

National Pension System

Form 401-AN

Annexure for Additional Nomination Details

INSTRUCTIONS FOR FILLING UP THE 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pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn (Please refer general instruction no: 6) is to be provided hereunder. Also, please note that in case of demise of the subscriber after opting for the phased withdrawal, all the outstanding pension wealth out of the phased lump sum withdrawal in the account of the subscriber will be paid to the nominee(s) 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)/non-member(s) of my family to receive the amount that may stand to my credit in the National Pension System as indicated below, in the event of my death before that eligible accumulated pension wealth amount has become payable or having become payable has not been paid.

1. Name of the Nominee*:

1st Nominee

2nd Nominee

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

3. Date of Birth* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y

4. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share*:

1st Nominee	2nd Nominee	3rd Nominee
%	%	%

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

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

Form 401-AN

Dated this _____ day of _____ 20 _____ at _____

Particulars	1 st Witness	2 nd Witness
Name		
Address		
Signature		

Signature/ Thumb Impression of the Subscriber*

***Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.**

TO BE FILLED/ATTESTED BY DDO/POP-SP

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

Stamp of the DDO/POP-SP/CBO

Signature of the Authorised Person

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

Designation of the Authorised Person : _____

Date :

D	D	M	M	Y	Y	Y	Y

DDO/POP-SP/CBO Office Name : _____

TO BE FILLED/ATTESTED BY PAO/DTO/POP/CHO

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Stamp of the PAO/DTO/POP/CHO

PAO/DTO/POP/CHO Registration Number (Allotted by CRA)

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Signature of the Authorised Person