Ver 1.2					
	NATIONAL PENSION Exit from National Pension Sy				
Claim ID To,	Acknowledgement No	Affix recent colour photograph of			
NPS Trust. Sir/Madam	,		3.5 cm × 2.5 cm size / Passport size		
I	hereby apply for the payment of the accumu	lated pension wealth in NPS			
Tier-I accou	Int of as per the relevant provisions of the P	FRDA (Exits and withdrawals			
under NPS	Regulations, 2015 as amended.				
Tier II:- The	entire accumulated pension wealth in Tier II account would be paid along	with lumpsum withdrawal of			
Tier I accou	nt.				
	ive below the necessary details: female right thumb Impression and in case of male left thumb Impression	may be taken.	Signature / Thumb Impression* of the Claimant / Guardian		
Sr.No	Particular	I	Remarks		
Sectior	A - Details of the Subscriber & Claimant				
	Subscriber Sector*	 Govt. Sector All India citizens/corporat NPS Lite / GDS 	e		
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)				
2.	PRAN*				
3.	Name of the Subscriber*	First	Middle Last		
4.	Subscriber Gender*	Male	Female		
5.	Maiden Name (In case of female married Subscriber)	First	Middle Last		
6.	Father's Name*	First	Middle Last		
7.	Marital Status of the Subscriber*	Married	Unmarried/Others		
8.	Spouse Name of the Subscriber (only if subscriber was married & Spouse is alive)	First	Middle Last		
9.	Spouse Gender (only if subscriber was married & Spouse is alive)	Male	Female		
10.	Date of Death of the Subscriber*	DD / MM / YYYY			
11.	Date of Birth of the Subscriber (As in PRAN Card)*	DD / MM / YYYY			
12.	Name of the Claimant*	First	Middle Last		
13.	Aadhar/VID				
14.	PAN of claimant*				
15.	CKYC Number				
16.	Are you a Politically Exposed Person (PEP)*	Yes No			
17.	Are you related to a Politically Exposed Person (PEP)*	Yes No			
18.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes No			
	If Yes, please provide details	Address :			
19.	Contact details of claimant*	Mobile No* : +91 Alternate Phone No : Email Id* :			
Date of Birth of Claimant (Only in case of minor) Relationship With Subscriber : Percentage Share: Guardian Name (Only in case of minor) : First Guardian DOB (Only in case of minor)					

