Circular

Subject: Revised Inter Sector shifting (ISS) form under National Pension System (NPS).

It has been informed by NSDL vide e-mail dt. 29-05-2018 that existing Inter Sector Shifting (ISS) form has been modified in the line with the new Subscriber Registration Form (CSRF) for NPS which was implemented w.e.f 01.12.2017. The modified ISS form approved by Pension Fund Regulatory & Development Authorities (PFRDA) is enclosed as Annexure. The form is also available on CRA website www.npscra.nsdl.co.in

All the PAOs are therefore requested to disseminate the revised ISS form to all underlying DDOs and subscribers. PAOs are also advised to execute the shifting request in the CRA system using the existing Inter Sector Shifting (ISS) functionality and update the PAN, Aadhar and Nomination details of the subscribers through Subscriber’s Details Modification Functionality. The Standard Operating Procedure (SOP) for ISS Form is available on CRA Website.

Annexure: As mentioned above.

No. FC/II/Chd/NPS/Cir
Date: 18/06/2018

To,
1. All PAOs under PCDA (WC) Chandigarh
2. IT & S cell Local: For uploading on PCDA (WC) website

Sr.AO (FC)
**National Pension System (NPS) - Request for Subscriber Shifting**
NSDL e-Governance Infrastructure Limited

*(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)*

### Section A - General Information* *(Mandatory for all Subscribers. Please tick the respective block which is applicable.)*

1) **Subscriber's Name***:  
   - (First Name)  
   - (Middle Name)  
   - (Last Name)

2) **PRAN (Permanent Retirement Account Number)**: 

### Section B - Additional Information for Subscribers shifting to Government Sector *(All Details are Mandatory)*

- **Group of the Employee**:
  - A  
  - B  
  - C  
  - D

- **Office**:

- **Department**:

- **Ministry**:

- **Basic Salary**:

- **Pay Scale**:

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**Certified** that the above declaration has been signed / thumb impressed before me by:

Signature of the Authorised Person

Rubber Stamp of the DDO

Designation of the Authorised Person

Name of the DDO

Date

Department / Ministry
Section C - Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector

I. Subscriber Scheme Preference*:

Do you wish to continue with the existing Pension Fund and Investment Option: Yes ☐ No ☐ (If No, please submit details on Page 4)

- If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.
- If Subscriber is shifting from Government Sector, please submit Subscriber Scheme Preference details on Page 4.

II. KYC details* (Applicable only if Subscriber is shifting from Government Sector. Refer Instruction No. XII)

a) KYC document accepted for Identity Proof:

b) KYC document accepted for Address Proof:

c) Document accepted for Date of birth proof:

d) Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kum .............................................................................................. is an existing customer of the Bank having fully operative Saving Bank account no. ........................................................................... at ............................................ branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Shri/Smt/Kum .................................................................................................................... is not a 'Basic Savings Bank Deposit Account'.

III. Employment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)

a) Date of Joining*:

b) Date of Retirement*:

c) Employee ID*:

d) CHO Reg No*:

Certified that the above declaration has been signed before me by after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her. Also certified that the employment details are as per employee records available with the Corporate.

Signature of the Authorised Person

Designation of the Authorised Person

Rubber Stamp of the Corporate

Declaration (Applies to Subscribers across all sectors):

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date

Signature/Left Thumb impression of Subscriber*

For Office use only (To be filled up by the officer accepting the form)

Received by:

Received by:

Details verified by:

Nodal Office Registration Number:

For Office use only (To be filled up by the officer accepting the form)

Received at:

Received at:

Date:

Date:

Time Stamp

Time Stamp

Receipt Number issued by the receiving office (only for POP-SP)
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. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
VII. 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 classes.
   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", "C", "G", & "A"). 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.
VIII. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
   a) A Subscriber opting for Auto Choice must also select a PFM. The form shall be rejected if a PFM is not opted for.
   b) 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 scheme information available on CRA website (www.nprcra.nedfi.co.in).
IX. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
X. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Submitter Shifting from Central Government to State Government or vice versa or across two State Governments, i.e., both existing and new PRAN association are Government Sectors.
XI. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
XII. Illustrative list of documents acceptable as proof of identity and address:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Proof of Identity (Copy of any one)</th>
<th>S.No</th>
<th>Proof of Address (Copy of any one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Passport issued by Government of India</td>
<td>1</td>
<td>Passport issued by Government of India</td>
</tr>
<tr>
<td>2</td>
<td>Ration card with photograph</td>
<td>2</td>
<td>Ration card with photograph and residential address</td>
</tr>
<tr>
<td>3</td>
<td>Bank Passbook or certificate with photograph</td>
<td>3</td>
<td>Certificate of the POP bank for an existing Bank customer</td>
</tr>
<tr>
<td>4</td>
<td>Certificate of the POP bank for an existing Bank customer</td>
<td>4</td>
<td>Certificate of the POP bank for an existing Bank customer</td>
</tr>
<tr>
<td>5</td>
<td>Voter Identity card with photograph and residential address</td>
<td>5</td>
<td>Voter Identity card with photograph and residential address</td>
</tr>
<tr>
<td>6</td>
<td>Valid Driving license with photograph</td>
<td>6</td>
<td>Valid Driving license with photograph and residential address</td>
</tr>
<tr>
<td>7</td>
<td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td>
<td>7</td>
<td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td>
</tr>
<tr>
<td>8</td>
<td>PAN Card issued by Income tax department</td>
<td>8</td>
<td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td>
</tr>
<tr>
<td>9</td>
<td>Aadhar Card / Letter issued by Unique Identification Authority of India</td>
<td>9</td>
<td>Aadhar Card / Letter issued by Unique Identification Authority of India</td>
</tr>
<tr>
<td>10</td>
<td>Job cards issued by NREGA daily signed by an officer of the State Government</td>
<td>10</td>
<td>Job cards issued by NREGA daily signed by an officer of the State Government</td>
</tr>
<tr>
<td>11</td>
<td>Identity card issued by Central/State government and its Departments, statutory Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td>
<td>11</td>
<td>The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.</td>
</tr>
<tr>
<td>12</td>
<td>Photo Identity Card issued by Defence, Paramilitary and Police department's</td>
<td>12</td>
<td>Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)</td>
</tr>
<tr>
<td>13</td>
<td>Ex-Service Man Card issued by Ministry of Defence to their employees.</td>
<td>13</td>
<td>Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)</td>
</tr>
<tr>
<td>14</td>
<td>Photo Credit card.</td>
<td>14</td>
<td>Latest Property Tax receipt (not more than one year old)</td>
</tr>
<tr>
<td>15</td>
<td>Existing valid registered lease agreement of the house on stamp paper (in case of rented/dleased accommodation)</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Note: You are required to bring original documents & two self-attested photocopies for verification.
I. SUBSCRIBER SCHEME PREFERENCE:

(ii) PENSION FUND SELECTION - TIER I (Select only one PFM)

<table>
<thead>
<tr>
<th>PFM Name (in alphabetical order)</th>
<th>Please Tick (✓) only one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birla Sunlife Pension Management Limited</td>
<td>☐</td>
</tr>
<tr>
<td>HDFC Pension Management Company Limited</td>
<td>☐</td>
</tr>
<tr>
<td>ICICI Prudential Pension Funds Management Company Limited</td>
<td>☐</td>
</tr>
<tr>
<td>Kotak Mahindra Pension Fund Limited</td>
<td>☐</td>
</tr>
<tr>
<td>LIC Pension Fund Limited</td>
<td>☐</td>
</tr>
<tr>
<td>Reliance Capital Pension Fund Limited</td>
<td>☐</td>
</tr>
<tr>
<td>SBI Pension Funds Private Limited</td>
<td>☐</td>
</tr>
<tr>
<td>UTI Retirement Solutions Limited</td>
<td>☐</td>
</tr>
</tbody>
</table>

(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)

(ii) INVESTMENT OPTION (Please Tick (✓) in the box given below showing your investment option)

Active Choice ☐ Auto Choice ☐

Please note:
1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ASSET ALLOCATION (To be filled up only in case you have selected the 'Active Choice' investment option)

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>F (Cannot exceed 50%)</th>
<th>C (Max up to 100%)</th>
<th>G (Max up to 100%)</th>
<th>A (Cannot exceed 25%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

<table>
<thead>
<tr>
<th>Life Cycle (LC) Funds</th>
<th>Please Tick (✓) Only One</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC75</td>
<td></td>
</tr>
<tr>
<td>LC50</td>
<td></td>
</tr>
<tr>
<td>LC25</td>
<td></td>
</tr>
</tbody>
</table>

Note:
1. LC 75: It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
2. LC 50: It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
3. LC 25: It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

Date: ____________________________
Place: ____________________________

Name of Subscriber: ____________________________

Signature/Thumb Impression of Subscriber in black ink
(*) LTJ in case of male and RTJ in case of female(s)
ADDITIONAL NOMINATION FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: VI). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, hereby nominate the person(s) mentioned below who are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee*:
   1st Nominee  2nd Nominee  3rd Nominee
   First Name  First Name  First Name
   Middle Name  Middle Name  Middle Name
   Last Name  Last Name  Last Name

2. Present Communication address of the Nominees*:
   Address of 1st Nominee  Address of 2nd Nominee  Address of 3rd Nominee
   [Address]
   [Address]
   [Address]

3. Date of Birth* (Only in case of a minor. In DD/MM/YYYY):
   1st Nominee: / / 2nd Nominee: / / 3rd Nominee: / / 

4. Relationship with the Nominee*:
   1st Nominee  2nd Nominee  3rd Nominee
   [Relationship]
   [Relationship]
   [Relationship]

5. Percentage Share*:
   1st Nominee %  2nd Nominee %  3rd Nominee %

6. Nominee’s Guardian Details (Only in case of a minor):
   1st Nominee’s Guardian Details  2nd Nominee’s Guardian Details  3rd Nominee’s Guardian Details
   First Name  First Name  First Name
   Middle Name  Middle Name  Middle Name
   Last Name  Last Name  Last Name

Dated this day of 20 at

Signature/ Thumb Impression* of the Subscriber
## TO BE FILLED/ATTESTED BY POP-SP/DDO

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms.  

after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

<table>
<thead>
<tr>
<th>Rubber stamp of the POP-SP/DDO</th>
<th>Signature of the Authorised Person</th>
</tr>
</thead>
</table>

**POP-SP/DDO Registration Number**  
(Allotted by CRA)

**Designation of the Authorised Person**

**POP-SP/DDO Office Name**

**Date:** __________

## TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA/PrAO

<table>
<thead>
<tr>
<th>Rubber Stamp of the POP/POP SP/PAO/DTO/DTA/PrAO</th>
<th>Signature of the Authorised Person</th>
</tr>
</thead>
</table>

**POP/POP SP/PAO/DTO/DTA/PrAO Registration Number**  
(Allotted by CRA)

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This section is reserved for additional notes or declarations.