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[illegible][illegible]

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RA System)

Date: _____

Date: _____

☐ Government Sector ☐ Corporate Sector

☐ All Citizen of India ☐ NPS Lite/ Swavalamban

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:

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

a. % of Partial Withdrawal* %
(Maximum 25% of own contribution (without accrued income earned thereon) only)

	1. for Higher education of children including a legally adopted child
	2. for the marriage of children, including a legally adopted child;
	3. for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse
	4. for treatment of specified illnesses (please tick ✓)
	a. Cancer
	b. Kidney Failure (End Stage Renal Failure)
	c. Primary Pulmonary Arterial Hypertension
	d. Multiple Sclerosis
	e. Major Organ Transplant
	f. Coronary Artery Bypass Graft
	g. Aorta Graft Surgery
	h. Heart Valve Surgery
	i. Stroke
	j. Myocardial Infarction
	k. Coma
	l. Total blindness
	m. Paralysis
	n. Accident of serious/ life threatening nature

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

[illegible]

Bank Name		
Type of Bank Account	Savings Account ()	Current Account ()

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[illegible]

Section B – Declarations**Declaration by the Subscriber*:**

1. 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 **3** 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.

2. I(name) with PRAN.....agree that in case of any failure of Direct Credit, for any reason whatsoever, 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

d	d	m	m	y	y	y	y
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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

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Registration No. of DDO

Signature & stamp of the DDO

Date

d	d	m	m	y	y	y	y
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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

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Registration No. of POP-SP/NL-CC

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

Date

d	d	m	m	y	y	y	y
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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 :

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Received at

Instructions Page**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. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
12. 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
13. For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals) Regulations, 2015.
14. 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

Annexure

{Under Regulation.8 of PFRDA (Exits and Withdrawal under the NPS) Regulations, 2015} Declaration form for Partial Withdrawal in case of marriage or purchase of property

Section – A: Subscribers' personal details												
Name of the Subscriber / Employee			Sri / Smt. / Kum.									
Designation												
Present place of working												
Date of joining into present place			D	D	/	M	M	/	Y	Y	Y	Y
Date of joining into Service			D	D	/	M	M	/	Y	Y	Y	Y
Total length of Service					Yrs			Mts			Days	
PRAN No. of the Subscriber												
Registered Mobile No. with CRA			+91	-								
Registered mail ID with CRA												
Section – B: Withdrawal Request details												
Withdrawal Type:												
A	<input type="radio"/>	for marriage of his / her children										
I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under Pension Fund Regulatory and Development Authority (Exits and Withdrawal under the National Pension System) Regulations, 2015.												
Name of Children			Mr. / Kum.									
Age / Date of Birth			D	D	/	M	M	/	Y	Y	Y	Y
Date of marriage			D	D	/	M	M	/	Y	Y	Y	Y
Address of marriage												
B	<input type="radio"/>	for the purchase or construction of a residential house or flat on his or her own name or in a joint name with his or her legally wedded spouse										
I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under Pension Fund Regulatory and Development Authority (Exits and Withdrawal under the National Pension System) Regulations, 2015.												
Property Address												

Date:			/			/						
Place:											Signature / Thumb impression of the Subscriber / Employee	

Note:- Left Thumb impression in case of illiterate male; and Right Thumb impression in case of illiterate female

Date:			/			/						Seal / Stamp	
Place:											Signature of the N.3 / DDO		
Name of the N.3 / DDO													
DDO Registration No.												SGV	

Date:			/			/						Seal / Stamp	
Place:											Signature of the N.2 / TO / PAO		
Name of the N.2 / TO / PAO													
DTO Registration No.													

Register to be maintained by Treasury Officer / PAO / Nodal Officer.2

[illegible]