National Pension System (NPS)

Withdrawal of Accumulated Pension Wealth by Claimant due to the death of the subscriber (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

1			
This application should be filled by:-			
If a valid nomination subsists: By the Nominee (s), if the nominee (s) is/are minor (s) guardian of the minor(s)			
If no nomination subsists: By the family members (family includes posthumous child if any) except major sons and marrie			
daughters whose husbands are live, of the deceased family member duly supported by a list of surviving family mem furnished by Executive Magistrate indicating complete particulars such as name, relationship with the deceased member	bers		
case of parents whether dependent or not) age, marital status. Also, if any family member is minor by the guardian of	(in		
minor.	the		
If both 1 & 2 above are not applicable, By legal heir (s) duly supported by a 'legal heir certificate' from the appropriate			
authority.	sate		
In case of multiple claimants, separate forms need to be filled and submitted.	eon)organi		
per same in the factor of the day of submitted.			
(FOR OFFICE PURPOSE ONLY-NOT TO BE FILLED IN BY THE CLAIMANTS)	***************************************		
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WARRENGE SUBSTITUTE STREET			
(DD/MM/YYYY) (Generated by CRA)			
DDO Registration No.: PAO/DTO/POP/POP-SP Registration No.:			
Operand before the section and			
Receipt Number issued by receiving office:			
the state of the s			
Entered By: Date:			
Sir/Madam,			
I/We being a nominee(s)/legal heir(s)/guardian of minor nominee(s) or minor heir(s)of the deceased subscriber apply for	tha		
payment of the accumulated pension wealth of the deceased subscriber under the NDS for both Time I (Time II (Alberta 1))			
approaches 17 we understand further that the entire accumulated pension wealth in both Tier I and Tier II for applicable	le)		
would be settled as per the NPS scheme and hereby give below the necessary details:			
Section A – Subscriber's Details:			
I. PRAN *			
2. Full Name (As in PRAN Card) *:			
First Name*			
Middle Name			
1			
Las Neure			
3. Father's name/Spouse' Name*:	Approximate the second		
3. Father's name/Spouse' Name*: First Name*			
3. Father's name/Spouse' Name*:			
3. Father's name/Spouse' Name*: First Name* Middle Name	2000 cm		
3. Father's name/Spouse' Name*: First Name*	And the second s		
3. Father's name/Spouse' Name*: First Name* Middle Name Last Name	Advanced Control of the Control of t		
3. Father's name/Spouse' Name*: First Name* Middle Name	Description of the second of t		
3. Futher's name/Spouse' Name*: First Name* Middle Name Last Name	And the second s		
3. Futher's name/Spouse' Name*: First Name* Middle Name Last Name			
3. Father's name/Spouse' Name*: First Name* Middle Name Last Name 4. Date of Birth of the deceased subscriber *(As in PRAN Card): (DDMMYYYY)			

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Section B - Details of the Claimant (person entitled to receive claim proceeds under the policy):	
1. Name of the Claimant First Name* Middle Name Surname/last name	The Market Softwork Coherent Market Softwork
2 Claimant's current communication Address:	
Flat/Unit No, Block no*	anderen zu zer in instrumenten erkeinsplicht der der den den den der der den der den der den der der den den den der den
Name of Premise/Building/Village	e de constituir de la c
Area/Locality/Taluka	ALLONOVAY
District/Town/City*	90
State / Union Territory*	
Country* Pin Code* Email ID: Mobile No.	
3. Date of Birth of the Claimant (DDMMYYYY):	one and the standing of the discovery construction for the standing of the sta
4. Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son')	
5.Claimant's Guardian Details*(only in case of a minor):	J
First Name* Middle Name Last Name	
Section C – Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant:	
For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*:	
Cancelled Cheque Bank Certificate Bank Certificate	
7 Securitarians I	
2. Type of Bank Account*: Savings A/c Current A/c Current A/c 3. Bank A/c Number*	
4. Bank Name*	
5. Bank Branch*	
6. Bank Address*	
	<u>llll</u>
7. Pin Code * 8. Bank IFS Code*	
9. Bank MICR Code (Wherever applicable)	