Ver 1.2

Section B - Claimant's Bank Datalls - (Please refer instruction No. 6) Fields marked with * are mandatory. 20. Bank Account Number*: 21. Bank Name 22. Bank Name 23. Bank Name 24. Bank Name 25. Bank Name 26. Bank Name 27. Bank Name 28. Bank Name 29. Bank Name 20. Bank Name 21. Bank Name 22. Carefully*. 23. IFSC Code (latch a cancelled on they code)* Section C - Claimant Withdrawal Lump sum & Annuity Withdrawal Feese provide or provement Subscriber) 28. No (latc) with one or	Section	B - Claimant's Bar	k Dotaile -	(Plagge refer instruction No. 6) E	oldo markad with * /	oro mondo	ton (
21. Bark Name* 22. Bark March Name and Address : Monthly pension and lump sum amount will be deposited into this account and hence fill in all details carefully. 23. IFSC Code (fattach a cancelled cheque leaf or copy of bark passbook / bank certificate containing IFSC code)* Section C - Claimant Withdrawal Details - (Please refer instruction No. 6) In event of detah after / before superannuation or ratialing 60 / 65 years of age a) Would you like to withdraw full amount (f less than or equal to 5 likh for Government Subscriber) Yes No pt Would you like to withdraw full amount of thess than or equal to 5 likh for Government Subscriber) Yes No pt Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)* Yes No # Please provide the Percentage of anounts to be invested in annuity scheme. (not applicable in case of Government Sector) % of corpus opted for lump sum withdrawal Percentage of corpus opted for purchase of annuity (Min 80%- for Government Subscriber) Soction D - Claimant's Annuity Details - (Please refer instruction No. 10 & 11) (Not to be filled in case of complete withdrawal) Select Annuity Service Provider (please tick one of the below options as per your choice) Baja / Alline Lie Insurance Co. Ltd. Indefirist Life Insurance Co. Ltd. [CGP Productifiel Life Insurance Co. Ltd. Indefirist Life Insurance Co. Ltd. [Eddwists Tokio PNB MetLife Insurance Co. Ltd. [Sold Li		1					lory.	
22. Bank Branch Name and Address: Monthly pension and lump sum carefully." 23. IFSC Code (attach a cancelled cheque leaf or copy of bank passbook /bank certificate containing IFSC code)* Section C - Claimant Withdrawal Details - (Please refer instruction No. 6) in event of death after / before superannuation or attaining 60 / 65 years of age a) Would you like to withdraw IU amount (if less than or equal to 5 lakh for Government Subscriber) Yes No or b) Would you like to have normal Withdrawal (Lump sum & Annulty Withdrawal)* Yes No # Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annulty: # Claimant can allocate any percentage of amounts to be invested in annulty scheme. (not applicable in case of Government Sector) % of orgus opted for lump sum withdrawal (Max 20% - for Government Subscriber) Percentage of corpus opted for opus opted for lump sum withdrawal) Section D - Claimant's Annuity Details - (Please refer instruction No. 10 & 11) (Not to be filed in case of complete withdrawal) Selection D - Claimant's Annuity Details - (Please refer instruction No. 10 & 11) (Not to be filed insurance Co. Ltd. Baja/Allianz Life Insurance Co. Ltd. Caraan HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. Baja/Allianz Life Insurance Co. Ltd. Star Unio Dai-chi Life Insurance Co. Ltd. Section D - Claimant's Annuity or percense price on death Annuity for Life, with 100% annuity payable to spouse o			:					
22. amount will be deposited into this account and hence fill in all details 23. /FSC Code (attach a cancelled cheque leaf or copy of bank passbook 23. /FSC Code (attach a cancelled cheque leaf or copy of bank passbook Section C - Claimant Withdrawal Details - (Please refer instruction No. 6) In event of death after / before superannuation or attaining 0/ 65 years of age a) Would you like to withdraw full amount (if less than or equal to 5 lakh for Government Subscriber) Yes No b) Would you like to aven normal Withdrawal (turnp sum & Annuity Withdrawal) and purchase of annuity: # Claimant can allocate any percentage of corpus that you wish to opt for furing sum withdrawals and purchase of annuity: # Claimant can allocate any percentage of corpus opted for purchase of annuity: # Please provide the Percentage of corpus that you wish to opt for Kump sum withdrawals and purchase of annuity: # Claimant can allocate any percentage of corpus opted for purchase of annuity: # Claimant S Annuity Details - (Please refer instruction No. 10.8.11) (Not to be filled in case of complete withdrawal) Section D - Claimant's Annuity Details - (Please refer instruction No. 10.8.11) (Not to be filled in case of complete withdrawal) Select Annuity Service Provider (please tick one of the below options as per your choice) Baja Alianz Life Insurance Co. Ltd.	<u></u>		Address · Mor	thly pension and lump sum				
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In event of death after / before superannuation or attaining 60 / 65 years of age a) Would you like to withdraw full amount (if less than or equal to 5 lakh for Government Subscriber) Yes No or b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)* Yes No C Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity: # Claimant can allocate any percentage of monutes to be invested in annuity scheme. (not applicable in case of Government Sector) % of corpus opted for lump sum withdrawal Percentage of corpus opted for purchase of I total (100%) (Max 20% - for Government Subscriber) annuity (Min 60%- for Government Subscriber) Section D - Claimant's Annuity Details - (Please refer instruction No. 10 & 11) (Not to be filled in case of complete withdrawal) Select Annuity Service Provider (please tick one of the below options as per your choice) Bajaj Allianz Life Insurance Co. Ltd. Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. Cife Prodential Life Insurance Co. Ltd. Haff Tist Life Insurance Co. Ltd. Cife Indentified Tife Insurance Co. Ltd. PNB MetLife Insurance Co. Ltd. Cife Indentified Tife Insurance Co. Ltd. PNB MetLife Insurance Co. Ltd. Cannuity Scheme (please tick one of the below options as per your choice) Cife with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spouse on death of annuitant. Annuity for Life, with 100% annuity payable to spo	23.							
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Monthly Quarterly Half Yearly Annual *Signature/Thumb Impression of the Claimant (Signature of Guardian in case the Claimant is a minor) Date : DD / MM / YYYY *In case of female right thumb Impression and in case of male left thumb Impression may be taken Section E - Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details for providing annuity.								
(Signature of Guardian in case the Claimant is a minor) Date : DD / MM / YYYY *In case of female right thumb Impression and in case of male left thumb Impression may be taken Section E - Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details for providing annuity.	Month	ly	Quarterly	Half Yearly		Annual		
(Signature of Guardian in case the Claimant is a minor) Date : DD / MM / YYYY *In case of female right thumb Impression and in case of male left thumb Impression may be taken Section E - Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details for providing annuity.								
In case of female right thumb Impression and in case of male left thumb Impression may be taken Section E - Subscriber's Family Member Details (To be filled in case claimant has selected NPS-Family Income option) Family Member Details for providing annuity.	(Signature of Guardian in case the Claimant is a minor)							
Section E - Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option) Family Member Details for providing annuity.								
Family Member Details for providing annuity.								
Family Member Details for providing annuity.	Section	E - Subscriber's Fa	mily Membe	er Details* (To be filled in case	claimant has selected	d NPS-Fam	ily Income option)	
Sr.No Details Full Name Aadhar/VID PAN ^s Date of Birth			-				. ,	
	Sr.No	Details		Full Name	Aadhar/VI	D	PAN ^s	Date of Birth

