



**6. NOMINATION DETAILS\* (Refer Sr no. 4 of the instructions )**

A. The nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III

B. A fresh nomination shall be made by the subscriber on his/her marriage.

Nominee Name

F i r s t M i d d l e L a s t

Relationship

Age

Date of Birth (In case of Minor)

D D M M Y Y Y Y

Name of Guardian

(if nominee is a minor)

F i r s t M i d d l e L a s t

**7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE\* (Refer Sr no. 5 of the instructions )**

1. Maximum equity allocation under active choice is restricted after 50 years of age. Refer instructions carefully before allocating percentage share in equity.

2. All Citizen: Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto Choice (LC50).

3. Corporate Model: The PF / Investment Choice may be exercised in consultation with your Employer.

Pension Fund\* (Please Tick (✓) one)

Investment Choice (Please Tick (✓) one)

☐ Aditya Birla Sunlife Pension Mgmt Ltd☐ Axis Pension Fund Mgmt. 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 Mangement Ltd☐ SBI Pension Funds Private Ltd☐ Tata Pension Management Ltd☐ UTI Retirement Solutions Ltd

Active Choice 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%  |

OR

☐ Auto Choice select one life cycle fund belowConservative(LC25) ☐ Moderate (LC50) ☐ Aggressive(LC75) ☐**8. Activate my Tier- II account (Please tick (✓) to activate) (Refer Sr no 7 of instructions) Providing PAN is mandatory**☐ With the same bank, nominee & investment details☐ With different bank/nominee/investment details as per Annexure IV**9. FATCA\* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no.6 of the instructions):**☐ I am a tax resident of India and not resident of other country☐ I am a tax resident of the country/ies mentioned below

US Person

☐ Yes☐ No

| 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)/PAN/Functional equivalent Number |                   |             |             |
| TIN/PAN/Functional equivalent Number Issuing Country             |                   |             |             |
| Validity of documentary evidence provided (Wherever applicable)  | ddmmYYYY          | ddmmYYYY    | ddmmYYYY    |

I have understood the informaiton requirements of this Form (read along with the FATCA/CRS Instructions and Terms &amp; 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 Applicant  
(refer instructions)**10. DECLARATION BY APPLICANT\* (Refer Sr no 7 of instructions)**

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. I do not hold any pre-existing account under NPS. 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 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 PRAN in case I am found violating the provisions of any law relating to prvention of money laundering.

Date: ddmmYYYY

Place

Signature/Tumb Impression\* of Applicant  
(\*LTI In case of males and RTI in  
case of females to be  
provided. Toe impression in case no hands)**11. DECLARATION BY EMPLOYER\* (All Details are Mandatory)**

Date of Joining

ddmmYYYY

Date of Retirement

ddmmYYYY

Employee Code/ID

Non-mandatory if not available

CHO Registration Number

CBO Registration Number

It is certified that \_\_\_\_\_ is employed with us and the details provided in this subscriber registration from including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entry/entries have been read over to him/her by us and got confirmed by him/her.

Name of the Authorised Person

Designation of the Authorised Person

Date

ddmmYYYY

Place

Signature of Authorised person

Rubber Stamp of the Employer

12. TO BE FILLED BY POP \*

[illegible]

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
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[illegible]

Existing Customer: I/we hereby certify/confirm that Shri/Smt/Kum..... is an exiting KYC verified customer. The above applicant is having an operative Bank/ Demat/ Folio/ ..... account (specify nature of the account) having account number /client ID ..... maintained at ..... branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings Bank A/c of Shri/Smt/Kum ..... is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

\_\_\_\_\_

|  |  |
|--|--|
|  |  |
|--|--|

ddmmyyyy

|  |  |
|--|--|
|  |  |
|--|--|

Rubber Stamp of the Employer

## ACKNOWLEDGEMENT

\_\_\_\_\_

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

Stamp and Signature of PoP

Initial Contribution Amount:

Mode of Payment

☐ Cheque/DD    ☐ Debit Instruction    ☐ Cash

☐ Cheque/DD    ☐ Debit Instruction    ☐ Cash

☐ Cheque/DD    ☐ Debit Instruction    ☐ Cash

# INSTRUCTIONS FOR FILLING THE 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 acknowledgment slip signed/stamped by the PoP/PoP-SP office.

