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* First Middle Last

Date of Birth* d d m m y y y y DOB Proof* ☐ Birth Certificate ☐ Passport ☐ PAN ☐ Matriculation/School Certificate

Gender* ☐ Male ☐ Female ☐ 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 (√) any one)

- ☐ Aditya Birla Sunlife Pension Mgmt Ltd
- ☐ Axis Pension Fund Mgmt Ltd
- ☐ DSP Pension Fund Managers Pvt Ltd
- ☐ HDFC Pension Mgmt Co Ltd
- ☐ ICICI Prudential Pension Funds Mgmt Co Ltd
- ☐ Kotak Mahindra Pension Fund Ltd
- ☐ LIC Pension Fund Ltd
- ☐ Max Life Pension Fund Mgmt Ltd
- ☐ SBI Pension Funds Pvt Ltd
- ☐ Tata Pension Mgmt Pvt Ltd
- ☐ UTI Retirement Solutions Ltd

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

Investment Choice (Please Tick (√) any one)

(Auto) => ☐ (Default) Moderate - LC50

OR

☐ Conservative - LC25 or ☐ Aggressive - LC75

OR

(Active) => ☐ *mention the % share in each asset class below*

E (Upto75%)	**C** (Upto 100%)	**G** (Upto 100%)	**A** (Upto 5%)	Total
% Equity	% Corp Bonds	% Govt Sec	% Alt Assets	100%

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* First Middle Last

Relationship with the minor* ☐ Mother ☐ Father ☐ Legal Guardian

Date of Birth* d d m m y y y y Place of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender Nationality*

PAN Card* or Form 60 furnished ☐

Annual Income Range* ☐ upto 1 lac ☐ 1 lac-5 lac ☐ 5 lac-10 lac ☐ 10 lac-25 lac ☐ 25 lac-1 Cr ☐ Above 1 Cr

Occupation Details* ☐ Public Sector ☐ Private Sector ☐ Professional ☐ Self Employed ☐ Homemaker ☐ Others .....

Please Tick If Applicable ☐ Politically exposed person ☐ Related to Politically exposed person *(Please refer instruction no. 1)*

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

Do not sign across
Do not stapple / clip

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

☐ Passport ☐ Driving License ☐ Voter ID Card ☐ NREGA Job Card ☐ National Population Register

☐ Proof of possession of Aadhaar ☐ 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 Village/City

District State/U.T.

Country 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

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 ..... & ..... 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).

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 ☐ Cheque / DD ☐ Debit instruction ☐ Cash

Signature and Stamp of POP

INSTRUCTIONS FOR FILLING THE MINOR SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.
(b) Copies of documents submitted by the applicant should be self-attested.
(c) Applicant is advised to retain the acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

Sr	Heading	Instruction
1	PRAN Card and Kit	The english e-PRAN card and welcome kit would be sent to the applicant vide email. In case the applicant wish to have a physical or hindi PRAN Card / welcome kit, special request may be sent to the POP / CRA. Higher charges may be applicable on such requests.
2	Subscriber's / Guardian's Name	(a) Guardian's Name should match with the PAN. (b) If the name has more than 30 characters, please fill Annexure II for the same.
3	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
4	Proof of Identity and Address	If the guardian is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
5	Current Address	Providing current address is mandatory. The submitted address proof should contain the current address as provided in the form.
6	DOB and Bank A/c	(a) DoB proof is mandatory. (b) If bank account details are provided, Please provide saving bank account details of minor or Joint with guardian.
7	Investment Choices	(a) Selection of one Pension fund is mandatory, else the form is liable to be rejected. (b) Moderate LC50 (Default): 50% allocation into Equity; (c) Conservative LC25: 25% allocation into equity; (c) Aggressive LC75: 75% allocation into equity (d) Active Choice: Subscriber can actively decide the allocation into Equity / Corporate Debt / G-Sec / Alternate assets.
8	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. • In case applicant is declaring US person status as 'Yes', provide FATCA declaration as per Annexure II.
9	Declaration / Signature by the Guardian	In case the guardian is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be afffixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the authorised official of PoP attesting the same under his/her official seal and stamp.

Applicable CRA charges:	NSDL	Kfintech	CAMS
Account Opening charges	₹	₹	₹
Account Maintenance Charges (p.a.)	₹	₹	₹
Charge per transaction	₹	₹	₹

ANNEXURES TO THE MINOR SUBSCRIBER REGISTRATION FORM

☐ **Annexure I - If characters of name exceeded the space provided**

Subscriber's First Name
Middle Name
Last Name
Guardian's First Name
Middle Name
Last Name

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

US Person ☐ Yes ☐ No Father's Name
Country of Birth Place & City of Birth

Particulars		Country 1	Country 2	Country 3
Country/countries of Tax Residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		ddmmyyyy	ddmmyyyy	ddmmyyyy
I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.			Signature / Thumb Impression* of Guardian (refer instruction 9)	