

NATIONAL PENSION SYSTEM (NPS) - MINOR SUBSCRIBER REGISTRATION FORM

To National Pension System Trust, I hereby request that an NPS account be opened in my ward's name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page).

1. Minor Subscriber Details: (Refer Sr. No. 2 & 6 of the instructions) Use Annexure I if name exceeds the space provided below

Subscriber Name*	F i r s t	M i d d l e	L a s t
Date of Birth*	d d m m y y y y	DOB Proof*	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> Matriculation/School Certificate
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Nationality*	

Minor Bank Account Details (Refer Sr no. 6 of the instructions)

Bank A/c Number	
Bank Name	
	IFS Code

2. Selection of Pension Fund and Investment Choice* (Refer Sr no. 7 of the instructions)

Pension Fund* (Please Tick (v) any one)	Investment Choice (Please Tick (v) any one)										
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd <input type="checkbox"/> Axis Pension Fund Mgmt Ltd <input type="checkbox"/> DSP Pension Fund Managers Pvt 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"/> LIC Pension Fund Ltd <input type="checkbox"/> Max Life Pension Fund Mgmt Ltd <input type="checkbox"/> SBI Pension Funds Pvt Ltd <input type="checkbox"/> Tata Pension Mgmt Pvt Ltd <input type="checkbox"/> UTI Retirement Solutions Ltd	(Auto) => <input type="checkbox"/> (Default) Moderate - LC50 OR <input type="checkbox"/> Conservative - LC25 or <input type="checkbox"/> Aggressive - LC75 OR (Active) => <input type="checkbox"/> mention the % share in each asset class below										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>E (Upto75%)</th> <th>C (Upto 100%)</th> <th>G (Upto 100%)</th> <th>A (Upto 5%)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>% Equity</td> <td>% Corp Bonds</td> <td>% Govt Sec</td> <td>% Alt Assets</td> <td>100%</td> </tr> </tbody> </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%							

* Selection of one Pension Fund is mandatory, else the form is liable to be rejected.

GUARDIAN'S DETAILS

3. Personal Details: (Refer Sr. No. 2 & 3 of the instructions) Use Annexure I if name exceeds the space provided below

CKYC Identifier		RA Code	
Guardian's Name*	F i r s t	M i d d l e	L a s t
Relationship with the minor*	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Date of Birth*	d d m m y y y y
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Place of Birth*	
PAN Card*		Nationality*	
Annual Income Range*	<input type="checkbox"/> upto 1 lac <input type="checkbox"/> 1 lac-5 lac <input type="checkbox"/> 5 lac-10 lac <input type="checkbox"/> 10 lac-25 lac <input type="checkbox"/> 25 lac-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)	

Paste recent passport size photograph of the Guardian (3.5 cm x 2.5 cm size)

Do not sign across
Do not staple / clip

4. Proof of Identity and Address* (Please tick (v) the appropriate box and give details. In case of Aadhaar, give last four digits only)

<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> National Population Register
<input type="checkbox"/> Proof of possession of Aadhaar	<input type="checkbox"/> PoP Certificate (refer section 9)			
Document / Identification No.		Expiry Date	d d m m y y y y	

5. Current Address Details* (Proof to be submitted, please refer instruction no. 4)

Line 1	
Line 2	
District	V i l l a g e / C i t y
Country	State/U.T.
	PIN Code

6. Contact Details*

Mobile*	9 1	Telephone with STD code)	
Email ID*			

7. FATCA* (Foreign Account Tax Compliance Act) & CRS Declaration (Refer Sr no. 8 of the instructions) :

I am a tax resident of India and not resident of any other country Yes No (Please fill the Annexure - II)

8. Declaration by the Guardian* (Refer Sr no. 9 of the instructions)

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me for myself and my ward are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to POP / CRA / NPS Trust. 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 ward's 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 ward's PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

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

9. To be filled by the POP

POP Registration Number	
POP-SP Registration Number	
<p>Existing Customer: I/we hereby certify/confirm that Mr. / Ms. and his/her guardian are our existing customer. The above subscriber & his/her guardian are having operative Bank/ Demat/ Folio / account (specify nature of the account) with account number /client ID &</p> <p>The KYC documents of the guardian and DOB proof of the subscriber are available with us which matches the requirement for opening the said account and are in compliance with PMLA Rules. I/We further confirm that the said a/c of the guardian is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP).</p>	
Signature of Authorised person	Rubber Stamp of the POP
Name of the Authorised Person	Designation of the Authorised Person
Date	Place

Acknowledgement

Name of the Subscriber:	
Application Receipt Date:	Initial contribution amount
Mode of payment <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Debit instruction <input type="checkbox"/> Cash	Signature and Stamp of POP

