

## National Pension System (NPS) - Request for Subscriber Shifting

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in \* are mandatory.)

### **Section A - General Information\*** (Mandatory for all sector Subscribers. Please tick the respective block which is applicable.)

I) Subscriber's Name \*: \_\_\_\_\_  
(First Name)
(Middle Name)
(Last Name)

II) PRAN (Permanent Retirement Account Number) \*:                           

III) Existing PRAN association (Refer Instruction No. I)

a) Sector: \* All Citizens of India (UOS)  Corporate Sector

b) CBO / POP-SP Reg. No: \* \_\_\_\_\_ CBO / POP-SP Name: \* \_\_\_\_\_

IV) Target PRAN association (Refer Instruction No. II)

a) Sector: \* All Citizens of India (UOS)  Corporate Sector

b) CBO / POP-SP Reg. No: \* \_\_\_\_\_ CBO / POP-SP Name: \* \_\_\_\_\_

V) PAN                     

### **Section B - Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector**

#### I. Subscriber Scheme Preference\*:

Do you wish to continue with the existing Pension Fund and Investment Option: Yes  No  (If 'No, please fill page 2)

- If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.

#### II. Employment Details\* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)

a) Date of Joining\*:                 

b) Date of Retirement\*:                 

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c) Employee ID\*:                           

d) CHO Reg No\*:             

Certified that the above declaration has been signed before me by \_\_\_\_\_ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Corporate.

Signature of the Authorised Person \_\_\_\_\_

Designation of the Authorised Person \_\_\_\_\_

Rubber Stamp of the Corporate

#### **Declaration (Applies to Subscribers across all sectors):**

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date \_\_\_\_\_

Signature/Left Thumb impression of Subscriber\* \_\_\_\_\_

**SUBSCRIBER SCHEME PREFERENCE:****(i). PENSION FUND SELECTION – (TIER I): Please read below conditions before opting for the choice of Pension Funds:**

- All Citizens of India Sector:** Subscribers have the option to choose the available PFs as per their choice in the table below.
- Corporate Sector:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

<u>Name of the Pension Fund (Please select only one)</u>	<u>Please Tick (✓) only one</u>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>
TATA Pension Management Limited	<input type="checkbox"/>
Max Life Pension Fund Management Limited	<input type="checkbox"/>
Axis Pension Fund Management Limited	<input type="checkbox"/>

**(ii). INVESTMENT OPTION** [Please Tick (✓) in the box given below showing your investment option].

Active Choice  Auto Choice

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)**

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note:1. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts. Etc.
Specify %					100%	

Please note that 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.)**

Life Cycle (LC) Funds	Please Tick (✓) Only One	Note:
LC75	<input type="checkbox"/>	1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC50	<input type="checkbox"/>	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC25	<input type="checkbox"/>	3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

Date:

Place:

Name of Subscriber: \_\_\_\_\_

Signature/Thumb Impression\* of Subscriber in black ink  
(\* LTI in case of male and RTI in case of females)

For Office use only (To be filled up by the officer accepting the form)

POP / POP SP registration number: _____	Date: _____																					
Name: _____	Place: _____																					
Designation: _____	POP / POP SP receipt number:																					
Signature: _____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
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**INSTRUCTIONS FOR FILLING THE FORM**

- I. Details of the CBO / POP-SP with which the PRAN is currently associated
- II. Details of the CBO / POP-SP with which the PRAN will be associated after shifting
- III. Please quote the correct PRAN and attach a copy of the PRAN card
- IV. This form is to be used by the Subscriber only
- V. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014)