r 1.6		_	_	_	_												_	_	_		_			_	_		_		CS
NATIONAL PENSIO	N S	YS	;TE	EM	(N	PS	) –	SU	JBS	SCF	RIE	BE	RF	RE	GI	ST	'R/	AT	101	NI	FO	RI	N				_		_
Central Recordkeeping Agency ( Please select your category [ Please tick(✓) ]	CRA) -	Cei Cei All	ntral ntral Citi:	l Gov	/t. ono Vode	mou	iologi is Bo		.imit	ed (fe		erly	Sta Sta	te C te A	e-Go Govt Auto rate	nom	าอนะ			truc		Lta	<u>l.)</u>		ecen 3.5 cr P	nt ph m × 2	2.5 c	grap	ize /
Γο, National Pension System Trust. Dear Sir/Madam.																							_						
hereby request that an NPS account				-					-																				
* indicates mandatory fields. Please fil KYC Number, Retirement Adviser C																				e)									
KYC Number (if applicable)		T	T												1				Centra	l KY	C Re	egistr	у	ĺ					
Retirement Adviser Code (If applicab	le)																												
1. PERSONAL DETAILS: (Plea	se refe	er to S	Sr. N	o.1 of	the i	nstru	ictions	5)																					
Name of Applicant in full First Name*	S	Shri			S	Smt.			K	umai	ri 🗌													$\top$					
Middle Name		T	T																					Ī	Ī		Ī		1
Last Name		T	1																								Ì		
Subscriber's Maiden Name (if ar	ıy)	T	T																					Ť	T	<u> </u>	Ī		
Father's Name*	F	i	r	S	t							M	i	d	d		е						L	а	S	t			
(Refer Sr. No. 1 of instructions) Mother's Name*			r		+							N/L		d	d		0									+	_		
(Refer Sr. No. 1 of instructions)				5	L							IVI		u	u		е							d	5	L			
Father's name will be printed on PF	RAN car	rd. In	case	e, motł	ner's r	name	to be	printe	ed ins	stead o				-															
Date of Birth*	a			m	m	/	y y	y	y		(Da			n sn		be si	uppc	пеа	by re	eleva	ant d	ocun	nem	tary p		) 			
City of Birth*		+	+																					1	<u> </u>		<u> </u>		<u> </u>
Country of Birth* Gender* [ Please tick (✓) ]	Ma		<u> </u>		Fen	مادد			Othe	∣ ers ⊺					Na	tiona	 alitv <sup>:</sup>	*			Indi	 2n [							
Marital Status*		rried	_ ז []				ied [			Othe	ers [				INC	uone	anty				mui								
Spouse Name*	F	i	r	S	t							M	i	d	d		е						L	а	S	t			
(Refer Sr. No. 1 of instructions)	ام مرا																												
Residential Status*	Ind	lan																											
2. PROOF OF IDENTITY (Pol)	* (Any	one	of the	e doc	umen	ts ne	ed to	be p	rovid	ed ald	ong v	with t	the ic	denti	ificati	on n	umb	er)											
Passport													assp			ry D	ate			d	d	/	m	m	1	У	у	У	у
Voter ID Card		-						_	_				AN C						4			,				<u> </u>			
Driving License NREGA JOB Card		-	<u> </u>			_						Dr	rivinę	g Li	cens	se Ex	xpir	y Da	ite	d	C	/	m	m	/	У	У	У	y
Others	Na	me	of th	e ID				+	+						D		N		m	h	e	r	Plea	ase refe	er Sr. N	No. 2 (	of the	instruc	tions
		-		-														~		~									
	IDI [ A																												
As per the amendments made under at present, please ensure that these																	9, PA	N or F	Form θ	60 is 1	mand	latory	und	er NP	S.If yo	ou do	not	have	PAN
3. PROOF OF ADDRESS (Po	Δ)*				Co	roc	pond	lone	o	Idros	20							orm	nane	nt /	۸dd	roce							
[ Please tick (✓), as applicable ]	~)						Driving on Card					)/Vote	er ID o	card/l	NREG	iA Joł		asspo	ort /Dr	iving	Licen	se/Ul		Aadhaa	ar)/Vo	ter IC	) car	J/NRE	GA 、
#Not more than 2 months old. Please refer Sr. No. 2 of the instructio	ne						on Card I Lease										C		ation ( ered L				emen	nt of re	siden	ce/Mi	unicir	al Tax	x
	115				Rece #Late		ped Ga	s/Wat	er/Ele	ctricity	/Teler	ohone	Land	lline	or pos	tpaid		eceip Lates		d Gas	s/Wat	er/Ele	ectric	ity/Tel	ephor	nelLa	ndlin	e or po	ostpa
						le] Bil												nobile											
4.1 CORRESPONDENCE ADD	RESS	; DE	TAI	LS*																									
Address Type*	Re	side	ntial	/Bus	iness	. [	F	Resid	denti	al		B	usine	222		Re	haine	erec	d Off	ice		Ur	nspe	ecifie	he he		]		
Flat/Room/Door/Block no.						, _ 	-									1	ndm					01				 			
Premises/Building/Village		1	1																					+	$\square$				
Road/Street/Lane		1	1						1															1	$\square$				<u> </u>
Area/Locality/Taluk		<u>†</u>	1						1						1									Ť	Ħ			<u> </u>	<u> </u>
City/Town/District																				F	PIN (	Code	e						
State/U.T.																					С	0	U	n	t	r	У		
4.2 PERMANENT ADDRESS D	ETAIL	LS*				Tick	(✔) in	the b	oox ir	n case	e the	add	ress	is sa	ame	as ab	oove												
Address Type*	Re	side	ntial	/Bus	iness	; [	F	Resid	denti	al		Bi	usine	ess		Re	aist	ered	d Off	ice		Ur	ารทะ	ecifie	ed		]		
Flat/Room/Door/Block no.				. 203		-										1	ndm					51	.50				1		
Premises/Building/Village		1	1																					1	$\square$				
Road/Street/Lane		1	1																					1	H				<u> </u>
Area/Locality/Taluk		+																						1	H				<u></u>
City/Town/District		<u> </u>	<u>†</u>																	F	PIN (	Code	e	Ť	$\square$				<u> </u>
State/ULT		<del>;                                     </del>	<u> </u>					1		† †					<u> </u>						0	0		1 n	+	r	V	<u></u>	<u> </u>