L	31.140	Details	Full Nallie	Aduital/VID	FAN	Date of Birth
l	1.	Spouse ^{\$}				DD/MM/YYYY
l	2.	Dependent Mother (if living)				DD/MM/YYYY
l	3.	Dependent Father (if living)				DD/MM/YYYY
l	4.	Child 1 (if living)				DD/MM/YYYY
l	5.	Child 2 (if living)				DD/MM/YYYY
	6.	Child 3 (if living)				DD/MM/YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

^sMandatory in case Claimant opts for NPS-Family Income option.

Declaration by the Claimant

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust(NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

a. I hereby declare that there is no order from the competent court restraining the payment from the NPS account of the deceased subscriber or to make the payment in favour of any other person.

b. I will indemnify the CRA/PFRDA/NPS Trust for any loss or detriment that may be caused on account of settling the claim for withdrawal of accumulated pension wealth in my favour.

Date: DD / MM / YYYY

*Signature/Thumb Impression of the Claimant (Signature of Guardian in case the Claimant is a minor)

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal) I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue Statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions, as amended from time to time. I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time. I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest. I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same. I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further. no interest will be payable to me on the funds held during this transition period. I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call. I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies. Signature / Left thumb Impression of the Signature of the witness Proposer Affix a recent self signed photograph Name and Address of witness: Place: Date: DD/MM/YYYY Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate (Not to be filled in case of complete withdrawal) I hereby state that I have read out and explained the contents of this proposal form and all other relevant I/We state that the product details, contents of documents to the proposer in _ language, that he/she/they undertook that this form and relevant documents have been he/she/they have understood the same and agree to abide by the terms and conditions of the resulting fully explained to me/us and that I/We have fully policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence. understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us. Signature of the person making the declaration Name & Address Signature / Left thumb Impression of the Proposer Place Date: DD / MM / YYYY

