Form-ISS-1

National Pension System (NPS) Subscriber Shifting

| (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.) (Please tick the respective block which is applicable to you) | | | | |
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| A. General Information: | | | | |
| D 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: * | | | | |
| c) 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: * | | | | |
| e) DDO / CBO / POP-SP Name: * | | | | |
| B. Additional information for subscribers shifting to All Citizens of India - UOS | | | | |
| V. Subscriber Scheme Preference | | | | |
| a) PFM (Name in alphabetical order) Please tick only one | | | | |
| 1 HDFC Pension Management Company Limited 2 ICICI Pension Fund Management Company Limited 3 Kotak Mahindra Pension Fund Limited 4 LIC Pension Fund Limited (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). | | | | |
| b) Investment Option (refer Instruction no. VI & VII) | | | | |
| Active Choice | | | | |
| Note:- 1. In case you do not indicate any investment option, your funds will be invested in Auto Choice 2. In case you have opted for Auto Choice, DO NOT fill up section (V.c) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice. | | | | |
| f. (D what confident which the confidence of the | | | | |
| E C G Total | | | | |
| Asset Class (Cannot exceed 50%) % share 100% | | | | |
| Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP. VI. KYC details (Applicable only if subscriber is shifting from Government Sector) a) KYC document accepted for identify proof: b) KYC document accepted for address proof: c) Document accepted for Date of birth proof: | | | | |
| C. Additional information for subscribers shifting to Central Government or State Government (to be filled by target DDO) (Please refer to instruction No. VIII & IX) | | | | |
| VII. Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory) | | | | |
| a) Date of Joining: D D M M Y Y Y Y b) Date of Retirement: D D M M Y Y Y Y | | | | |
| c) Group of the Employee A B C D | | | | |

| d) Office | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| e) Department | |
| f) Ministry | |
| g) Basic Salary | |
| h) Pay Scale | |
| after he / she has read the details is as per employee | declaration has been signed / thumb impressed before me by the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment the records available with the Department. |
| Signature of the Authoris | sed Person |
| Designation of the Author | orised Person Rubber Stamp of the DDO |
| Date | Name of the DDO |
| Date : | Department / Ministry |
| a) Bank A/c Number b) Bank Name | k Details* (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided) |
| c) Bank Branch | |
| d) Bank Address | |
| e) Pin Code | |
| f) Bank MICR Code | |
| g) IFS code (Wherever | applicable) |
| | rmation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned) |
| | syment and PAN Details |
| a) Date of Joining*: | D D M M Y Y Y Y D D M M Y Y Y Y |
| c) Employee ID* | |
| d) CHO Reg No*: | e) PAN : |
| after he / she has read th | declaration has been signed before me by |
| Signature of the Authori | ised Person |
| | Rubber Stamp of the Corporate |
| Designation of the Author | |
| | Rubber Stamp of the Corporate |
| X. Subscriber's Bank I | Details (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided) |
| a) Bank A/c Number | |
| b) Bank Name | |
| c) Bank Branch | |
| d) Bank Address | |
| | |
| e) Pin Code | |
| e) Pin Code f) Bank MICR Code | |

