

**Annexure for Nomination Details**

**INSTRUCTIONS FOR FILLING IN THE FORM**

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn (Please refer general instruction no: 6) is to be provided hereunder. Also, please note that in case of demise of the subscriber after opting for phased withdrawal, all the outstanding pension wealth out of the phased lump sum withdrawal in the account of the subscriber will be paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, \_\_\_\_\_ hereby nominate the person(s) mentioned below who is/are member(s)/non-member(s) of my family to receive the amount that may stand to my credit in the National Pension System as indicated below, in the event of my death before that eligible accumulated pension wealth amount has become payable or having become payable or having become payable has not been paid.

1. Name of the Nominee\*:

1st Nominee	2nd Nominee	3rd Nominee
First Name*	First Name*	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Present Communication address of the nominees:

Address of 1 <sup>st</sup> Nominee	Address of 2 <sup>nd</sup> Nominee	Address of 3 <sup>rd</sup> Nominee

3. Date of Birth\* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
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4. Relationship with the Nominee\*:

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share\*:

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
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6. Nominee's Guardian Details\* (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name*	First Name*	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ at \_\_\_\_\_.

Particulars	1 <sup>st</sup> Witness	2 <sup>nd</sup> Witness
Name		
Address		
Signature		

Signature/Left Thumb Impression of the Subscriber

**\*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.**

**TO BE FILLED/ATTESTED BY DDO/POP-SP**

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. \_\_\_\_\_ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the DDO/POP-SP

Signature of the Authorised Person

DDO/POP-SP Registration Number \_\_\_\_\_  
(Allotted by CRA)

Designation of the Authorised Person : \_\_\_\_\_

Date : 

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DDO/POP-SP Office Name : \_\_\_\_\_

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**TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP**

PAO/DTO/POP Registration Number (Allotted by CRA): \_\_\_\_\_

Rubber Stamp of the PAO/DTO/POP/POP-SP

Signature of the Authorised Person