

NATIONAL PENSION SYSTEM (NPS)

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

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/NLAO Reg. No.

Receipt No.:

PRAN

Acknowledgment Number
(Generated by CRA System)

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*	<input style="width: 100%;" type="text"/>
Name of the Subscriber*	<input style="width: 100%;" type="text"/>
Mobile No.#	<input style="width: 100%;" type="text"/>
Email ID#	<input style="width: 100%;" type="text"/>

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a. % of Partial Withdrawal* OR Amount to be Withdrawn Rs. _____ (should be equal to or less than 25% of own contribution).
(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. Purpose of withdrawal* (Please tick ✓ on box below with reason applicable & submit the supporting documents)

- | | | | |
|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. | for Higher education of children including a legally adopted child | |
| <input type="checkbox"/> | 2. | for the marriage of children, including a legally adopted child; | |
| <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"/> | 4. | for establishment of own venture or any start-up (Please refer instruction no 12) | |
| <input type="checkbox"/> | 5. | to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber | |
| <input type="checkbox"/> | 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 | |
| <input type="checkbox"/> | 7. | for treatment of specified illnesses (please tick ✓) | |
| <input type="checkbox"/> | a. | Cancer | <input type="checkbox"/> b. Kidney Failure (End Stage Renal Failure) |
| <input type="checkbox"/> | c. | Primary Pulmonary Arterial Hypertension | <input type="checkbox"/> d. Multiple Sclerosis |
| <input type="checkbox"/> | e. | Major Organ Transplant | <input type="checkbox"/> f. Coronary Artery Bypass Graft |
| <input type="checkbox"/> | g. | Aorta Graft Surgery | <input type="checkbox"/> h. Heart Value Surgery |
| <input type="checkbox"/> | i. | Stroke | <input type="checkbox"/> j. Myocardial Infarction |
| <input type="checkbox"/> | k. | Coma | <input type="checkbox"/> l. Total blindness |
| <input type="checkbox"/> | m. | Paralysis | <input type="checkbox"/> n. Accident of serious/life threatening nature |
| <input type="checkbox"/> | o. | Covid-19 | |

c. Funds will be transferred to registered Bank Account only

Bank Account details of the Subscriber (Details of Bank Account registered in CRA system)

Bank Account No.

Bank Name

Type of Account Savings Account Current Account

Branch Name & Address

IFS Code

Section B- Declarations

Declaration by the Subscriber*:

- I submit the request for partial withdrawal and the amount thus withdrawn shall be utilized for the purpose of declared reasons as specified by PFRDA exit regulations. I am fully responsible and accountable to spend the amount thus withdrawn for the stated reason.
- 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 what so ever 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	<input type="text" value="d d / m m / y y y y"/>	Signature / Thumb Impression of the Subscriber**
Place :	<input type="text"/>	
** 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 Shri/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 Shri/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 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 :	<input type="text"/>	Date	<input type="text" value="d d / m m / y y y y"/>
DDO/POP-SP/NL-CC Registration Number :	<input type="text"/>	Received at	<input type="text"/>
PAO/CDDO/DTO/POP/NL-AO Registration Number	<input type="text"/>		
Acknowledgement Number	<input type="text"/>		

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 registered bank account of the subscriber. Before submitting the withdrawal form, Subscriber should ensure that the registered bank account is active.
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 there to.
 - During 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 & of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments there to
17. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to address mention below:
Central Recordkeeping Agency,
KFin Technologies Ltd.
Selenium Building, Tower-B, Plot No-31 & 32,
Financial District, Nanakramguda, Serilingampally,
Hyderabad, Rangareddi, Telangana, India, 500032