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Section F - Declaration & Attestation by	Nodal Office						
	ded in this application form are matching with	ted this application for processing of the subject claim of the information available in the official record maintained tails have been provided by the Claimant					
Sh/Smt/Ms entries / entries have been read over to him / her	Sh/Smt/Msafter he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.						
2. That all the contributions with respect to the Su Subscriber and no further contributions are pend	bscriber's NPS contribution and employer co	ontribution have been transferred in to the PRAN of the t nodal office)					
3. That Identity of the Subscriber / Claimant is certif withdrawal form has been verified and can be ac		The name of Subscriber / Claimant as mentioned on the					
 It is also certified that this office has not paid/received any family pension to the legal heir(s)/nominee(s) of the deceased subscriber and we don't have any objection for release of accumulated pension wealth to his/her claimant. (Applicable for government Sector subscribers only) The bank account details of the Claimant as provided in bank details section have been checked and verified and the same can be accepted for 							
payment.	payment.						
Rubber Stamp of the DDO/POP-SP/N	NLCC Si	gnature of the Authorised Person					
DDO/POP-SP/NLCC Registration Number							
Designation of the Authorised Person :	DDO/POP-SI	P/NLCC Office Name:					
Date D I M I Y Y Y							
Rubber Stamp of the DTO/PAO/POP/Ag	gregator Sig	gnature of the Authorised Person					
DTO/PAO/POP/ Aggregator Registration Number	·						
Designation of the Authorised Person :	DTO/PAO/POP/ Aggregat	or Office Name:					
D D I M I Y Y Y							
[As per Regulation	3(c) of PFRDA (Exits and Withdrawals) un	der Regulations, 2015]					
Request cum under taking form for withdrawal of t	(To be filled in case of complete withdrawa otal pension wealth due to death of Subsc) riber and/or where the total pension wealth is equal to					
or less than Rs. 5,00, 000/- in case of government	sector Subscriber						
and do hereby solemnly affirm and declare as under:		being a nominee/legal heir/guardian of ension wealth of the deceased subscriber under the NPS					
1. That I have been nominated as a nominee/is Sh/Smt/Ku, under	-	of deceased subscribe					
		which is less than/equal to the limit o					
subscriber as per the provisions of the PFRDA (Ex	tits and withdrawls from NPS) Regulations, 20	vealth in the individual pension account of the deceased 015 as amended. ccount, as admissible and being the full and final benefits					
I also understand that with the aforesaid withdrawa		to receive any other or further benefits including annuities inder the National Pension System) Regulations 2015, as					
Date :							
Place :	(Sig	*Signature/Thumb Impression of the Claimant nature of Guardian in case the Claimant is a minor)					
*In case of female right thumb Impression and in case	of male left thumb Impression may be taken.						
Rubber Stamp of the DDO/POP-SP/NLCC	Signature of the DDO/POP-SP/NLCC	Registration No. of DDO/POP-SP /NLCC					
Rubber Stamp of the	Signature of the DTO/PAO/POP/Aggregator	Registration No. of DTO/PAO/POP/ Aggregator					
DTO/PAO/POP/Aggregator							
*In case of female right thumb Impression and in case	e or male left mumb impression may be taken						
www.teachergyan.com		www.rajteacher.in					

INSTRUCTIONS FOR FILLING UP FORM

This application should be filled by the nominee/claimant seeking to withdraw pension wealth benefits due to death of the NPS subscriber

General Instructions:

- As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, withdrawal of benefits from NPS Account will not be allowed if Aadhaar and PAN of the claimant is not provided at the time of initiation of online withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order).
- The claimant has to submit the physical form to the subscriber's nodal office. The nodal office has to compulsorily submit the form in online mode only. Physical form submitted to CRA will not be processed.
- All the columns in the form should be filled with black ink pen without any overwriting. Fields marked with (*) are mandatory.
- 4. Correct postal address, including the pin code should be provided.
- 5. Documents to be enclosed with withdrawal application form:
 - Original Death Certificate of deceased subscriber. In case of NPS Lite and Government Sector subscriber copy of death certificate duly attested by Nodal Office is required.
 - ii. Copy of the Address proof of nominee/claimant attested by the Nodal Office in support of the address provided on the withdrawal form. The address given on the withdrawal form should match with address present on the address proof.
 - iii. Copy of the Identity proof of nominee/claimant attested by the Nodal Office.
 - iv. Copy of PRAN card (Not required in case of Government Sector Subscriber)If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of nonsubmission of the PRAN card.
 - Cancelled cheque (containing Nominee/claimant's Name, Bank Account Number and IFS Code) or Bank Certificate/Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.

6. Withdrawal preference:

- The entire accumulated NPS wealth in the individual pension account of the deceased subscriber shall be paid as lump sum to the nominee(s)/legal heir(s).
- Claimant is not required to fill Section D, Section E and Declaration by Proposer if Claimant opts for Complete Withdrawal or Claimant opts for Lump Sum Withdrawal only.
- iii. In case nominee is a minor, the form shall be filled up by the guardian.
- iv. The nominee or family member of the deceased subscriber have the option to purchase any of the annuities available with the empanelled Annuity Service Providers (ASPs).
- v. If the nomination is not registered by the deceased subscriber before his/her death, the accumulated pension wealth shall be paid to the family members on the basis of the legal heir certificate issued by the Revenue Authorities of the State concerned or the Succession Certificate issued by a court of competent jurisdiction.
- 7. The nominee(s)/legal heir(s) need to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting or overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee(s)/legal heir(s)thorough electronic mode of payment.

