

Annexure – Additional Details For Death Withdrawal

1.	PRAN*	
2.	Subscriber Full Name*	First Middle Last
3.	Marital Status of the Subscriber*	Married <input type="checkbox"/> Unmarried/Others <input type="checkbox"/>
4.	Maiden Name (in case of female married subscriber)	
5.	Spouse's Name (only if subscriber was married & spouse is alive)	First Middle Last
6.	Spouse Gender (only if subscriber was married & spouse is alive)	Male <input type="checkbox"/> Female <input type="checkbox"/>
7.	Name of the Claimant*	First Middle Last
8.	PAN of Claimant*	
9.	CKYC Number	
10.	Are you a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Are you related to a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Do you have any history of conviction under any criminal proceedings in India or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details	
13.	Mobile No*	
14.	Email ID*	

Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option)

Family member Details for providing annuity as chosen by the Subscriber.

Sr.No	Details	Name	Aadhar/VID	PAN ^s	Date of Birth
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1(if living)				DD / MM / YYYY
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.

Fields marked with* are mandatory.

\$Mandatory 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.

Date : DD/MM/YYYY

* Signature/Thumb Impression of the Claimant

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

Subscriber's Annuity Details - (Not to be filled in case of complete withdrawal)

Select Annuity Service Provider (please tick one of the below options as per your choice)

Life Insurance Corporation of India ICICI Prudential Life Insurance SBI Life Insurance Company Ltd

Select Annuity Scheme:

NPS-Family Income option (Default annuity)

Select Annuity Frequency:

Monthly

Declaration by the Proposer: (Not to be filled in case of complete withdrawal)

I hereby declare that the foregoing statements and information's 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 premium 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 states 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 final Annuity amount would be subject to the actual corpus value to be utilized for the 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 of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness:

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 documents to the proposer in _____ language that he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully 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

Place _____ Date: DD / MM / YYYY

Signature / Left thumb Impression of the Proposer

Declaration & Attestation by Nodal Office

TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP

- I/we have verified the documents as submitted by the Claimant with the originals and authorized this application for processing of the subject claim of the claimant. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Claimant Sh/Smt/Ms _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
- That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
- That Identity of the Subscriber/Claimant is certified as provided in the withdrawal form above. The name of Subscriber/Claimant as mentioned on the withdrawal form has been verified and can be accepted as final.
- 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 claimant as provided in bank details section have been checked and verified in the same can be accepted for payment.

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorized Person

DDO/POP-SP/NICC Registration Number _____

Designation of the Authorized Person : _____ DDO/POP-SP/NICC Office Name: _____ Date: _____

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorized Person

DTO/PAO/POP/ Aggregator Registration Number _____

Designation of the Authorized Person : _____ DTO/PAO/POP/ Aggregator Office Name: _____ Date: _____