

| NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Private Sector | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|---|--|--|--|----------------------------------|--|--|--|--|--|---------|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| PRAN Card & Kit* <small>(refer sl no.1 of instructions)</small> | | i. PRAN Card (please tick(v)) <input type="checkbox"/> ePRAN Card <input type="checkbox"/> Physical PRAN Card | | | | | | | | | | ii. Account Opening Kit (please tick(v)) <input type="checkbox"/> Through Email <input type="checkbox"/> Physical Kit (Courier) | | | | | | | | | | <div>Paste recent passport size photograph (3.5 cm × 2.5 cm size)</div> <div>Do not sign across Do not staple / clip</div> | | | | | | | | | | | | | | |
| Print my PRAN in Hindi | | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes, please submit details as per Annexure I | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select your category* | | | | | | | | | | <input type="checkbox"/> Corporate <input type="checkbox"/> All Citizen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To National Pension System Trust Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below: <small>* indicates mandatory fields. Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page).</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CKYC Identifier | | | | | | | | | | | | | | | | | | | | RA Code | | | | | | | | | | | | | | | | |
| 1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions) Use Annexure II if name exceeds the space provided below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salutation* | | <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name* | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's Name | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Either Father's or Mother's name is mandatory* | | Select the name to appear on PRAN Card <input type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth* | | d d m m y y y y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of Birth* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender* | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | | | | | | | | | | Nationality* | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status* | | <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorcee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse Name* (if married) | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN Card* | | or Form 60 furnished <input type="checkbox"/> Submission of PAN or Form 60 is mandatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income Range (per annum) | | <input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac to 1 Cr <input type="checkbox"/> Above 1 Cr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation Details* | | <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please Tick If Applicable | | <input type="checkbox"/> Politically exposed person <input type="checkbox"/> Related to Politically exposed person (Please refer instruction no. 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. PROOF OF IDENTITY AND ADDRESS* (Refer Sr. No. 2 of the instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport | | | | | | | | | | | | Passport Expiry Date | | | | | | | | | | d d m m y y y y | | | | | | | | | | | | | | |
| Driving License | | | | | | | | | | | | Driving License Expiry Date | | | | | | | | | | d d m m y y y y | | | | | | | | | | | | | | |
| Voter ID Card | | | | | | | | | | | | Proof of possession of Aadhaar | | | | | | | | | | Provide last four digits | | | | | | | | | | | | | | |
| NREGA Job Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Population Register | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. ADDRESS DETAILS* (As per the proof submitted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | V i l l a g e / C i t y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | State/U.T. | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | PIN Code | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. CONTACT DETAILS* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile* | | 9 1 | | | | | | | | | | Telephone with STD code) | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. BANK DETAILS* (Proof to be submitted - Refer Sr no. 3 of the instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Type | | <input type="checkbox"/> Saving A/c <input type="checkbox"/> Current A/c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank A/c Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | IFS Code | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. NOMINATION DETAILS* (Refer Sr no. 4 of the instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. The nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. A fresh nomination shall be made by the subscriber on his/her marriage. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee Name | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | | | | | | | | | | | Age | | Date of Birth (In case of Minor) | | | | | | | | | | D D / M M / Y Y Y Y | | | | | | | | | | | | |
| Name of Guardian <small>(if nominee is a minor)</small> | | F i r s t M i d d l e L a s t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr no. 5 of the instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Maximum equity allocation under active choice is restricted after 50 years of age. Refer instructions carefully before allocating percentage share in equity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. All Citizen: Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto Choice (LC 50). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Corporate Model: The PF / Investment Choice may be exercised in consultation with your Employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pension Fund* (Please Tick (v) one) | | | | | | | | | | | | | Investment Choice (Please Tick (v) one) | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd <input type="checkbox"/> HDFC Pension Mgmt Co Ltd <input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd <input type="checkbox"/> Kotak Mahindra Pension Fund Ltd <input type="checkbox"/> SBI Pension Funds Private Limited <input type="checkbox"/> LIC Pension Fund Limited <input type="checkbox"/> UTI Retirement Solutions Limited <input type="checkbox"/> Any other (please mention) | | | | | | | | | | | | | <input type="checkbox"/> Active Choice mention the % share in each asset class below | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | E (Upto75%) C (Upto 100%) G (Upto 100%) A (Upto 5%) Total | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | % Equity % Corp Bonds % Govt Sec % Alt Assets 100% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | OR | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | <input type="checkbox"/> Auto Choice select one life cycle fund below | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Conservative (LC25) <input type="checkbox"/> Moderate (LC50) <input type="checkbox"/> Aggressive (LC75) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Activate my Tier- II account (Please tick (v) to activate) Providing PAN is mandatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> with the same bank, nominee & invetsment details <input type="checkbox"/> with different bank/nominee/investment details as per Annexure IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instructions):