5. CONTACT DETAILS Tel. (Off) (with STD code) + Tel. (Res): (with STD code) + Mobile\* (Mandatory) 9 1 (Mobile Number is required for communication and to get SMS alerts) + Email ID 6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions ) Occupation Details\* [please tick( $\checkmark$ )] Private Sector Public Sector Government Sector Professional Self Employed Homemaker Student Others (Please Specify) ▶ Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) Educational Qualifications Þ Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3) Þ 7. SUBSCRIBER BANK DETAILS\* ( Please refer to Sr no. 4 of the instructions ) (All the bank details are mandatory except MICR Code.) Account Type [ please tick( $\checkmark$ ) ] Savings A/c Current A/c Bank A/c Number Bank Name Branch Name **PIN Code** Branch Address Bank MICR Code IFS Code 8. SUBSCRIBERS NOMINATION DETAILS\* (Nomination details are mandatory. Please refer to Sr. No . 5 of the instructions) Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately) Middle Name First Name Last Name Relationship with the Nominee Date of Birth (In case of Minor) Nominee's Guardian Details (in case of a minor) First Name Middle Name Last Name 9. NPS OPTION DETAILS (Please tick (✓) as applicable) I would like to subscribe for Tier II Account also YES 🗌 NO 🔄 If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/ POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) YES NO If Yes, please submit details on Annexure II I would like my PRAN to be printed in Hindi 10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\* ( Please refer to Sr no. 6 of the instructions ) (i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds: Government Sector: The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below. 2. Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer. 3. NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator. 4. Name of the Pension Fund (Please select only one) Please Tick (✓) **Default Choice of Pension Funds** LIC Pension Fund Limited Available in Government sector, if employee/subscriber does not exercise SBI Pension Funds Private Limited choice of PF UTI Retirement Solutions Limited ICICI Prudential Pension Funds Management Company Limited Kotak Mahindra Pension Fund Limited HDFC Pension Management Company Limited Aditya Birla Sun life Pension Management Limited TATA Pension Management Limited \* Selection of 01 Pension Fund is mandatory for All Citizen subscriber (ii) INVESTMENT OPTION (Please Tick (✓) in the box given below showing your investment option). Active Choice Auto Choice Please note: 1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below. 2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50). In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will 3.

be made as per Auto Choice (LC 50).

