FORM: 601 PW

National Pension System (NPS)

(Under Regulations 8 of PFRDA (Exits & Withdrawals) Regulations, 2015)

Partial Withdrawal form for Tier I account under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only)

For Nodal Office use

PAO/DTO/POP/POP-SP Reg. No. | | | | | | | |

Receipt No.: | | | | | | | | | | | | | | | | |

PRAN | | | | | | | | | | | | | |

Ack No. | | | | | | | | | | |

(Generated by CRA System)

Entered By: _____ Date: _____

Verified By: _____ Date: _____

Please select your Category (please tick √)

☐ Government Sector ☐ Corporate Sector

☐ All Citizen of India ☐ NPS Lite/ Swavalamban

To,
NPS Trust

Sir/Madam,

I _____ holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details:

Section A – Subscriber's Personal Details:

PRAN*	
Name of the Subscriber*	
Mobile No.#	
Email ID#	

Subscribers Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit S2 Form.

a. % of Partial Withdrawal* | | | %

(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. Purpose of withdrawal* (please tick √ on box below with reason applicable & submit the supporting documents)

☐ 1. for Higher education of children including a legally adopted child

☐ 2. for the marriage of children, including a legally adopted child;

☐ 3. for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse

☐ 4. for treatment of specified illnesses (please tick √)

- ☐ a. Cancer
- ☐ b. Kidney Failure (End Stage Renal Failure)
- ☐ c. Primary Pulmonary Arterial Hypertension
- ☐ d. Multiple Sclerosis
- ☐ e. Major Organ Transplant
- ☐ f. Coronary Artery Bypass Graft
- ☐ g. Aorta Graft Surgery
- ☐ h. Heart Valve Surgery
- ☐ i. Stroke
- ☐ j. Myocardial Infarction
- ☐ k. Coma
- ☐ l. Total blindness
- ☐ m. Paralysis
- ☐ n. Accident of serious/ life threatening nature

c. Bank account details of the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick √ as applicable & submit the bank proof)

☐ same bank account already registered under NPS ☐ another Bank account, please provide the details below

Bank Account Number	
Bank Name	
Type of Bank Account	Savings Account ( ) Current Account ( )
Branch Name & Address	
IFS Code	