**NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM**

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

**Please select your category**

<table>
<thead>
<tr>
<th>Central Govt.</th>
<th>Central Autonomous Body</th>
<th>State Gov.</th>
<th>State Autonomous Body</th>
<th>Corporate Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>All Citizen Model</td>
<td>State</td>
<td>State Autonomous Body</td>
<td>Corporate Sector</td>
</tr>
<tr>
<td>NPS Lite (GDS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**To,**

National Pension System Trust.

Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

To open your account

**KYC Number**

Please refer Sr. No. 1 of the instructions

**Retirement Adviser Code**

Please refer Sr. No. 1 of the instructions

**Spouse Name**

Please refer Sr. No. 1 of the instructions

**Address**

Please see instructions page 2

1. **PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)**

<table>
<thead>
<tr>
<th>Name of Applicant in full</th>
<th>Shri</th>
<th>Smt.</th>
<th>Kumari</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Middle Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber’s Maiden Name (if any)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Father’s Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Refer Sr. No. 1 of instructions)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mother’s Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Refer Sr. No. 1 of instructions)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Father’s name will be printed on PRAN card. In case, mother’s name to be printed instead of father’s name [ Please tick (✓) ]

**Date of Birth**

DD / MM / YYYY (Date of Birth should be supported by relevant documentary proof)

**City of Birth**

**Country of Birth**

**Gender** [ Please tick (✓) ]

Male ☑ Female ☐ Others ☐

**Nationality**

Indian ☑

**Marital Status**

Married ☑ Unmarried ☐ Others ☐

**Spouse Name**

Please refer Sr. No. 1 of the instructions

2. **PROOF OF IDENTITY (Pol)**

<table>
<thead>
<tr>
<th>ID</th>
<th>Passport Expiry Date</th>
<th>PAN Card</th>
<th>Driving License Expiry Date</th>
<th>UID (Aadhaar) (UDI [ Aadhaar] number not required.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter ID Card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving License</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NREGA JOB Card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**As per the amendments made under Prevention of Money Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.**

3. **PROOF OF ADDRESS (PoA)**

<table>
<thead>
<tr>
<th>Correspondence Address</th>
<th>Permanent Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others</td>
<td>Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others</td>
</tr>
</tbody>
</table>

Registered Lease/Sale agreement of residence/Municipal Tax Receipt [Landline or postpaid mobile Bill]

Registered Lease/Sale agreement of residence/Municipal Tax Receipt [Landline or postpaid mobile Bill]

**Address Type**

<table>
<thead>
<tr>
<th>Residential/Business</th>
<th>Residential</th>
<th>Business</th>
<th>Registered Office</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat/Room/Door/Block no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises/Building/Village</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road/Street/Lane</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area/Locality/Taluk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town/District</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State/U.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address Type**

<table>
<thead>
<tr>
<th>Residential/Business</th>
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<tbody>
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<td>Flat/Room/Door/Block no.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Premises/Building/Village</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Area/Locality/Taluk</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City/Town/District</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State/U.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. CONTACT DETAILS
Tel. (Off) (with STD code) + 
Tel. (Res): (with STD code) + 
Mobile* (Mandatory) + 9 1 
Email ID

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)
• Occupation Details* [please tick(✓)]
  - 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
• Educational Qualifications
  - Below SSC
  - SSC
  - HSC
  - Graduate
  - Masters
  - Professionals (CA, CS, CMA, etc.)
• Please Tick If Applicable
  - Politically exposed person
  - Related to Politically exposed Person

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(✓)]
  - Savings A/c
  - Current A/c
- Bank A/c Number
- Bank Name
- Branch Name
- Branch Address
- Branch Address
- Branch Address
- Branch Address
- Branch Address
- Pin Code
- State/U.T. Country
- Bank MICR Code
- IFS Code

8. SUBSCRIBERS NOMINATION DETAILS* (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)
- First Name
- Middle 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.
- Please Note:
  - In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
  - 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 be made as per Auto Choice (LC 50).
### (iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected ‘Active Choice’ the investment option)

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>E (Cannot exceed 75%)</th>
<th>C (Max up to 100%)</th>
<th>G (Max up to 100%)</th>
<th>A (Cannot exceed 5%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choices in Govt sector</th>
<th>Not available</th>
<th>Available</th>
<th>Not available</th>
</tr>
</thead>
</table>

In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class ‘G’ only.