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Declaration:		NOTE CONTROL OF THE PROPERTY O	ara ta para tanàna ny notan'i pinana ao	
I/We (as mentioned below), the nomi SubscriberShri/Smt./Ms.	nee(s)/legal heir(s)/gu	ardian of minor r	ominee(s) or minor declare that the inform	heir(s)of NPS
above is true to the best of my/our knowledge a	and belief.	- The same of the	wount mat the mine	ignon hinvided
Claimants Signature (Signature of guardian in case the claimant is a minor)	Name of the Claimant or of	guardian		
Enter the control of	1940-1997 Applicate Colores Management (Management (Management (Management (Management (Management (Management	CONTRACTOR OF THE CONTRACTOR O	TO CALL PROPERTY OF THE PARTY O	
		3	self attested photograph of the Claimant/guardian	
	D D M M Y	YYY	**************************************	
Signature/Left Thumb		-	***************************************	
Impression*		**************************************	And the state of t	
				aga ar-da - and and a l a di ng against and a cambin cor from dents deburde 2000).
TO BE FILLED/ATTESTED BY DDO/POP-SP	**************************************		and the second s	
Certified that the above declaration and details has	been signed / thumb impre	ssed before me by Sh./Sn	nt/Ms,	
per rearrant mini vite by the fill for Callish	ied by him / hor it is alon a	artifical that this aftern by	ninor heir(s) has read the enti-	2 v
legal heir(s)/nominee(s) of the deceased subscribe Pensioners welfare (DoPPW) and other OMs issu				
his/her claimant.	en in ans regard and we t	on thave any objection :	or release or accumulated p	ension wealth to
Rubber Stamp of the DDO/POP-SP			Authorised Person	
DDO/POP-SP Registration Number (Allotted by CRA)	Designation of the	ne Authorised Person .	Australian (name of the state o	···· Smithton
Date	DDO/POP-SP O	Tice Name		makes (Makes)
D D M M Y Y Y Y	And the second s			P 100 100 100 100 100 100 100 100 100 10
TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-S	sanas music que començament a començament de la			
		PAO/DTO/POP/POP-SP	Registration Number (Allowed	by CRA):
				e concension fichier i anni i any agos, a ang agagag

#h *1 /4				30 de la 10
Rubber Stamp of the PAO/DTO/POF	7/POP-SP	Signa	ture of the Authorised Person	######################################
	W 06.016	and the second control of the second control	eregisterespected and demonstrate and the second second second developments are consistent to the constraint of the second secon	
CLAIM FOR THE WITHDRAWAI	L OF ACCUMULA		CALTH DV CLAIM	
DUE TO THE DEATH OF TH	HE SUBSCRIBER U	NDER NATIONA	L PENSION SYSTEM	
	Advanced Stampe	d Receipt		orania
Claimant / Guardian of the Claimant (if th	ne claimant is minor)			
Received a sum of Rs. /- (Rupees			Out 36	
National Pension System / National Pension S	System Trust by deposit	in my Savino Rock / C	errent account to much the	
settlement of National Pension System account	nt of late Shri/Smt.	······································	mien accum rowards inc	i .
PRAN Number				WIIII
			Affix Rupee	
			Revenué Stamp and sign across	
	Signature or Left/	Right hand thumb imp	ression of the Nominee/G	uardian*

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equirements submitted along with this form	Yes / No
Original PRAN Card	
In the absence of PRAN card, notarized affidavit	
Death certificate in original issued by local	
authorities	
Photo ID	80 Print of 1997 (1997)
Address proof of the Claimant	
Date of birth proof of claimant	entre Arbeit medite dien vielen (1,30 km) da. Neue word er historie ver von Sewenderseichen von von der den sentre dien verlagen der den sentre deut von von der den sentre deut von verlagen der den sentre deut verlagen der deut verlagen der deutschaften deutschaften der deutschaften der deutschaften deutschaften der deutschaften der deutschaften deutsch
Legal heir certificate	
Certified copy of family member's certificate	·
issued by Executive Magistrate	
Cancelled cheque (containing nominee Name, Bank Account Number and IFS Code) or Bank Certificate	
Discharge Certificate from the employer (in case claim is lodged through a POP/POP-SP)	
Note: PFRDA reserves the right to call for additional r under National Pension System.	equirements, if needed for establishing a valid claim
or held by the National Pension System (NPS) (vobtained) is provided andmay be held, used, and dis	whether contained in this application or otherwise sclosed by the Company to individuals/organisations by (within or outside of India) for the purposes of
Witness Signature	Claimant Signature
Name of the Witness	Name of Claimant
Cin blook latter Comile some Carris	ALL CALLES AND THE CONTRACT OF
Address of Witness:	Date: / /
Address of Witness:	DD M M Y YYY
Date: / / D D M M Y YYY	
ACKNOWLEDGM	ENT RECEIPT
Acknowledgment slip to the Claimant on receipt of completed at (To be filled by PA)	
ceived from PRAN:	
D/DTO/POP/POP-SP Registration Number:	
ceived at: Date :	Time:
knowledgement Number:	