Ver 1.6

2 of 5

CSRF

Ver 1.6

(iii)	ACTIVE CH	OICE – ASS	ET ALLOC	ATION (to	be fille	d up	only	in	case	you	ı ha	ave	se	lecte	d '	Acti	ve C	hoi	ce' t	he	invo	est	mer	nt o	ptic	on)		
		E	С	G	A																							
	Asset Class	(Cannot exceed 75%)	(Max up to 100%)	(Max up to 100%)	(Canno exceed 5		Total	li	instrur	nents	; A	sset	t cla	ass G	) -	Gove	rnmei	nt E	onds	an	id re	elate	ed in	stru	ment	ts; As	and rel sset C	Class
	Specify %						100%		A-Alte	rnativ	e In	vest	tme	nt Fun	nds i	nclud	ing ins	strur	nents	like	CM	BS,	MBS	3, RE	ITS	, AIFs	s, Invits	; etc.
	Choices in Govt sector	Not ava	ilable	Available	Not availabl	le	In cas	se o	of Gov	ernme	ent e	emp	oloye	e/sub	scri		e Acti ass 'G			of A	∖sset	t All	ocati	on is	rest	ricted	d to Ass	set
(iv)		years and abo will be carried allocation acro ed. ICE OPTION	ove, maximun l out as per th ss E, C, G an l <b>(to be fille</b>	n permitted e matrix or d A asset o d <b>up only</b>	I Equity In date of b lasses mu	nvest birth. ust be <b>b you</b>	ment w e equal <b>u have</b>	vill t	be as 100%	per t	the ase	equ , the	uity e all	alloca ocatio	atior on is	left	olank	and	/or de	oes	note	equ	ial 1(	00%	, the	e appl	licatior	n shall
	Life Cycle (I Funds		Tick (✓) One	Choices in sector		Note	:: 1. LC	275	-Itis	the I	ife o	cvcle	e fu	nd wh	here	the	Cap t	o Fo	uitv	inve	stm	ent	s is 7	75%	of tł	ne tot	al ass	set
	LC 75			Not availa								-															tal ass	
	LC 50 LC 25			Availab	e							-		nd wh se Aut													tal ass ⁄	,et
	LG 20							_			_	_	_		_			_	_	_	_	_		_	_	_		
	CLARATION	ON FATCA	* (Foreign A	ccount 1	ax Com	plia	nce A	ct)	CON	IPLI	AN	CE	(PI	ease i	refe	r to S	Sr no.	7 o	the	inst	ructi	ons	5):					
Section	on I*																											
US Pe	erson*	Yes	No																									
Sectio	on II*																											
For the	purposes of	taxation, I ar	n a resident	in the fol	lowing co	ount	ries ar	nd r	my Ta	ax Id	ent	ifica	atic	n Nu	ımb	er (	TIN)/1	und	tion	al e	qui	val	ent i	in e	ach	cour	ntry is	s set
	ow or I have	indicated that	t a TIN/func		0			ble	(kind	lly fil	l de					ntrie	s of t	ax	resic		•			thar	n on	ne):		
		Parti	culars					0	Coun	try (	1)			_		Co	ounti	у (	<u>2)</u>		$\downarrow$			Co	unt	try (3	3)	
Count	try/countries	of tax reside	ncy																		$\downarrow$							
				Addre	ss Line 1	1																						
	Address in th	•	for Tax	City/T	own/Villa	age																						
	ĸ	esidence		State										_							$\downarrow$							
				ZIP/P	ost Code	•																						
Tax Id	lentification N	Number (TIN	)/Functional	equivale	nt Numbe	er															$\square$							
TIN/ F	unctional eq	uivalent Nun	nber Issuing	Country																								
Validit	y of documer	tary evidence	e provided (V	Vherever a	applicable	e)		do	d / mr	m <b>/</b> y	ууу	/				dd .	mm	<b>/</b> yy	уу				(	dd /	mm	n <b>/</b> yy	/уу	
Rule b) the i corri or or or c) I pee and conf d) I un- the I certi e) I als desi defi f) I heu for c g) I als abro	/ that: all be my res s 114F to 114 nformation pr ect and comp therwise. rmit/authorise any of NPS i idential inform dertake the re Form, its sup fication along o agree that i gnated by the ciency is not r reby accept a confirming the o agree to fu bad in the sub all indemnify f	IH of the Inco ovided by me lete and that I the NPS Tru ntermediaries nation for com sponsibility to porting Anney with docume n case of my Government emedied by n nd acknowled information p rnish such inf ject matter he	me tax Rule: in the Form have not wit st to collect, wherever si apliance with o declare an rures as well ntary eviden failure to disc of India (GC ne within the lge that the N formation and period	s, 1962 the its suppo- hheld any store, cor- tuated inc any law o d disclose as in the cc, close any i l) /RBI/IRI stipulated IPS Trust he to the N d/or docur	ereunder rting Ann- material i nmunicate luding sha r regulatio within 30 documen material fa DA/PFRD period. shall have IPS Trust nents as	and exurrinform e an- aring on w 0 day htary cact k DA for tact k the I	the info es as v mation d proce , trans hether /s from eviden nown t r the pu right a	iorm well that sess fer do n th nce to n urp and	ation l as in at may mesti- mesti- provi ne, no ose o auth- t may	n provin the y affer matii discluic or ic or ided or tak ority y req	vide doc ect t osu fore cha by fore cha by fore cha by fore cha by fore cha by fore cha by fore cha by fore cha cha cha cha cha cha cha cha cha cha	ed ir cum the a rela ire t eign ange me futu ny c carry e fro	n th neni ass ating betv n. e, a or ure, a othe y or	e Forn tary e essm y to the veen ny ch if any the N er acti- ut inve time to	m i evid ne / the nan ce NPS ion esti	s in a ence /cate Accoo m ai ges f rtifica as m gatic me c	accord are, egorize unt au nd to hat n ation st ma lay be on s fro	dan to t atic nd a the hay bec y re e de com	ce we ne be n of all tra auth take ome port eme he ir he ir nt of	vith t est the ansa norit e pla es in to a ed a nfor	the a of m accio actio ies i ace i ace i acorr any r ppro mati	afoi ny k cour ons in a in t rect reg opri ion nan(	resa now nt as ther and/c he ir and/c ulato ate t ava	id ru /ledg a R rein, or ou nforr d to or ar by th ilabl	ules, ge a epo by utsic mati- prov nd/o ne N	nd bo ortabl the N de Ind on pi vide 1 or any IPS T publ	elief, f le acco NPS T dia of rovide fresh y auth rrust if lic dor	true, ount Frust any ed in self- ority f the main
Date		mml	VVV	V																								
		/ / _// /						_																				
Place	:												Si				<b>imb</b> ase										lack i es)	ink
Name	of subscribe	er 🛛						Τ																				

