

Partial Withdrawal form for Tier I account under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For Nodal Office use

PAO/DTO/POP/POP-SP Reg. No.

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Receipt No.:

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PRAN

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Ack No.

(Generated by CRA System)

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Entered By: _____

Date: _____

Verified By: _____

Date: _____

Please select your Category (please tick ✓)

- | | |
|---|--|
| <input type="checkbox"/> Government Sector | <input type="checkbox"/> Corporate Sector |
| <input type="checkbox"/> All Citizen of India | <input type="checkbox"/> NPS Lite/ Swavalamban |

To,

NPS Trust

Sir/Madam,

I _____ holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details:

Section A – Subscriber's Personal Details:

PRAN*													
Name of the Subscriber*													
Mobile No.#													
Email ID#													

Subscribers Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit S2 Form.

a. **% of Partial Withdrawal*** %

(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. **Purpose of withdrawal* (please tick ✓ on box below with reason applicable)**

- | | | | | | |
|--------------------------|----|--|--------------------------|----|--|
| <input type="checkbox"/> | 1. | for Higher education of children including a legally adopted child | <input type="checkbox"/> | b. | Kidney Failure (End Stage Renal Failure) |
| <input type="checkbox"/> | 2. | for the marriage of children, including a legally adopted child; | <input type="checkbox"/> | d. | Multiple Sclerosis |
| <input type="checkbox"/> | 3. | for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse (it is not available for already owned flat/house) | <input type="checkbox"/> | f. | Coronary Artery Bypass Graft |
| <input type="checkbox"/> | 4. | for treatment of specified illnesses (please tick ✓) | <input type="checkbox"/> | h. | Heart Valve Surgery |
| <input type="checkbox"/> | | <input type="checkbox"/> a. Cancer | <input type="checkbox"/> | j. | Myocardial Infarction |
| <input type="checkbox"/> | | <input type="checkbox"/> c. Primary Pulmonary Arterial Hypertension | <input type="checkbox"/> | l. | Total blindness |
| <input type="checkbox"/> | | <input type="checkbox"/> e. Major Organ Transplant | <input type="checkbox"/> | n. | Accident of serious/ life threatening nature |
| <input type="checkbox"/> | | <input type="checkbox"/> g. Aorta Graft Surgery | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> i. Stroke | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> k. Coma | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> m. Paralysis | | | |
5. to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber
6. for skill development/re-skilling or any other self-development activities (Please refer instruction no 11)
Enter course fee:* Rs. _____
*mandatory if subscriber opts for withdrawal under skill development
7. for establishment of own venture or any start-up (Please refer instruction no 12)

c. **Bank account details of the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick ✓ as applicable)**

- same bank account already registered under NPS another Bank account, please provide the details below

Bank Account No.

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Bank Name

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Type of Account

Savings Account Current Account

Branch Name & Address

IFS Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section B – Declarations

Declaration by the Subscriber*:

- I hereby declare that information stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of three years in to the NPS as required for partial withdrawal and eligible to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.
- I _____ (name) with PRAN _____ agree that in case of any failure of Direct Credit, for any reason whatsoever or wrong credit to another account (but as per my details), NPS Trust / CRA shall not be responsible. I also agree that NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.

Date

Place :

Signature / Thumb Impression of the Subscriber**

** Left thumb impression in case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal Office(for government sector subscribers):*

I/We hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ is employed with us and I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of DDO

Signature & stamp of the DDO

Date

Registration No. of PAO/CDDO/DTO

Signature & stamp of the DTO/PAO/CDDO

Declaration by POP/Aggregator(for Non government sector subscribers):

I hereby declare that the subscriber Sh./Smt/Kum _____ with PRAN _____ has signed/thumb impressed before me after he/she has read the entries/have been read over by him/her for the request of partial withdrawal under NPS. I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Date

Registration No. of POP-SP/NL-CC/CHO

Signature & stamp of the Authorised person at POP-SP/NL-CC/CHO

Date

Registration No. of POP/NL-AO

Signature & stamp of the Authorised person at POP/NL-AO

ACKNOWLEDGMENT RECEIPT

Acknowledgment slip to the NPS Subscriber on receipt of partial withdrawal application form

(To be filled by DDO/CDDO/PAO/DTO/POP/Aggregator)

Received from PRAN :

DDO/POP-SP/NL-CC Registration Number:

PAO/CDDO/DTO/POP/NL-AO Registration Number

Acknowledgement Number

Date

Received at

(Under Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto)

