

**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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.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, \_\_\_\_\_ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive the amount in my PRAN account under National Pension 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 nominees:**

Address of 1st Nominee		Address of 2nd Nominee		Address of 3rd Nominee	

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

1st Nominee	dd / mm / yyyy	2nd Nominee	dd / mm / yyyy	3rd Nominee	dd / mm / yyyy
-------------	----------------	-------------	----------------	-------------	----------------

**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 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 \_\_\_\_\_

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.

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

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

Signature of the Authorised Person

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

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

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

Date 

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

**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

Signature of the Authorised Person