r 1.6	CSRI
12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	
Declaration & Authorization by all subscribers	
I have read and understood the terms and conditions of the National Pension System and declare that the information and documents furnished by me are true and correc Record Keeping Agency/National Pension System Trust, of any change in the abc understand that I shall be fully liable for submission of any false or incorrect informati	
	CRA, from time to time and any amendment thereof as approved by PFRDA, whether ind by the terms and conditions for the usage of I-PIN (to access CRA website and view
Declaration under the Prevention of Money Laundering Act, 2002	
	m legally declared and assessed sources of income. I understand that NPS Trust has t authorities. I further agree that NPS Trust has the right to close my PRAN in case I am
Date         d         I         m         m         I         y         y         y         y	
Place :	
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
Applicable to Governm	ent Subscribers only
(Subscribers Employment Details to be filled and	
Date of Joining     d     l     m     m     l     y     y     y	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend
PPAN (If applicable)	to provide, mention any one.
Group of Employee (Tick as applicable) Group A Group	D B Group C Group D
Office	
Department	
Ministry	
DDO Registration Number	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay	
Pay Scale	
It is certified that the details provided in this subscriber registration form b the address and employment details provided above are as per the servic he/she has read entries/entries have been read over to him/her by us and	e record of the employee maintained by us. Also, it is further certified that
Signature of the Authorised person (In the box above)         Rubber Stamp of the DDO           (In the box above)         (In the box above)	Signature of the Authorised person (In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d d / m m / y y y y
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpora	ite Subscribers only
(Subscribers Employment Details to be filled and a	ttested by Corporate (All Details are Mandatory))
Date of Joining         d         d         /         m         //         y         y         y         y           Employee Cade//D         Image: Cade//D         Image	Date of Retirement   d   d   I   m   m   I   y   y   y
Employee Code/ID	
Corporate Regd. Number (CHO No.) Allotted by CRA	
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employment	employed with us, including the
entries / entries have been read over to him / her by us and got confirmed by	
Date d d / m m / y y y y	Place
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)

CSRF

15. DECLARATION BY THE AGGREGA	TOR
	Applicable to NPS Lite Subscribers
Authorisation by Aggregator's office	(NL - AO)
Certified that the subscriber is registered	d with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS ned /thumb impressed before me byafter (s)he has read the entries/ entries have
Signature of the Authorised p	erson (In the box above) Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	
NPS Lite Account Office (NL-AO) Registration	Number NPS Lite - Collection Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if an	ıy)
Place	Date d d / m m / y y y
16. TO BE FILLED BY POP-SP	
Identity Verification :	NO       KYC Compliance       YES       NO         Originals Verified) Self Certified       (Attested) True Copies         one
	Designation: Place:
POP-SP Seal	Signature of Authorized Signatory     Date     d     d     /     m     m     /     y     y     y
	[To be filled by CRA - Facilitation Centre (CRA-FC)]
Received by	CRA-FC Registration Number
Received at	Date         d         d         I         y
Acknowledgement Number (by CRA-FC)	
PRAN Allotted	
	ACKNOWLEDGEMENT
Name of the Subscriber:	
Contribution Amount Remitted:	₹
Date of Receipt of Application and Cont	ribution Amount: d d / m m / y y y y
	Stamp and Signature of the Employer/PoP:

Ver 1.6

1700	1 C	
ver	1.0	

CSRF

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

**General Guidelines** 

	and such c						verwrite. Corrections should be made by cancelling and re-writing only one character (alphabet / number / punctuation mark) leaving
(c)	Application	s incomplete in any re-	spect		able to be	reject	ted. The application is liable to be rejected if mandatory fields are
(d)	The subscr	r the application form is iber should not sign ac	cross t	he photograph. The photograph should not be stapled	or clipped	d to the	e form. If there is any mark on the photograph such that it hinders
(e)	Copies of a	all the documents subm	nitted I	scriber, the application shall not be accepted. by the applicant should be self-attested and accompan ntioned on the form, should match with the documentar			
(ġ)	The subsci			iould be verified by the designated officer of POP-SP /			
S. No	Item No.	Item Details			Instru		
		Personal Details	ii. Cu	his Form is applicable only for Resident Indians. There urrently, Foreign Nationals / Other Country Individuals ( he applicant shall mention father's name and mother's	(OCI) and	l Pers	orm for Non Resident Indians & Overseas Citizen of India. ons of Indian Origin (PIO) are not allowed to open PRAN. I select the option to be printed on PRAN Card.
1	1	Spouse Name		rried, spouse name is mandatory. ather's name is mandatory.			
'		Father's Name	ii. If	Father's name is mandatory	inexure II	for the	e same.
		Mother's Name	ii. If	Mother's name has more than 30 digits, you may fill An			
		Date of Birth	Pleas S.No	e ensure that the date of birth matches as indicated in Proof of Identity (Copy of any one)		ment S.No	provided in the support. Proof of Address (Copy of any one)
			1	Passport issued by Government of India.		1	Passport issued by Government of India
			2	Ration card with photograph. Bank Pass book or certificate with Photograph.		2	Ration card with photograph and residential address Bank Pass book or certificate with photograph and residential
						_	address
			4	Certificate of the POP for an existing customer. Voters Identity card with photograph and residential a	ddress.	4	Certificate of the POP for an existing customer. Voters Identity card with photograph and residential address
			6	Valid Driving license with photograph		6	Valid Driving license with photograph and residential address
			7	Certificate of identity with photograph signed by a Me Parliament or Member of Legislative Assembly	ember of	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
			8	PAN Card issued by Income tax department		8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification A of India	Authority	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
		Permanent address details	10	Job cards issued by NREGA duly signed by an office State Government	er of the	10	Job cards issued by NREGA duly signed by an officer of the State Government
2	2,3&4		11	Identity card issued by Central/State government Departments, Statutory/ Regulatory Authorities, Public	and its	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/