| XI. Subscriber Scheme Preference (Applicable only if the | e target Corporate has given the opt | ion of selecting schem | e preference to the assoc | ciated employees) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|--|
| a) PFM (Name in alphabetical order) Please ti | ck only one | | | | |
| 1 HDFC Pension Management Company Limited 2 ICICI Pension Fund Management Company Limited 3 Kotak Mahindra Pension Fund Limited 4 LIC Pension Fund Limited 5 Reliance Capital Pension Fund Limited 6 SBI Pension Funds Private Limited 7 UTI Retirement Solutions Limited | | | | | |
| (Selection of PFM is mandatory both in Active and Auto C | hoice. In case you do not indicate a ch | oice of PFM, your app | lication form shall be sum | nmarily rejected). | |
| b) Investment Option (refer Instruction no. VI & VII) | | | | | |
| Active Choice Auto Choice Note:- | | (For details on Auto Choice, please refer to the Offer Document) | | | |
| In case you do not indicate any investment option, your In case you have opted for Auto Choice, DO NOT fill up investment will be made as per Auto Choice. | | Allocation. In case you | do, the Asset Allocation | instructions will be ignored and | |
| f, p white articular photo distribution in strong that to white articles in the strong that th | dyh#hdnfvhg#kh#D fwlyh#FkrlfhÑ#gyhv | wp hawtrawitra. | | | |
| Asset Class E | С | G | Total | | |
| % share Note:- The allocation across E, C and G asset classes must | and 1000/ In one the ellection in | aA blank and/or door s | 100% | nation shall be rejected by the DOD | |
| a) KYC document accepted for identify proof: b) KYC document accepted for address proof: c) Document accepted for Date of birth proof: | | | | | |
| I agree to be bound by the terms and conditions for the target CRA may, as approved by PFRDA, amend any of the servi necessary charges, as applicable, of the target sector. | claration (Applies to subscribe get sector (in which my PRAN will bel ces completely or partially without any | ong after processing of | this Intersector Shifting r | request) and understand that urther, I agree to pay all the | |
| Date Signature/ | Left Thumb impression of Subscriber* | | | | |
| | | | | | |
| For | Officie use only (To be filled up by the | officer accepting the f | orm) | | |
| Received by: | | SDR2SRS#LVS#Jhjlw | | | |
| Received at: | | | _ Time Stamp: | | |
| Details verified by: | | Date: | _ Time stamp: | | |
| Receipt Number Issued by the receiving office (only for Po | OP-SP) | | | | |
| | xxxxxxxxxxxxxxx | XXXXXXXX | | | |

Instructions for filling the form

- I. Details of the DDO / POP-SP with which the PRAN is currently associated.

 II. Details of the DDO / POP-SP with which the PRAN will be associated.

 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. 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
- 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", "G", & "C"). 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.
- VII. Auto choice Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber
- A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM. 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 Offer Document...

VIII. Employment details are to be captured in CRA system by the target PAC/DTO along with other details, if the subscriber is shiifting from UOS to Central / State Governemnt sector

Covernment sector

IX, PAC/ DTO have to modify the employment details of the subscriber after the shifting of the PRAN, in case of subscriber shifting from Central Covernment to State Covernment or vice versa or across two State Covernments, i.e, both existing and new PRAN association are Covernment Sectors

X. Illustrative list of documents acceptable as proof of identity and address

| No. | Proof of Identity (Copy of any one) |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | School Leaving Certificate |
| | Matriculation Certificate |
| | Degree of Recognized Educational Institution |
| iv) | Depository Account Statement |
| v) | Bank Account Statement / Passbook |
| vi) | Credit Card |
| vii) | Water Bill |
| viii) | Ration Card |
| ix) | Property Tax Assessment Order |
| x) | Passport |
| xi) | Voter's Identity Card |
| xii) | Driving License |
| xiii) | PAN Card |
| xiv) | Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer. |

| No. | Proof of Address (Copy of any one) | | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| i) | Electricity bill^ | | | | |
| ii) | Telephone bill^ | | | | |
| iii) | Depository Account Statement^ | | | | |
| iv) | Credit Card Statement [^] | | | | |
| v) | Bank Account Statement / Passbook^ | | | | |
| vi) | Employer Certificate [^] | | | | |
| vii) | Rent Receipt^ | | | | |
| viii) | Ration Card | | | | |
| ix) | Property Tax Assessment Order | | | | |
| x) | Passport | | | | |
| xi) | Voter's Identity Card | | | | |
| xii) | Driving License | | | | |
| xiii | Certificate of address signed by a Member of Parliament or Member of Legislative Assembly of Municipal Councillor or a Gazetted Officer. | | | | |

- 1) Proof of Address mentioned in Sr. No. i) to vii) (^) should not be more than six months old on the date of application.
- 2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-thecounter after verification)