Ver 1.4 Annexure III to CSRF

## ADDITIONAL NOMINATION FORM

## 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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I. 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
Present Communication address of the no	ominees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
. Date of Birth* (Only in case of a minor):		
1st Nominee ddd/mm/m//yyyy	2nd Nominee ddd/mm/m//yyyy	3rd Nominee
. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
. Percentage Share:		
1st Nominee	% 2nd Nominee	% 3rd Nominee
. Nominee's Guardian Details (Only in case 1st Nominee's Guardian Details	or a minor):  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	
		Signature/ 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.

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TO BE FILL	ED/ATTESTED BY POP-SP/DDO/NL-CC		
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 POP-SP/DDO/NL-CC	Signature of the Authorised Person	
POP-SP/DD	O/NL-CC Registration Number	Designation of the Authorised Person :	
(Allotted b	y CRA)		
		POP-SP/DDO/NL-CC Office Name :	
Date   d   d   /   m   m   /   y   y   y			
TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO		POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number	
		(Allotted by CRA):	
		( saction of orange )	
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO			
		Signature of the Authorised Person	