☐

I am a tax resident of India and not resident of any other country

☐

I am a tax resident of the country/ies mentioned below

US Person

☐

Yes

☐

No

| Particulars | Country (1) | Country (2) | Country (3) |
|---|-------------------|-------------|-------------|
| Country/countries of Tax Residency | | | |
| Address in the jurisdiction for Tax Residence | Address Line 1 | | |
| | City/Town/Village | | |
| | State | | |
| | ZIP/Post Code | | |
| Tax Identification Number (TIN)/Functional equivalent Number | | | |
| TIN/ Functional equivalent Number Issuing Country | | | |
| Validity of documentary evidence provided (Wherever applicable) | ddmmyyyy | ddmmyyyy | ddmmyyyy |

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature / Thumb Impression* of Applicant
(refer instructions)

10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be infomred to CRA / NPS Trust. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

Declaration under the Prevention of Money Laundering Act, 2002
I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date:

d

d

m

m

y

y

y

y

Place:

Signature / Thumb Impression* of Applicant
(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

11. DECLARATION BY EMPLOYER (All Details are Mandatory)

Date of Joining

d

d

m

m

y

y

y

y

Date of Retirement

d

d

m

m

y

y

y

y

Employee Code/ID

Non-mandatory if not available

CHO Registration Number

CBO Registration Number

It is certified that

is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Name of the Authorised Person

Designation of the Authorised Person

Date

Place

Signature of Authorised person

Rubber Stamp of the Employer

12. TO BE FILLED BY POP

Receipt No. (17 digits)

POP Registration Number

POP-SP Registration Number

Documents Received:

Existing Customer: I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer. The above applicant is having an operative Bank/ Demat/ Folio/ account (specify nature of the account) having account number /client ID..... maintained at branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

Name of the Authorised Person

Designation of the Authorised Person

Date

Place

Signature of Authorised person

Rubber Stamp of the PoP

ACKNOWLEDGEMENT

Name of the Subscriber:

Date of Receipt of Application:

d

d

m

m

y

y

y

y

Stamp and Signature of PoP

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

| SI | Item No | Item Details | Instructions | | | | | | | | | | | | | |
|----------------------------|--|--|---|--|----------------|---------|------|----|--|----|------|----|----------------------------------|----|------|------------|
| 1 | 1 | Option for PRAN Card and Kit | In case a subscriber opts not to have a physical PRAN Card or Welcome Kit, reduced account opening charges of CRA are applicable as under: | | | | | | | | | | | | | |
| | | | Account opening with Physical PRAN card (in Rs.) | | | | | | Account opening with ePRAN card (in Rs.) | | | | | | | |
| | | | | | | | | | Welcome kit sent in hardcopy | | | | Welcome kit sent vide email only | | | |
| | | ₹ | | | | | | ₹ | | | | ₹ | | | | |
| | | Father's Name, Mother's Name | (a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted. | | | | | | | | | | | | | |
| Politically Exposed Person | Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. | | | | | | | | | | | | | | | |
| 2 | 2 | Proof of Identity and Address | If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy | | | | | | | | | | | | | |
| 3 | 5 | Bank Details | For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code. | | | | | | | | | | | | | |
| 4 | 6 | Nomination Details | (a) If a subscriber has family at the time of making a nomination, the nomination shall be in favor of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favor of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100. | | | | | | | | | | | | | |
| 5 | 7 | Selection of Pension Fund (PF) & Investment Choice | In active choice, until age 50, the maximum allocation in Equity can be upto 75%. From 51 years and above, the equity allocation will be reduced as per the matrix given below. Applicants above 50 years of age should allot equity up to the permissible limit only. | | | | | | | | | | | | | |
| | | | Equity Matrix - Active Choice | | Age (years) | Upto 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 & above |
| | | | | | Max. Limit (%) | 75 | 72.5 | 70 | 67.5 | 65 | 62.5 | 60 | 57.5 | 55 | 52.5 | 50 |
| | | | 2. Corporate applicants may exercise these choices if the option is extended to them by the employer or else may be ignored | | | | | | | | | | | | | |
| 6 | 9 | FATCA & CRS Declaration | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. • In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form | | | | | | | | | | | | | |
| 7 | 9 & 10 | Declaration / Signature by Applicant | In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the authorised official of PoP attesting the same under his/her official seal and stamp. | | | | | | | | | | | | | |

| | | | |
|------------------------------------|------|----------|------|
| Applicable CRA charges: | NSDL | Kfintech | CAMS |
| Account Opening charges | ₹ | ₹ | ₹ |
| Account Maintenance Charges (p.a.) | ₹ | ₹ | ₹ |
| Charge per transaction | ₹ | ₹ | ₹ |

Annexures - Subscriber Registration Form for Private Sector applicants (Tick and fill applicable annexures below)☐ **Annexure I - Print PRAN Card in Hindi** (Fill the details in Devnagri script)

| | |
|----------------------------|--|
| Applicant's First Name | |
| Middle Name | |
| Last Name | |
| Father/Mother's First Name | |
| Middle Name | |
| Last Name | |

