

कार्यालय रक्षा लेखा प्रधान नियंत्रक (सीमा सड़क)

Pr. Controller of Defence Accounts (BR)

सीमा सड़क भवन, रिंग रोड

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EDP/1021/NPS/XIV

Dated: 06/06/2018

To

The CDA (BR)
Udayan Vihar
Narangi
Guwahati-781171


The JCDA (BR)
Sector 48-C
Chandigarh-160048

The PAO (GREF)
Dighi Camp
Pune-411015

The Admin-III Section
(Local)

Subject: Revised Inter Sector Shifting Form under NPS (PAN & Aadhaar non mandatory).

Please find enclosed a copy of NSDL email dated 01-06-2018 on the subject matter. In this regard it is intimated that the existing Inter Sector Shifting (ISS) form has been modified in line with the new Subscriber registration form. The modified ISS form approved by PFRDA is attached as annexure. The form is also available on CRA website. (www.npscra.nsd.co.in).


(Surendra Koolwal)
AO (EDPS)

Copy to:

✓ 1. The EDP Section
(Local)

for uploading on website.


(Surendra Koolwal)
AO (EDPS)

National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited

(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 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: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No.: * _____ DDO / CBO / POP-SP Name: * _____

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

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No.: * _____ DDO / CBO / POP-SP Name: * _____

V) PAN

VI) Aadhaar

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

VII) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)

Nominee's Name: _____
(First Name) (Middle Name) (Last Name)

Relationship with the Nominee: Date of Birth (In Case of Minor):
D D M M Y Y Y Y

Nominee's Guardian Details (in case of a minor): _____
(First Name) (Middle Name) (Last Name)

Section B - Additional information for Subscribers shifting to Government Sector (All Details are Mandatory)

[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. IX & X]

a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)

c) Group of the Employee: A B C D

d) Office:

e) Department:

f) Ministry:

g) Basic Salary:

h) Pay Scale:

Certified that the above declaration has been signed / thumb impressed 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 Department

Signature of the Authorised Person _____

Rubber Stamp of the DDO

Designation of the Authorised Person _____

Name of the DDO _____

Date _____

Department / Ministry _____

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / 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. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be 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.
- VII. Active choice - Under Active choice, Subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
 - a) PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
 - b) Allocation under Equity (E) cannot exceed 50.
 - c) A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VIII. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
 - a) A Subscriber opting for Auto Choice must also select a PFM. The form shall be rejected if a PFM is not opted for.
 - b) In case both investment option and the asset allocation table are left blank, the Subscriber's funds will be invested as per Auto Choice.

For more details on investment options and asset classes, please refer to the scheme information available on CRA website (www.npskra.ndsl.co.in).
- IX. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- X. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- XI. 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).
- XII. Illustrative list of documents acceptable as proof of identity and address.

S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India	1	Passport issued by Government of India
2	Ration card with photograph	2	Ration card with photograph and residential address
3	Bank Pass book or certificate with Photograph	3	Bank Pass book or certificate with photograph and residential address
4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.
5	Voters Identity card with photograph and residential address	5	Voters Identity card with photograph and residential address
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.
12	Photo Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)

Note:

You are required to bring original documents & two self-attested photocopies for verification.

I. SUBSCRIBER SCHEME PREFERENCE:**(i). PENSION FUND SELECTION – TIER I** (Select only one PFM)

PFM Name (in alphabetical order)	Please Tick (√) only one
Birla Sunlife Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
Reliance Capital Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

(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) ASSET ALLOCATION (To be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note: 1. 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. 2. 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, Invts etc
Specify %						

(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: 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
LC75	<input type="checkbox"/>	
LC50	<input type="checkbox"/>	
LC25	<input type="checkbox"/>	

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

Date: _____ Place: _____

Name of Subscriber: _____

ADDITIONAL NOMINATION FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: VI). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

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.

1. Name of the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
First Name _____	First Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____

2. Present Communication address of the Nominees*:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date of Birth* (Only in case of a minor. In DD/MM/YYYY):

1st Nominee: ___/___/___	2nd Nominee: ___/___/___	3rd Nominee: ___/___/___
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4. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
_____	_____	_____

5. Percentage Share*:

1st Nominee _____%	2nd Nominee _____%	3rd Nominee _____%
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6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	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

Dated this _____ day of _____ 20 at _____

TO BE FILLED/ATTESTED BY POP-SP/DDO

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/DDO

Signature of the Authorised Person

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

Designation of the Authorised Person : _____

POP-SP/DDO Office Name _____

Date: _____

TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA/PrAO

POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number
(Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO

Signature of the Authorised Person