

INSTRUCTIONS FOR FILLING IN THE FORM

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/
of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

3rd Nominee

First Name <div></div>	First Name <div></div>	First Name <div></div>
Middle Name <div></div>	Middle Name <div></div>	Middle Name <div></div>
Last Name <div></div>	Last Name <div></div>	Last Name <div></div>

Address of 3rd Nominee

[illegible]

3rd Nominee

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
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3rd Nominee's Guardian Details

First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Signature/ Thumb Impression* of the Subscriber

1 of 2

TO BE FILLED/ATTESTED BY POP-SP

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms._____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP

Signature of the Authorised Person

POP-SP Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP Office Name : _____

Date

d

d

/

m

m

/

y

y

y

y

TO BE FILLED/ATTESTED BY POP/POP-SP

Rubber Stamp of the POP/POP-SP

POP/POP-SP Registration Number
(Allotted by CRA): _____

Signature of the Authorised Person