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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

### (iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the ‘Auto Choice’ investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

<table>
<thead>
<tr>
<th>Life Cycle (LC) Funds</th>
<th>Please Tick (+) Only One</th>
<th>Choices in Govt sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC 75</td>
<td></td>
<td>Not available</td>
</tr>
<tr>
<td>LC 50</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>LC 25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:
1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only

### 11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

#### Section I*

**US Person**  Yes [ ] No [ ]

#### Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Country (1)</th>
<th>Country (2)</th>
<th>Country (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/countries of tax residency</td>
<td>Address Line 1</td>
<td>City/Town/Village</td>
<td>State</td>
</tr>
<tr>
<td>Address in the jurisdiction for Tax Residence</td>
<td>ZIP/Post Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Identification Number (TIN)/Functional equivalent Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validity of documentary evidence provided (Wherever applicable)</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>

*I certify that:

a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI)/ IRDAI/ PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date [ ] / [ ] / [ ]

Place: ____________________________

Name of subscriber ____________________________

Signature/Thumb Impression* of Subscriber in black ink

(* LTI in case of male and RTI in case of females)
12. DECLARATION BY SUBSCRIBER*( Please refer to Sr no. 8 of the instructions )

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date _______ / ________ / _______

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 Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining _______ / ________ / _______

Employee Code/ID (If applicable) ________________________________________________________________

PPAN (If applicable) ______________________________________________________________

Group of Employee (Tick as applicable) Group A Group 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 by _____________________________________ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)

Rubber Stamp of the DDO (In the box above)

Signature of the Authorised person (In the box above)

Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO (In the box above)

Designation of the Authorised Person

Name of the DDO

Deptt/Ministry

Designation of the Authorised Person

Name of DTO/PAO/CDDO/DTA/PrAO

Date _______ / ________ / _______

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining _______ / ________ / _______

Employee Code/ID ______________________________________________________________

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____________________________________ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read the entries / entries have been read over to him/her by us and got confirmed by him/her.

Date _______ / ________ / _______

Place

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)
**15. DECLARATION BY THE AGGREGATOR**

Applicable to NPS Lite Subscribers

Authorisation by Aggregator’s office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed/thumb impressed before me by __________________________ after (s)he has read the entries/entries have been read over to her/him by me.

<table>
<thead>
<tr>
<th>Signature of the Authorised person (In the box above)</th>
<th>Rubber Stamp of the Aggregator (In the box above)</th>
</tr>
</thead>
</table>

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 any): __________________________

Place: __________________________ Date: __________________________

**16. TO BE FILLED BY POP-SP**

Receipt No. (17 digits): __________________________ POP-SP Registration Number: __________________________

Document accepted for date of Birth Proof:

Copy of PAN card submitted: YES [ ] NO [ ]

KYC Compliance: YES [ ] NO [ ]

Documents Received:

(Originals Verified) Self Certified [ ] (Attested) True Copies [ ]

Identity Verification: Done [ ]

Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum __________________________ is an existing KYC verified customer. The above applicant is having an operative Bank/Demat/Folio/_________________ account (specify nature of the account) having account number/client ID __________________________ maintained at ______________ branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. We further confirm that the Savings Bank a/c of Sh/Smt/Kum ______________ is not a ‘Basic Savings Bank Deposit Account’ (applicable in case of Bank PoP).

To be filled by POP-SP

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
</tr>
<tr>
<td>Place:</td>
</tr>
</tbody>
</table>

POP-SP Seal: __________________________ Signature of Authorized Signatory: __________________________ Date: __________________________

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by: __________________________ CRA-FC Registration Number: __________________________

Received at: __________________________ Date: __________________________

Acknowledgement Number (by CRA-FC): __________________________

PRAN Alloted: __________________________

ACKNOWLEDGEMENT

Name of the Subscriber: __________________________

Contribution Amount Remitted: ₹ __________________________

Date of Receipt of Application and Contribution Amount: __________________________
### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

#### General Guidelines

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.

