

INSTRUCTIONS FOR FILLING IN THE FORM

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.

3rd Nominee

| | | |
|----------------------------|----------------------------|----------------------------|
| First Name <div></div> | First Name <div></div> | First Name <div></div> |
| Middle Name <div></div> | Middle Name <div></div> | Middle Name <div></div> |
| Last Name <div></div> | Last Name <div></div> | Last Name <div></div> |

Address of 3rd Nominee[illegible]

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|---|---|---|
| 1st Nominee | d | d | / | m | m | / | y | y | y | y | 2nd Nominee | d | d | / | m | m | / | y | y | y | y | 3rd Nominee | d | d | / | m | m | / | y | y | y | y |
|-------------|---|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|---|---|---|

3rd Nominee

| | | | | | |
|-------------|---|-------------|---|-------------|---|
| 1st Nominee | % | 2nd Nominee | % | 3rd Nominee | % |
|-------------|---|-------------|---|-------------|---|

3rd Nominee's Guardian Details

| | | |
|-------------|-------------|-------------|
| First Name | First Name | First Name |
| Middle Name | Middle Name | Middle Name |
| Last Name | Last Name | Last Name |

Signature/ Thumb Impression* of the Subscriber

1 of 2

TO BE FILLED/ATTESTED BY POP-SP

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 |

| |
|------------------------------------|
| |
| Signature of the Authorised Person |

POP-SP Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP Office Name : _____

Date

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

TO BE FILLED/ATTESTED BY POP/POP-SP

Rubber Stamp of the POP/POP-SP

| |
|--|
| POP/POP-SP Registration Number (Allotted by CRA): _____ _____ _____ Signature of the Authorised Person |
|--|