Form-ISS (Ver 1.2) Page 1

National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

Section A - General Information* (Mandatory for all Subscribers. Please	tick the respective block which is applicable.)
I) Subscriber's Name *:	
(First Name) (Middle Nar	ne) (Last Name)
II) PRAN (Permanent Retirement Account Number) *:	
III) Existing PRAN association (Refer Instruction No. I)	
a) Sector: * Central Government State Government Al	l Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / Po	OP-SP Name: *
IV) Target PRAN association (Refer Instruction No. II)	
a) Sector: * Central Government State Government Al	1 Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / PO	P-SP Name: *
V) PAN	
VI) Aadhaar	
I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in according of the Subsidies, Benefits and Services of Act, 2016 and the allied rules and regulations notified thereund maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is whichever is later. I understand that Security and confidentiality of personal identity data provided, for PFRDA till such time it is acting as CRA for my NPS account.	rdance with the provisions of the Aadhaar (Targeted Delivery of Financial and ler. I understand that the Aadhaar details (physical and / or digital, as the case not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS,
VII) Nomination Details* (Mandatory - You can nominate up to a maximum Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)	m of 3 nominees and if you desire so please fill Additional
Nominee's Name: :	
(First Name) (Middle Nar	ne) (Last Name)
Relationship with the Nominee: Date of I	Birth (In Case of Minor): D D M M Y Y Y
Nominee's Guardian Details (in case of a minor):	
(First Name)	(Middle Name) (Last Name)
Section B - Additional information for Subscribers shifting to Government [Subscriber's Employment Details to be filled and attested by DE	
a) Date of Joining: (dd/mm/yyyy) b) Date of Re	etirement: (dd/mm/yyyy)
c) Group of the Employee: A B C D	
d) Office:	
e) Department:	
f) Ministry:	
g) Basic Salary:	
h) Pay Scale:	
Certified that the above declaration has been signed / thumb impressed before me by	rmed by him / her. Also certified that the employment details are as per
Signature of the Authorised Person	Rubber Stamp of the DDO
Designation of the Authorised Person	Name of the DDO
Date	Department / Ministry

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scribers shifting to All Citizens of India (UOS) & Corporate Sector
on Fund and Investment Option: Yes No (If 'No, please submit details on Page 4)
or, applicable only if the target Corporate has given the option of selecting scheme preference to
Sector, please submit Subscriber Scheme Preference details on Page 4.
er is shifting from Government Sector. Refer Instruction No. XII)
pof:
oof:
of:
t/Kum
b) Date of Retirement*: D D M M Y Y Y Y d) CHO Reg No*:
before me by
Rubber Stamp of the Corporate
(Applies to Subscribers across all sectors):
or the target sector (in which my PRAN will belong after processing of this Intersector Shifting ed by PFRDA, amend any of the services completely or partially without any new Declaration / ll the necessary charges, as applicable, of the target sector.
nature/Left Thumb impression of Subscriber*
ce use only (To be filled up by the officer accepting the form)
Nodal Office Registration Number: Date: Time Stamp

Receipt Number issued by the receiving office (only for POP-SP)

- Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
- VII. Active choice Under Active choice, Subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
 - a) PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
 - b) Allocation under Equity (E) cannot exceed 75%.
 - c) A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VIII.Auto choice Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
 - a) A Subscriber opting for Auto Choice must also select a PFM. The form shall be rejected if a PFM is not opted for.
 - b) In case both investment option and the asset allocation table are left blank, the Subscriber's funds will be invested as per Auto Choice.

For more details on investment options and asset classes, please refer to the scheme information available on CRA website (www.npscra.nsdl.co.in).

- IX. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- X. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- XI. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).

XII. Illustrative list of documents acceptable as proof of identity and address.

	ustrative list of documents acceptable as proof of identity and address.						
S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)				
1	Passport issued by Government of India.	1	Passport issued by Government of India				
2	Ration card with photograph.	2	Ration card with photograph and residential address				
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address				
4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.				
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address				
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address				
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.				
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly				
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address				
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government				
11	Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.				
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)				
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)				
Note:	Note: You are required to bring original documents & two self-attested photocopies for verification.						

