(As per Regulation 3(c) of PFRDA (Exits & Withdrawals) Regulations, 2015)

## REQUEST CUM UNDER TAKING FORM FOR WITHDRAWAL OF TOTAL PENSION WEALTH DUE TO DEATH OF SUBSCRIBER AND WHERE THE TOTAL PENSION WEALTH IS EQUAL TO OR LESS THAN RS. 200, 000/-

1. I/We	b	eing a nominee(s)/legal
heir(s)/guardian of minor no	ominee(s) or minor heir(s) of	the deceased subscriber
Sh/Smt/ku PR.	AN apply for the	payment of the accumulated
pension wealth of the deceased subscriber under the NPS and do hereby solemnly affirm and declare as		
under:		
2. That since the total amount receivable as the benefit receivable upon exit from NPS is Rs.		
, which is less than/equal to the limit of Rs. 2,00,000/-, I/we understand that I/we am/are		
eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines,		
Pasing on the above I/we hereby out to withdraw complete pension wealth lying in the aforesaid DRAN		
Basing on the above, I/we hereby opt to withdraw complete pension wealth lying in the aforesaid PRAN		
account being the full and final benefits receivable by me/us.		
I/We also understand that with the aforesaid withdrawal, I/we or my/our family members shall not be		
	rther benefits under the National Pensi	•
-	DA (Exits and Withdrawals under th	ne National Pension System)
Regulations, 2015.		
	T	T
Signature of 1 <sup>st</sup> Nominee/	Signature of 2 <sup>nd</sup> Nominee/ Claimant	Signature of 3rd Nominee/
Claimant		Signature of 3rd Nominee/ Claimant
,	Signature of 2 <sup>nd</sup> Nominee/ Claimant  Date:	1
Claimant Date:	Date:	Claimant Date:
Claimant		Claimant
Claimant Date: Place:	Date:	Claimant Date:
Claimant Date:	Date:	Claimant Date:
Claimant  Date:  Place:  Attested by:	Date: Place:	Claimant  Date:  Place:
Claimant  Date:  Place:  Attested by:	Date:	Claimant  Date:  Place:
Claimant Date: Place:  Attested by: Signature of the DDO/PAO/DTO	Date: Place:	Claimant  Date:  Place:
Claimant Date: Place:  Attested by: Signature of the DDO/PAO/DTO	Date: Place:	Claimant  Date:  Place:
Claimant Date: Place:  Attested by: Signature of the DDO/PAO/DTO Name of the designated Official:	Date: Place:	Claimant  Date:  Place:
Claimant Date: Place:  Attested by: Signature of the DDO/PAO/DTO Name of the designated Official:	Date: Place:	Claimant  Date:  Place:
Claimant Date: Place:  Attested by: Signature of the DDO/PAO/DTO Name of the designated Official: DDO/PAO/DTO Registration Nur	Date: Place:	Claimant  Date:  Place: