## **Declaration by Nodal Office**

{To be declared by the nodal office where family pension is granted to the family member(s) of deceased subscriber or to the subscriber (in case of disability)}

It is certified that the family pension is b		_		
Sh./Smt/Ms				
Sh/Smt/Ms.				
Pension Payment Order No	issued da	ilea		
Name of the family member/subscriber				
Relationship of family member with the	subscriber			
In this respect, a No Objection Certific deceased subscriber to this office/Gov Subscriber. Same is enclosed along w	rt are submitted by the above			
Therefore, now, in accordance with the amount of accumulated pensic Sh./Smt/Ms.  the details given as under.	on wealth lying in the Pl	RAN of the d	deceased subscriber/Subscriber	
•				
Name of the Beneficiary :				
Bank Account Number :				
Bank Name :				
Branch Name :				
IFS Code :	· · · · · · · · · · · · · · · · · · ·			
<ul> <li>I/We hereby declare that No Objection Certificate to transfer the accumulated pension wealth from the NPS account of the decreased subscriber/subscriber to this office have been collected from the family member(s) of the deceased subscriber/subscriber.</li> </ul>				
<ul> <li>I/We hereby declare that details fu Trust/CRA shall not be responsible that funds will be transferred to PA documents is required to be forware request.</li> </ul>	in case of any wrong informa O bank account on authorisa	tion furnished in ation of withdraw	this regard. Further, I understand val request by office and physical	
<ul> <li>I/We hereby declare that copy of De Card/ePRAN of the Subscriber has Subscriber and duly attested by Of</li> </ul>	ave been collected from the	•		
	Stamp & Signature of DE	00		
Date:	Name of the DDO			
Place:	Regn No:			
countersigned by DTO/PAO/CDDO/D1	A/PrAO			
	Stamp & Signature of D1	ΓΟ/PAO/CDDO/	DTA/PrAO	
Date:	Name of the DTO/PAO/CD	DO/DTA/PrAO		
Place <sup>.</sup>	Rean No:			

## No objection for settlement of Accumulated Pension Wealth in NPS

•	be enclosed along with nodal office declaration where family pension is granted to the claimant(s) of deceased scriber or to the subscriber (in case of disability)}			
I / that Sh./	We			
	N to Nodal Office/Department where I/he/she was employed as I/we am/are receiving the			
fami	ly pension under Pension Payment Order no dated			
Deta	ils of pension being paid (in case of Death):			
1.	Name of the Family member			
	Pension Payment Order (PPO) No			
	Signature/Thumb impression of Claimant			
	Relationship with deceased			
	Address:			
	Phone/Mobile Number/E-mail:			
	Place: Date:			
Deta	ils of pension being paid (in case of Disability):			
2.	Name of the Subscriber			
	Pension Payment Order (PPO) No:			
	Signature/Thumb impression of Subscriber: Address:			
	Phone/Mobile Number/E-mail:			
	Place: Date:			
Atte	station by Nodal Office:			
	certified that the above declaration and details have been entered and signed/thumb impressed by the family ober(s) of deceased subscriber Sh./Smt/Ms			
(PR	•			
	ied from the service record of the deceased subscriber/subscriber and found in order. Further,			
•	I/We hereby declare that No Objection Certificate to transfer the accumulated pension wealth from the NPS account of the deceased subscriber/subscriber to this office have been collected from the family member(s) of the deceased subscriber/subscriber.			
•	I/We hereby declare that details furnished above are true and correct as per our office records. PFRDA/NPS Trust/CRA shall not be responsible in case of any wrong information furnished in this regard. Further, I understand that funds will be transferred to PAO bank account on authorisation of withdrawal request by office and physical documents in required to be forwarded to CRA for record keeping within 60 days of authorization of withdrawal request.			
•	I/We hereby declare that copy of Death Certificate of the Subscriber (in case of family pension) and copy of PRAN Card/ePRAN of the Subscriber have been collected from the family member(s) of the deceased Subscriber Subscriber and duly attested by Office.			
	Stamp & Signature of DDO/DTO/PAO			
Dat				

Regn No:

Place: