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SWAVALAMBAN NATIONAL PENSION SYSTEM

Application for Allotment of Permanent Retirement Account Number (PRAN) under NPS Lite (To be filled by FC) Acknowledgement No. To affix recent Coloured photograph of the subscriber Permanent Retirement Account Number: (To be filled after PRAN generation) $(3.5 \text{ cm} \times 2.5 \text{ cm})$ Sir/Madam, I hereby request that a NPS-Lite account be opened in my name and Permanent Retirement Account number (PRAN) be allotted based on the particulars given below: (To avoid mistake, please follow the accompanying instructions carefully before filling up the form. * indicates Mandatory Field) Signature/Left Thumb Impression of Subscriber in black ink 1. Full Name (Full expanded name: initials are not permitted): Shri (Please Tick as applicable) Smt. Kumari First Name * Middle Name Last Name (If Yes, please provide the details on Page No. 2) I would like my PRAN card to be printed in HINDI: No 3. Date of Birth * (DD/MM/YYYY) 2. Gender * Please Tick as applicable, Male Female 4. Father's Full Name: First Name * Middle Name Last Name 5. Subscriber Mobile Number: 6. Membership Number allotted by Aggregator (if any): 7. Subscriber's Address (**OPTIONAL.** If provided details marked with * are mandatory) Flat/Unit No, Block no. * Name of Premise/Building/Village Area/Locality/Taluka District/Town/City State / Union Territory Country * Pin Code * 8 Subscribers Bank Details: (OPTIONAL. If provided details marked with * are mandatory) Savings A/c Current A/c Bank A/c Number * Bank Name Bank Branch Bank Address

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Pin Code		
Bank MICR Code		
Bank Branch IFSC [Indian Financial Systems Code)		
9. Details of Pension Fund Manager (Refer to instruction No. g):		
PFM Name (in alphabetical order)	Please tick only one	
As Per Central Government Scheme (Refer to instruction No.h)		
ICICI Prudential Pension Funds Management Company Limited		
IDFC Pension Fund Management Company Limited		
Kotak Mahindra Pension Fund Limited		
Reliance Capital Pension Fund Limited		
SBI Pension Funds Private Limited		
UTI Retirement Solutions Limited		
(For the present the choice of PFM is given at the Aggregator level and the PFM selected subscriber. However in future PFRDA at its dicretion may give choice to individual subscriber.		applicable to all its underlying
10. Subscribers Nomination Details: (OPTIONAL – please refer to Sr. No. i of the instruction	5)	
1. Name of the Nominee: 1st Nominee 2nd Nominee		rd Nominee
First Name First Name	First Name	
Middle Name Middle Name	Middle Name	
Last Name Last Name	Last Name	
2. Date of Birth (In case of a minor):		
1st Nominee 2nd Nominee 2nd Nominee	3rd Nominee	
3. Relationship with the Nominee: 1st Nominee 2nd Nominee	3rd Nominee	
4. Percentage Share:		
1st Nominee	% 3rd Nominee	%
1st Nominee's Guardian Details 2nd Nominee's Guardian Details		e's Guardian Details
First Name First Name	First Name	
Middle Name	Middle Nome	
Middle Name Middle Name	Middle Name	
Last Name Last Name	Last Name	
Last Ivalie	Last Name	
Declaration & Authorization		
I heraby dealers and agree that (a) I have read and understood the Offer Deaum	ont tarms le conditions or th	as same was interpreted to me
I hereby declare and agree that (a) I have read and understood the Offer Docume and the answers entered in the application are mine. (b) I am a Citizen of India.		
mind under any law for the time being in force. (d) I am not an undischarged insol		
Declaration under the Prevention of Money Laundering Act, 2002		
I hereby declare that: 1. The contribution paid has been derived from legally declared and assess	ed sources of income.	

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I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

3. I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

I, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.		
Date: (DD/MM/YYYY)	Signature/Thumb Impression* of Subscriber	
Authorization by Aggregator Office (NL-AO):		
Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare	that subscriber is eligible to join NPS and the	
above declaration has been signed / thumb impre-		
/ her by me.	the entries / entries have been read over to him	
, not by me.		
(Rubber Stamp of the	e Aggregator)	
Signature of the Authorised Person	66 (6)	
Name of the Aggregator: NPS Lite- Account office (NL-AO) Registration	on Number:	
Date:/ Place: NPS Lite- Collection Centre (NL-CC) Registration Number	r:	

INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. 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 canceling and re-writing and such corrections should be countersigned by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete.
- f) The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form.
- g) Investments would be made as per the Investment norms prescribed for Central Government Employees, through the selected Pension Fund Manager
- NPS Lite also provide option to select scheme applicable to Central Government Employees (mandatorily covered under NPS). The investment is made across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA.
- i) Subscriber's Nomination Details

Percentage Share:

- Subscriber can nominate a maximum of three nominees.
- Subscriber cannot fill the same nominee details more than once.
- 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).
- 4) 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.

Nominee's Guardian Details:

5) If a nominee is a minor, then nominee's guardian details shall be mandatory.

GENERAL INFORMATION FOR SUBSCRIBERS

- a) The Subscriber can obtain the status of his/her application from the respective Aggregator.
- b) For more information Visit us at http://www.npscra.nsdl.co.in or Call us at 022-24994200 or e-mail us at info.cra@nsdl.co.in or write to Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

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Details for printing PRAN card	in Hindi (please	provide the	details in Devna	agri script):
(* indicates Mandatory Field)				

Please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However,

late of birth will be p	rinted in Eng	glish only.	•			
Subscriber's Full	Name:					
First Name *	:					
Middle Name	:					
Last Name	:					
Father's Full Nan	ne:					
First Name *	:					
Middle Name	:					
Last Name	:					
					Signature/Th Impression of the	
				Name of the subso	eriber:	