

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

I. Subscriber's Name *	<div style="border: 1px solid black; padding: 2px; font-family: monospace; letter-spacing: 0.5em;">F i r s t M i d d l e L a s t</div>																															
II. PRAN (Permanent Retirement Account Number) *	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>																															
III. Existing PRAN association (Refer Instruction No. I)																																
a) Sector: *	<input type="checkbox"/> Central Government	<input type="checkbox"/> State Government	<input type="checkbox"/> All Citizens of India (UOS)	<input type="checkbox"/> Corporate Sector																												
b) DDO / CBO / POP-SP Reg. No: *	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>										DDO / CBO / POP-SP Name: * _____																					
IV. Target PRAN association (Refer Instruction No. II)																																
a) Sector: *	<input type="checkbox"/> Central Government	<input type="checkbox"/> State Government	<input type="checkbox"/> All Citizens of India (UOS)	<input type="checkbox"/> Corporate Sector																												
b) DDO / CBO / POP-SP Reg. No: *	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>										DDO / CBO / POP-SP Name: * _____																					

Date of Joining	d d m m y y y y	Date of Retirement	d d m m y y y y																
Employee Code/ID (If applicable)		Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.																	
PPAN (If applicable)																			
Group of Employee (Tick as applicable)	Group A <input type="checkbox"/>	Group B <input type="checkbox"/>	Group C <input type="checkbox"/>	Group D <input type="checkbox"/>															
Name of the office																			
Department																			
Ministry																			
DDO Registration Number										DTO/PAO/CDDO/DTA/PrAO Registration Number									
Basic Pay																			
Pay Scale																			

It is certified that _____ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person	Rubber stamp of the DDO	Signature of the Authorised person	Rubber stamp of the DTO/PAO/ CDDO								
Name of the Authorised Person	Designation of the Authorised Person										
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO										
Deptt / Ministry	Date <table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				

Please Tick (✓) one

☐ Default option (3 Pension Funds - SBI/UTI/LIC and default Govt. Scheme)

☐ I would like to choose my Pension Fund and investment choice (Please select below)

Pension Fund* (Please Tick (√) one)		Investment Choice (Please Tick (√) one)	
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited	<input type="checkbox"/> Active Choice (i.e. 100% in Govt Securities)	
<input type="checkbox"/> DSP Pension Fund Managers Private Ltd	<input type="checkbox"/> HDFC Pension Fund Mgmt Ltd	Or	
<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd	<input type="checkbox"/> Auto Choice	<input type="checkbox"/> Conservative (LC25)
<input type="checkbox"/> LIC Pension Fund Limited	<input type="checkbox"/> TATA Pension Management Private Ltd		<input type="checkbox"/> Moderate (LC50)
<input type="checkbox"/> SBI Pension Funds Private Limited			
<input type="checkbox"/> UTI Pension Fund Limited			

Note : If no option is chosen, the contributions will be invested as per default option.

- i) LC 50 - It is the Life Cycle fund where the Cap to Equity investments is 50% of the total assets.
- ii) LC 25 - It is the Life Cycle fund where the Cap to Equity investments is 25% of the total assets.

Section C -Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector**I. Subscriber Scheme Preferences Details*:**

Do you wish to continue with the existing Pension Fund and Investment Option: Yes ☐ No ☐ (If 'No, please submit details as below)

- i) If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.
- ii) Corporate and Government Subscribers Shifting to All Citizen of India (UOS Sector) can shift with existing scheme choice also.

Pension Fund* (Please Tick (√) one)		Investment Choice (Please Tick (√) one)				
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited	<input type="checkbox"/> Active Choice mention the % share in applicable asset class below				
<input type="checkbox"/> DSP Pension Fund Managers Private Ltd	<input type="checkbox"/> HDFC Pension Fund Mgmt Ltd	E (upto 75%)	C (Upto 100%)	G (Upto 100%)	A (Upto 5%)	Total
<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd	% Equity	% Corp Bonds	% Govt. Sec.	% Alt. Assets	100%
<input type="checkbox"/> LIC Pension Fund Limited	<input type="checkbox"/> TATA Pension Management Private Limited	OR				
<input type="checkbox"/> SBI Pension Funds Private Limited		<input type="checkbox"/> Auto Choice Select one life cycle fund below				
<input type="checkbox"/> UTI Pension Fund Limited		Conservative (LC25) <input type="checkbox"/> Moderate (LC50) <input type="checkbox"/> Aggressive (LC75) <input type="checkbox"/>				

Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto choice (LC 50)

II. KYC details* (Applicable only if Subscriber is shifting from Government Sector)

Passport	<input type="text"/>	Passport Expiry Date	<input type="text"/>
Driving License	<input type="text"/>	Driving License Expiry Date	<input type="text"/>
Voter ID Card	<input type="text"/>	Proof of possession of Aadhaar	<input type="text"/>
NREGA Job Card	<input type="text"/>		
National Population Register	<input type="text"/>		

- a) KYC document accepted for Identity proof : _____
- b) KYC document accepted for Address proof : _____
- c) Document accepted for Date of birth proof : _____

b) Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer. The above applicant is having an operative Bank/Demat/Folio/..... account (specify nature of the account) having account number/ client ID maintained at branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules.

I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP).

III. Employment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)

Date of Joining	<input type="text"/>	Date of Retirement	<input type="text"/>
Employee Code/ID	<input type="text"/>	Non-mandatory if not available	
CHO Registration Number	<input type="text"/>	CBO Registration Number	<input type="text"/>

It is certified that is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entries/ entries have been read over to him/herby her by us and got confirmed by him/her.

Name of the Authorised Person	<input type="text"/>
Designation of the Authorised Person	<input type="text"/>
Date	<input type="text"/>
Place	<input type="text"/>

Declaration (Applies to Subscribers across all sectors):

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date Signature/Left Thumb impression of Subscriber* _____

For Office use only (To be filled up by the officer accepting the form)

Received by: _____	Nodal Office Registration Number: _____
Received at: _____	Date: _____ Time Stamp _____
Details verified by: _____	Date: _____ Time stamp _____

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

INSTRUCTIONS FOR FILLING THE FORM

- I. 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. Employment details are to be captured in CRA system by the target PAO/DTO/DTA/PoP/Corporate along with other details, if the Subscriber is shifting from All Citizens of India sector.
- VII. Nodal Office has 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.
- VIII. 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).
- IX. In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the authorised official of PoP attesting the same under his/her official seal and stamp.