(b) In case, you mention the KYC number submission of proof for the same is necessary.

(c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.

(d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the readability of the subscriber, the application shall not be accepted.

(e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.

(f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

(g) The subscriber’s thumb’s impression should be verified by the designated officer of POP-SP / Nodal Office.

#### S. No. Item No. Item Details Instructions

<table>
<thead>
<tr>
<th>S. No</th>
<th>Item Details</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal Details</td>
<td>i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians &amp; Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father’s name and mother’s name and shall select the option to be printed on PRAN Card.</td>
</tr>
<tr>
<td>2</td>
<td>Spouse Name</td>
<td>If married, spouse name is mandatory.</td>
</tr>
<tr>
<td>3</td>
<td>Father’s Name</td>
<td>i. Father’s name is mandatory. ii. If father’s name has more than 30 digits, you may fill Annexure II for the same.</td>
</tr>
<tr>
<td>4</td>
<td>Mother’s Name</td>
<td>i. Mother’s name is mandatory. ii. If Mother’s name has more than 30 digits, you may fill Annexure II for the same.</td>
</tr>
<tr>
<td>5</td>
<td>Date of Birth</td>
<td>Please ensure that the date of birth matches as indicated in the document provided in the support.</td>
</tr>
<tr>
<td>6</td>
<td>Identity, Correspondence &amp; Permanent address details</td>
<td>a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer. b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. c) For more information / clarifications, contact CRA.</td>
</tr>
<tr>
<td>7</td>
<td>Politically Exposed Person</td>
<td>i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians &amp; Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father’s name and mother’s name and shall select the option to be printed on PRAN Card.</td>
</tr>
<tr>
<td>8</td>
<td>Subscribers Bank Details</td>
<td>For Tier I &amp; Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.</td>
</tr>
<tr>
<td>9</td>
<td>Subscribers Nomination Details</td>
<td>In case of more than one nominee, percentage share value for all the nominees must be an integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.</td>
</tr>
<tr>
<td>10</td>
<td>Pension Fund (PF) Selection and Investment Option</td>
<td>Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class ‘G’ under Actice Choice and in Life Cycle Funds - LC 50 or LC 25 under ‘Auto Choice’. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.</td>
</tr>
<tr>
<td>11</td>
<td>Declaration by subscriber on FATCA Compliance</td>
<td>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</td>
</tr>
<tr>
<td>12</td>
<td>Declaration by Subscriber</td>
<td>Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/PFP-SP/Nodal office with the official seal and stamp. Left Thumb impression in case of males and Right Thumb impression in case of females.</td>
</tr>
</tbody>
</table>

#### General Information for Subscribers

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer. Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

- For more information / clarifications, contact CRA.

- Website: https://www.npscra.nsdl.co.in
- Phone: 022-4090 4242
- Address: Central Recordkeeping Agency (CRA)
- NSDL e-Governance Infrastructure Limited
  1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013

- Note: In case the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.

- If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications of correspondence address. If correspondence address & Permanent address are different, then proof for both have to be submitted. (iii) KYC document may be submitted within a period of 30 days of opening of account. (Only for Government Subscribers)
## Equity Allocation Matrix for Active Choice

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Max. Equity Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 50</td>
<td>75%</td>
</tr>
<tr>
<td>51</td>
<td>72.50%</td>
</tr>
<tr>
<td>52</td>
<td>70%</td>
</tr>
<tr>
<td>53</td>
<td>67.50%</td>
</tr>
<tr>
<td>54</td>
<td>65%</td>
</tr>
<tr>
<td>55</td>
<td>62.50%</td>
</tr>
<tr>
<td>56</td>
<td>60%</td>
</tr>
<tr>
<td>57</td>
<td>57.50%</td>
</tr>
<tr>
<td>58</td>
<td>55%</td>
</tr>
<tr>
<td>59</td>
<td>52.50%</td>
</tr>
<tr>
<td>60 &amp; above</td>
<td>50%</td>
</tr>
</tbody>
</table>

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.