Instructions**Instructions for filling up the form:**

1. All fields marked with * are mandatory. All dates should be in DDMMYYYY format.
2. The Subscriber shall submit the application to the respective Nodal Office/POP/Aggregator for processing of request.
3. Before submitting the withdrawal form, subscriber should ensure that the bank account details are matched from the bank passbook/ bank statement or cheque etc to ensure that the details are correct. Subscriber should also attach the bank proof (cancelled cheque/copy of bank passbook/bank certificate) with the Partial Withdrawal Form submitted.
4. Subscriber should specify the purpose of Partial Withdrawal and a proof need to be submitted for the same.
5. Subscriber should be in the NPS atleast for a period of 3 years.
A subscriber shall be permitted to withdraw not exceeding 25% of the contributions made by such subscriber to his/her individual pension account,
6. The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber.
7. Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
8. The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
9. In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under PFRDA regulations is permitted.
10. Treatment of specific illness covers the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from the specified illness, which shall comprise of hospitalization and treatment.
11. Withdrawal under skill development/re-skilling is applicable as per following conditions:
 - Skill Development program/activities sponsored by employer for employees is not eligible for partial withdrawal
 - Amount which can be released under Skill Development option shall be subject to the actual fee of the course/training, subject to the maximum ceiling of 25% of employees own contribution without considering returns thereto.
 - Duration of the course should be of 3 months or more
 - The course should be either a regular program or distance education program or a skill development program
12. Withdrawal under establishment of own venture or any start up is applicable to subscribers registered under All India Citizen (UOS) sector only
13. For further details regarding point no 11 & 12 kindly refer PFRDA Circular No: PFRDA/2018/55/Exit/5 dated August 06, 2018.
14. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
15. Frequency: the subscriber shall be allowed to withdraw only a maximum of three times during the entire tenure of subscription under the National Pension System.
16. For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto
17. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to NPS Claims Processing Cell (NPS CPC) at address mentioned below:
NPS Claim Processing Cell,
Central Record Keeping Agency, NSDL,
10th Floor, Times Tower, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel West, Mumbai - 400013
18. Document to be submitted for availing partial withdrawal.

Sr. No.	Type of Withdrawal	Documents Required
1.	For Higher education	Copy of admission letter of the Institute along with Fees schedule
2.	For marriage of his or her children	Self-Declaration
3.	For purchase or construction of a residential house or flat in his or her own name or in a joint name with his or her legally wedded spouse	Photocopy of Title Documents of the Property. Approved Plan and self-declaration OR Loan offer letter from a housing finance company or a Bank and self-declaration
4.	For treatment of specified illnesses: if the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents.	Certificate from Doctor
5.	to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber	Disability certificate from a Government surgeon or Doctor (treating such disability or invalidation of subscriber) stating the nature and extent of disability and also certifying that subscriber need not be discharged from duty.
6.	For Skill development/re-skilling or any other self-development activities	a) Admission/Sanctions letter from university in India/abroad with fee detail b) For distance learning programs, copy/s of invoice/s which confirm the payment of required fee for desired course c) For other skill development programmes, copy of invoices confirming payment of fee for the desired course d) study leave sanction letter/NOC provided by the organisation/ department/ministry, if required in terms of the employee's service conditions (not applicable where employee-employer relationship does not exists)
7.	For Establishment of own venture or any start-up	a) Registration Certificate of entity b) Proof of ownership of the entity (it should be in the name of the subscriber) c) Registration number issued by Government Authorities like GST/ Income Tax/Govt. Departments

Under Regulations 8 of PFRDA (Exit & Withdrawals under NPS) Regulations 2015, and amendments thereto

Declaration Form for Partial Withdrawal

Fields marked with "*" are mandatory.

Section A – Subscriber's Personal Details *

1. Name of the Subscriber

2. PRAN

3. Registered Mobile

4. Registered Email ID

Section B – Withdrawal Request Details *

Withdrawal Type (Please tick the applicable option)

 A. For the marriage of children, including a legally adopted child

Age of Child: _____ Date of Marriage: _____ / _____ / _____

Address of Marriage: _____

 B. For the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse (it is not available for already owned flat/house).

Property Address: _____

 C. For Higher education of children including a legally adopted child D. For treatment of specified illnesses E. To meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber F. For Skill development/re-skilling or any other self-development activities G. For Establishment of own venture or any start-up**Subscriber Declaration *:** I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under PFRDA (Exits and Withdrawals under National Pension System) Regulations 2015 and amendments thereto.

I hereby confirm that the above declaration and details have been entered and signed/thumb impressed by me. Also, details furnished above are true and correct. PFRDA/NPS Trust/CRA shall not be responsible for any claims arising out of incorrect documents/information submitted related to partial withdrawal. I understand that funds will be transferred to Bank Account as registered in the CRA system, the proof of which is submitted alongwith Partial Withdrawal Form.

Date :

Place :

Signature/Thumb impression of the Subscriber******Left Thumb impression in respect of male claimant and right thumb impression in respect of female claimant.**

ਸਵੈ-ਘੋਸ਼ਣਾ

ਤਸਦੀਕ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਮੈਂ _____ ID- _____

ਪਰਾਨ ਨੰ. _____ ਪੁੱਤਰ/ਪੁੱਤਰੀ _____ ਦਫ਼ਤਰ _____

_____ ਵਿਖੇ ਬਤੋਰ _____ ਦੀ ਸੇਵਾ ਨਿਭਾ

ਰਿਹਾ/ਰਹੀ ਹਾਂ। ਫਾਰਮ ਵਿੱਚ ਜੋ ਬੈਂਕ ਅਕਾਊਂਟ ਮੇਰੇ ਵੱਲੋਂ ਭਰਿਆ ਗਿਆ ਹੈ, ਉਹ ਹੀ ਬੈਂਕ ਅਕਾਊਂਟ ਮੇਰਾ Salary Account ਹੈ

ਜਿਸ ਦੀ ਡਿਟੇਲ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਹੈ ਜੀ-

- ਬੈਂਕ ਦਾ ਨਾਮ - _____
- ਬੈਂਕ ਅਕਾਊਂਟ ਨੰ' - _____
- ਆਈ.ਐਫ.ਐਸ.ਸੀ ਕੋਡ - _____
- ਬੈਂਕ ਦਾ ਪਤਾ - _____

ਸੁਮਤਾ ਖ਼ਰ - _____