☐ **Annexure II - If characters of name exceeded the space provided on page 1 of the application form**

| | |
|------------------------|--|
| Applicant's First Name | |
| Middle Name | |
| Last Name | |
| Father's First Name | |
| Middle Name | |
| Last Name | |
| Mother's First Name | |
| Middle Name | |
| Last Name | |

☐ **Annexure III - Additional Nomination**☐ For Tier-I☐ For Tier-II☐ For both Tier-I & Tier-II

| | | | | | | | |
|------------------|--|-----------|-------------|---------|----------------------------------|---------------------|-------------------------------|
| Percentage Share | Nominee I | | Nominee II | | Nominee III | | Total should be equal to 100% |
| Nominee I | Nominee I - Name | F i r s t | M i d d l e | L a s t | | | |
| | Relationship | | Age | | Date of Birth (In case of Minor) | D D / M M / Y Y Y Y | |
| | Name of Guardian (if nominee is a minor) | F i r s t | M i d d l e | L a s t | | | |
| Nominee II | Nominee II - Name | F i r s t | M i d d l e | L a s t | | | |
| | Relationship | | Age | | Date of Birth (In case of Minor) | D D / M M / Y Y Y Y | |
| | Name of Guardian (if nominee is a minor) | F i r s t | M i d d l e | L a s t | | | |
| Nominee III | Nominee III - Name | F i r s t | M i d d l e | L a s t | | | |
| | Relationship | | Age | | Date of Birth (In case of Minor) | D D / M M / Y Y Y Y | |
| | Name of Guardian (if nominee is a minor) | F i r s t | M i d d l e | L a s t | | | |

☐ **Annexure IV - Activate Tier-II** (with Different Bank/Nomination/Investment Details - tick and fill as applicable)

| | | | | | | | | | | | | |
|--|---|--|--------------|---------------|---------------|-------------|-------|----------|--------------|------------|--------------|------|
| PAN* | | Copy of PAN to be attached | | | | | | | | | | |
| <input type="checkbox"/> No change in Bank details | <input type="checkbox"/> Bank details for Tier-II are as under: | | | | | | | | | | | |
| Account Type | <input type="checkbox"/> Saving A/c | <input type="checkbox"/> Current A/c | | | | | | | | | | |
| Bank A/c Number | | | | | | | | | | | | |
| Bank Name | | IFS Code | | | | | | | | | | |
| <input type="checkbox"/> No change in Nominee details | <input type="checkbox"/> Nominee details for Tier-II are as under: | | | | | | | | | | | |
| Nominee Name | F i r s t | M i d d l e | | | | | | | | | | |
| Relationship | | Age | | | | | | | | | | |
| Name of Guardian (if nominee is a minor) | F i r s t | M i d d l e | | | | | | | | | | |
| In case you desire to nominate more than one person, fill Annexure III above | | | | | | | | | | | | |
| <input type="checkbox"/> No change in Investment details | <input type="checkbox"/> Investment details for Tier-II are as under: | | | | | | | | | | | |
| Pension Fund* (Please Tick (v) one) | | Investment Choice (Please Tick (v) one) | | | | | | | | | | |
| <input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd | <input type="checkbox"/> HDFC Pension Mgmt Co Ltd | <input type="checkbox"/> Active Choice mention the % share in each asset class below | | | | | | | | | | |
| <input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd | <input type="checkbox"/> Kotak Mahindra Pension Fund Ltd | <table><tr><td>E (Upto75%)</td><td>C (Upto 100%)</td><td>G (Upto 100%)</td><td>A (Upto 5%)</td><td>Total</td></tr><tr><td>% Equity</td><td>% Corp Bonds</td><td>% Govt Sec</td><td>% Alt Assets</td><td>100%</td></tr></table> | E (Upto75%) | C (Upto 100%) | G (Upto 100%) | A (Upto 5%) | Total | % Equity | % Corp Bonds | % Govt Sec | % Alt Assets | 100% |
| E (Upto75%) | C (Upto 100%) | G (Upto 100%) | A (Upto 5%) | Total | | | | | | | | |
| % Equity | % Corp Bonds | % Govt Sec | % Alt Assets | 100% | | | | | | | | |
| <input type="checkbox"/> SBI Pension Funds Private Limited | <input type="checkbox"/> LIC Pension Fund Limited | OR | | | | | | | | | | |
| <input type="checkbox"/> UTI Retirement Solutions Limited | <input type="checkbox"/> Any other (please mention) | <input type="checkbox"/> Auto Choice Select one life cycle fund below | | | | | | | | | | |
| | | Conservative (LC25) <input type="checkbox"/> Moderate (LC50) <input type="checkbox"/> Aggressive (LC75) <input type="checkbox"/> | | | | | | | | | | |
| Name of the Applicant | | | | | | | | | | | | |
| Place | | | | | | | | | | | | |
| Date | D/ D/ M/ M/ Y/ Y/ Y/ Y/ | | | | | | | | | | | |
| | | Signature / Thumb Impression* of Applicant (refer instructions) | | | | | | | | | | |