Ver 1.8 Annexure III to CSRF

## 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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5).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for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

. 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
Dunant Communication adduces of the ma		
Present Communication address of the no Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
	Address of Zild Norminee	Address of 5rd Norminee
Date of Birth* (Only in case of a minor):		
st Nominee   d   d   /   m   m   /   v   v   v		/   y   3rd Nominee   d   d   /   m   m   /   y   y   y
st Norninee	2nd Nominee d d 7 m m 7 y y y	Sid Norminee a a 7 m m 7 y y y
Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
. Percentage Share:		
	% 2nd Nominee	% 3rd Nominee
Tot Norminee	2 Id Normine	N ord restricte
. Nominee's Guardian Details (Only in case of		
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
	Naid de Norse	Middle News
Middle Name	Middle Name	Middle Name 
	Last Name	Last Name
Last Name		
Last Name		
	20 at	
Last Name  Dated this day of	20 at	Signature/ Thumb Impression* of the Subscriber

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TO BE FILLED/AT	TESTED BY POP-SP/DDO/NL-CC				
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.					
Ru	ubber Stamp of the POP-SP/DDO/NL-CC		Signature of the Authorised Person		
		L			
POP-SP/DDO/NL-	CC Registration Number		Designation of the Authorised Person :		
(Allotted by CRA	A)				
			POP-SP/DDO/NL-CC Office Name :	_	
Date   d   d   /   m   m   /   y   y   y					
TO BE FILLED/ATTI	ESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/N		POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Numl	ner	
			ed by CRA):	001	
		(	,		
Rubber Stamp of	the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL	-00	Signature of the Authorized Darger		
			Signature of the Authorised Person		