant, do hereby declare that the informa | tion provided above is true to the | ne best of my knowledge & | belief. | | | | |
| | | | | | | | | |
| Date d d / m m / y y y y Signature/Thumb Impression* of Subscriber | | | | | | | | |
| Pla | ace | | of male and RTI in case | | | | | |
| | | | | | | | | |
| | ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) | | | | | | | |
| No | me of the Subscriber: | (To b | e filled by the Bank) | | | | | |
| | AN Number | | | | | | | |
| | | | Desire Petro | La Contribution | | | | |
| Gu | Guaranteed Pension Amount Periodicity of Contribution | | | | | | | |
| Monthly Contribution Amount under APY (in Rs.) | | | | | | | | |
| | | | | | | | | |
| 11- | ame of the Bank: | | | | | | | |
| Ва | ank Branch: | | | | | | | |
| Ba Re | ank Branch: eceiving Officer's Name: | | | | | | | |
| Ba Re | ank Branch: | | | Stamp and Signature of the Bank | | | | |

INSTRUCTIONS FOR FILLING THE FORM:

- 1. Please quote the correct PRAN and fill the correct details
- 2. The request will be processed by the target APY-SP (Bank / Post Office) to which subscriber wants to shift his/her APY Account.
- 3. The personal details (except date of birth) given in the form will get registered afresh under APY.
- 4. Date of Birth and Pension details in the form are to be filled up as per the existing APY scheme details.