8. Li	List of documents acceptable as Proof Identity and Address for exit:-					
Sr. No.	Proof of Identity (Any one of the given below documents)	Proof of Address (Any one of the given below documents)				
а	Passport issued by Government of India.	Passport issued by Government of India.				
b	Ration Card with Photograph.	Ration card with photograph and residential address.				
с	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.				
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.				
е	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.				
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judical Magistrate etc.				
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.				
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.				
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.				
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).				
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).				
I	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).				
m	-	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).				
n	Identity card issued by Central / State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/ Regulatory Authorities, Public Sector Undertakings, Schedules				
	Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	Commercial Banks, Public Financial Institution for their Employees.				

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9. The Nodal Office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of nominee/ legal heir and declaration and attestation of the authorised person at Nodal Office shall send at below mentioned address for processing of the withdrawal claim for record keeping within 90 days from the date of approval:

NPS Claims Processing Cell

Central Record Keeping Agency, NSDL e-Governance Infrastructure Ltd, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai - 400013.

10. Annuity Service Providers

There are 13 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order).

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Sr.	ASP Name	Default	annuty	Other than default annuity	
No.		Minimum	Minimum	Minimum	Minimum
		Age	Corpus	Age	Corpus
1	Bajaj Allianz Life Insurance Co. Ltd.	37	25,000	37	25,000
2	Canara HSBC OBC Life	45	2,25,000	45	2,25,000
3	Edelweiss Tokio	-	-	40	2,00,000
4	HDFC Life Insurance Co. Ltd.	30	Any Amount	20	Any Amount
5	ICICI Prudential Life Insurance Co. Ltd.	18	Any Amount	30	Any Amount
6	IndiaFirst Life Insurance Co. Ltd.	40	10,000	40	10,000
7	Kotak Mahindra Life Insurance Co. Ltd.	45	2,24,000	45	2,24,000
8	Life Insurance Corporation of India	20	50,000	30	50,000
9	Max Life Insurance Co. Ltd.	-	-	50	2,50,000
10	PNB MetLife Insurance Co. Ltd.	18	3,00,000	18	3,00,000
11	SBI Life Insurance Co. Ltd.	18	50,000	18	50,000
12	Star Union Dai-ichi Life Insurance Co. Ltd.	45	1,00,000	45	1,00,000
13	TATA AIA Life Insurance Co. Ltd.	45	2,24,200	45	2,24,200

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the withdrawal form:

- 1. Annuity for life On death of the annuitant, payment of annuity ceases.
- 2. Annuity for life with return of purchase price on death On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee
- 3. Annuity payable for life with 100% annuity payable to spouse on death of annuitant On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
- 4. Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse If the spouse predeceases the annuitant, payment

of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber (applicable to government sector subscriber).

The more details on the availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npscra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

NPS - Family Income Scheme with return of purchase price

- 11. As per regulation 3 (c), at least 80% out of the total accumulated pension wealth of the subscriber shall be mandatorily utilised for purchase of annuity and the Annuity contract shall provide for annuity for life of the spouse of the subscriber (if any) with the provision of return of purchase price. Further details of the annuity scheme are described under Regulation 3(c) provides that the annuity contract shall provide annuity for life of the spouse of the subscriber (if any) with provision for return of purchase price of the annuity and upon the demise of such spouse be re-issued to the family members in the order specified hereunder at the premium rate prevalent at the time of purchase of the annuity, utilizing the purchase price required to be returned under the contract (until all the members given below are covered):
 - (a) living dependent mother of the deceased subscriber ;
 - (b) living dependent father of the deceased subscriber .

After the coverage of all such members, the purchase price shall be returned to the surviving children of the subscriber and in absence of children, to the legal heirs of the subscriber as applicable.

- 12. The balance of the accumulated amount shall be paid as lump sum to the nominee(s) or legal heirs, as the case may be, of such subscriber.
- 13. If the accumulated pension wealth in the permanent retirement account of the subscriber at the time of his death is equal to or less than five lakh rupees, the nominee/legal heirs, has the option to withdraw the entire accumulated pension wealth by submitting request come undertaking form without purchase of annuity. Upon exercise of this option the right of the family members to receive any pension or other amounts under the National Pension System shall extinguish.
- 14. The nominee/claimant claiming the lump sum amount needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on and overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee/claimant through electronic mode of payment.