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SUBSCRIB	ER SCHEME	PREFERE	NCE:						
). PENSION	FUND SELEC	CTION – T	IER I (Sele	ect only one PF	(M)				
PFM Na	ame (in alphab	etical orde	<u>r)</u>			Please	e Tick (√) on	lly one	7
Birla Su	nlife Pension M		Limited						
HDFC F	Pension Manage	ment Comp	any Limite	ed					1
ICICI Pı	rudential Pensic	n Funds M	anagement	t Company Limited					7
Kotak M	Iahindra Pensio	n Fund Lin	nited	-					
LIC Pen	sion Fund Limi	ted							7
Reliance	e Capital Pensio	n Fund Lin	nited						
SBI Pen	sion Funds Priv	ate Limited	l						
UTI Ret	irement Solutio	ons Limited							-
			and Auto Cl	hoice. In case you	u do not in	dicate a choice	of PFM, your a	anplication	 n form shall be summarily reject
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Active Cho Please note 1. In case 2. In case 3. In case be igner ii) ASSET Al	e you select Acte you do not inde you have opteored and investr	Auto Choice dicate any ird for Auto 6 ment will be (To be filled)	fill up section expectation of the section of the s	ion (iii) below a option, your fun fill up section oer Auto Choice in case you ha	and if you nds will b (iii) belov e (LC 50)	u select Auto C e invested in A w relating to A). ed the 'Active Note:1. Asset	Choice fill up Auto Choice (asset Allocation Choice' inv	(LC 50). on, the A	option) ted instruments; Asset class C
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Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)

Name of Subscriber : _____

Place:

Date:

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ADDITIONAL NOMINATION FORM

proceeds are withdrawn is to be provided hereu after opting for deferred withdrawal, all the out	nder (Please refer instruction no: VI). Also, standing pension wealth present in the NPS	in case of the demise of the Subscriber before entire please note that in case of demise of the Subscriber account of the Subscriber shall be withdrawn upon would be treated as full and final discharge of the
obligation.		
I,who is/are member(s)/ of my family to receive the	a amount in my DDAN account under Nation	hereby nominate the person(s) mentioned below
who is/are memoer(s)/ of my family to receive the	ie amount in my FRAN account under Nation	har rension system in the event of my death.
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 Nor	ninees*:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
3. Date of Birth* (Only in case of a minor. In D	D/MM/YYYY):	
1st Nominee://	2nd Nominee://	3rd Nominee:/
4. Relationship with the Nominee*: 1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share*:		
1st Nominee%	2nd Nominee%	3rd Nominee%
6. Nominee's Guardian Details (Only in case o		<u>'</u>
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details First Name
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
	Sign	nature/ Thumb Impression* of the Subscriber
Dated thisday of20 at _	-	-

Certified that the above declaration and nomination details has been signed / thumb impressed before meanisms	Signature of the Authorised Person Authorised Person: ice Name DTO/DTA/PrAO Registration Number DTO/DTA/PrAO Registration Number		
Sh/Smt/Msafter he / she have read the entries / entries have been read over to him / her by me a confirmed by him / her. Rubber stamp of the POP-SP/DDO Rubber stamp of the POP-SP/DDO Signature of the Authorised Person Designation of the Authorised Person: (Allotted by CRA) POP-SP/DDO Office Name TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	Signature of the Authorised Person Authorised Person: ice Name DTO/DTA/PrAO Registration Number	TO BE FILLED/ATTESTED BY POP-SP/DDO	
Rubber stamp of the POP-SP/DDO Rubber stamp of the POP-SP/DDO Designation of the Authorised Person Designation of the Authorised Person: POP-SP/DDO Office Name Date: TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	Signature of the Authorised Person Authorised Person: ice Name DTO/DTA/PrAO Registration Number		
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POP-SP/DDO Registration Number Designation of the Authorised Person: [Allotted by CRA] POP-SP/DDO Office Name Date: TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	Authorised Person : ice Name DTO/DTA/PrAO Registration Number		
POP-SP/DDO Registration Number Designation of the Authorised Person: [Allotted by CRA] POP-SP/DDO Office Name Date: TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA PrAO POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	Authorised Person : ice Name DTO/DTA/PrAO Registration Number		
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POP-SP/DDO Office Name Date: TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	DTO/DTA/PrAO Registration Number		Designation of the Authorised Person :
TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO		(Allotted by CRA)	POP-SP/DDO Office Name
TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO		Date:	
PrAO (Allotted by CRA): Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO			
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO			
	Signature of the Authorised Person		POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number (Allotted by CRA):
	Signature of the Authorised Person		
	Signature of the Authorised Person		
	Signature of the Authorised Person		
	Signature of the Authorised Person		
Signature of the Authorised Person	Signature of the Authorised Person	Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	
			Signature of the Authorised Person
			organial of the Hamolisea Person

Annexure A to ISS Ver 1.2 Page 7

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.