				Undertakings, Scheduled commercial Banks, Public F Institutions, Colleges affiliated to universities and Profe Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	-inancial		State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued
			12	Photo. Identity Card issued by Defence, Paramilita	ary and	12	by Govt. Departments or PSU containing address. Latest Electricity/water/piped gas bill in the name of the Subscriber
			13	Police department's Ex-Service Man Card issued by Ministry of Defence	to their	13	/ Claimant and showing the address (less than 2 months old) Latest Telephone bill (landline & postpaid mobile) in the name of
			14	employees. Photo Credit card.		14	the Subscriber / Claimant and showing the address (less than 2 months old) Latest Property/house Tax receipt (not more than one year old)
							Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)
			(ii) If for & (iii) Th	pening form, the document may be accepted as a valid the address indicated on the document submitted for in rm, a separate proof of address should be obtained. All fin Permanent address are different, then proof for both ha ne KYC documents may be submitted within a period of	I proof of I dentity pro uture com ave to be of 30 days	both io oof di nmunio subm s after	ffers from the current address mentioned in the account opening cations will be sent to correspondence address. If correspondence itted. generation of PRAN. (Only for Government Subscribers)
3	6	Politically Exposed Person	exam owne	ple heads of state or of the government, senior politic d corporations, important political party officials.	ians, seni	ior go	entrusted with prominent public functions in a foreign country, for vernment, judicial or military officials, senior executives of state-
4	7	Subscriber's Bank Details	conta Subs	ining Subscriber Name, Bank Name, Bank Account Nu	umber and nent or ba	d IFS	oorted by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank
5	8	Subscriber's Nomination Details	Fracti		. Sum of p		ntage share value for all the nominees must be integer. Decimals/ ntage share across all the nominees must be equal to 100. If sum
6	10	Pension Fund (PF) Selection and Investment Option	Actice the cl	e Choice' and in Life Cycle Funds - LC 50 or LC 25 unde	er 'Auto Ch ocated an	hoice'	ds and allocate their investments either in Asset Class'G' under' . In case a Government employee/subscribers does not exercises 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI
			Clarif • Ju	ication / Guidelines on filling details if applicant residen ırisdiction(s) of Tax Residence: Since US taxes the glob	nce for tax		oses in jurisdiction(s) outside India citizen, every US citizen of whatever nationality, is also a resident
7	11	Declaration by subscriber on FATCA	• Ta	sued a high integrity number with an equivalent level or	of identification	ation (	een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples
		Compliance	re • If	sident registration number) applicant residence for tax purpose in jurisdiction(s) within Inc	dia, Permai	nent A	number, citizen/personal identification/services code/number and ccount Number (PAN) to be provided as Tax Identification Number (TIN)
			C	itizenship should be provided or reasons for not having	g relinquis	shmen	Country of Birth is US, document evidencing Relinquishment of t certificate is to be provided the form. Thumb impression, if used, should be attested by the
8	12	Declaration by Subscriber	desig	nated officer of POP/POP-SP/Nodal office with the offi ssion in case of females.	icial seal	and s	tamp. Left Thumb Impression in case of males and Right Thumb
a) T	he Subsori	per can obtain the state	is of h	General Information for Sul is/her application from CRA and their designated noda		s	
b) S	ubscribers	are advised to retain th	ne ack	nowledgement slip signed/ stamped by the designated		ficer w	here they submit the application.
c) F		ormation / clarifications	,				
	Call: 022-4			cv (CRA)			
	F	Protean eGov Technolo	gies L				
	1	st Floor, Times Tower, ower Parel (W), Mumb	Kama	la Mills Compound, Senapati Bapat Marg,			

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

## **Equity Allocation Matrix for Active Choice**

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.