| Sr. No                                                                                  | Item No    | Item Details                                       | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
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| 1                                                                                       | 1          | Option for PRAN Card and Kit                       | In case a subscriber opts not to have a physical PRAN Card or Welcome Kit, reduced account opening charges of CRA are applicable as under:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|                                                                                         |            |                                                    | Account opening with Physical PRAN Kit (in ₹)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Account opening with ePRAN Kit (in ₹)                                                   |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|                                                                                         |            |                                                    | ₹ 39.36 (Excludes applicable Charges)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ₹ 4.00 * (Excludes applicable taxes)                                                    |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|                                                                                         |            | Father's Name, Mother's Name                       | (a) If the name has more than 30 digits, fill Annexure II for the same.<br>(b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|                                                                                         |            | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 2                                                                                       | 4          | Proof of Identity and Address                      | If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the and Address submitted copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 3                                                                                       | 5          | Bank Details                                       | For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing Applicant's Name, Bank Name, Bank Account Number and IFS Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 4                                                                                       | 6          | Nomination Details                                 | (a) If a subscriber has family at the time of making a nomination, the nomination shall be in favor of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favor of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family.<br>(b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100.<br>(c) Please refer nomination relationship matrix provided below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 5                                                                                       | 7          | Selection of Pension Fund (PF) & Investment Choice | The Asset class wise exposure limits that will now be applicable to subscribers under Tier I and Tier II are tabulated below : <table border="1"> <thead> <tr> <th colspan="2">TIER - I</th><th colspan="2">TIER - II</th></tr> <tr> <th>ASSET CLASS</th><th>MAX. LIMIT</th><th>ASSET CLASS</th><th>MAX. LIMIT</th></tr> </thead> <tbody> <tr> <td>ASSET CLASS G (GOVERNMENT SECURITIES)</td><td>100%</td><td>ASSET CLASS G (GOVERNMENT SECURITIES)</td><td>100%</td></tr> <tr> <td>ASSET CLASS C(CORPORATE BONDS)</td><td>100%</td><td>ASSET CLASS C(CORPORATE BONDS)</td><td>100%</td></tr> <tr> <td>ASSET CLASS E(EQUITY)</td><td>75%</td><td>ASSET CLASS E(EQUITY)</td><td>100%</td></tr> <tr> <td>ASSET CLASS A(ALTERNATE ASSETS)</td><td>5%</td><td></td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TIER - I                                                                                |           | TIER - II |                                          | ASSET CLASS | MAX. LIMIT  | ASSET CLASS | MAX. LIMIT                               | ASSET CLASS G (GOVERNMENT SECURITIES) | 100% | ASSET CLASS G (GOVERNMENT SECURITIES) | 100% | ASSET CLASS C(CORPORATE BONDS) | 100%         | ASSET CLASS C(CORPORATE BONDS) | 100% | ASSET CLASS E(EQUITY) | 75% | ASSET CLASS E(EQUITY) | 100% | ASSET CLASS A(ALTERNATE ASSETS) | 5% |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| TIER - I                                                                                |            | TIER - II                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| ASSET CLASS                                                                             | MAX. LIMIT | ASSET CLASS                                        | MAX. LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| ASSET CLASS G (GOVERNMENT SECURITIES)                                                   | 100%       | ASSET CLASS G (GOVERNMENT SECURITIES)              | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| ASSET CLASS C(CORPORATE BONDS)                                                          | 100%       | ASSET CLASS C(CORPORATE BONDS)                     | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| ASSET CLASS E(EQUITY)                                                                   | 75%        | ASSET CLASS E(EQUITY)                              | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| ASSET CLASS A(ALTERNATE ASSETS)                                                         | 5%         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 6                                                                                       | 8          | FATCA & CRS Declaration                            | <ul style="list-style-type: none"> <li>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 what ever nationality, is also a resident for tax purpose in USA.</li> <li>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)</li> <li>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.</li> <li>In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 7                                                                                       | 9          | Tier II activation                                 | Asset Class A is not available under Tier II. In case Subscriber has selected to activate Tier-II Account with Same Bank, Nominee and Investment details that of Tier-I whereas he/she has chosen allocation in Asset Class A for Tier-I account, the applicant would be required to submit the Annexure IV for Tier-II mentioning the asset allocations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 8                                                                                       | 10         | Declaration / Signature by Applicant               | In case the applicant is unable to Declaration / affixed signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 9                                                                                       | 6          | Nomination Relationship Matrix                     | <table border="1"> <thead> <tr> <th colspan="13">Nomination Relationship Matrix (Please mention relationship as per details given below)</th></tr> <tr> <th rowspan="2">Relationship</th><th colspan="4">Male</th><th colspan="4">Female</th><th colspan="4">Transgender</th></tr> <tr> <th>Unmarried</th><th>Married</th><th>Widower</th><th>Divorcee</th><th>Unmarried</th><th>Married</th><th>Widower</th><th>Divorcee</th><th>Unmarried</th><th>Married</th><th>Widower/Widow</th><th>Divorcee</th></tr> </thead> <tbody> <tr> <td>Father</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Mother</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Son</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Daughter</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Husband</td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td></td><td></td><td></td><td>Yes</td><td></td><td></td></tr> <tr> <td>Wife</td><td></td><td>Yes</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Father In Law</td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td>Yes</td><td></td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Mother In Law</td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td>Yes</td><td></td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr> <td>Grand Son</td><td></td><td>Yes</td><td>Yes (only if the Married SON is expired)</td><td>Yes</td><td></td><td>Yes</td><td>Yes (only if the Married SON is expired)</td><td>Yes</td><td></td><td>Yes</td><td>Yes (only if the Married SON is expired)</td><td>Yes</td></tr> <tr> <td>Grand Daughter</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td></tr> <tr> <td>Daughter In Law</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td><td></td><td>Yes</td></tr> <tr> <td>Others</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td><td></td><td>Yes</td><td>Yes</td></tr> </tbody> </table> | Nomination Relationship Matrix (Please mention relationship as per details given below) |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                | Relationship | Male                           |      |                       |     | Female                |      |                                 |    | Transgender |  |  |  | Unmarried | Married | Widower | Divorcee | Unmarried | Married | Widower | Divorcee | Unmarried | Married | Widower/Widow | Divorcee | Father | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Mother | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Son |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes | Daughter |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes | Husband |  |  |  |  |  | Yes |  |  |  | Yes |  |  | Wife |  | Yes |  |  |  |  |  |  |  |  |  |  | Father In Law |  |  |  |  |  | Yes | Yes |  |  | Yes | Yes | Yes | Mother In Law |  |  |  |  |  | Yes | Yes |  |  | Yes | Yes | Yes | Grand Son |  | Yes | Yes (only if the Married SON is expired) | Yes |  | Yes | Yes (only if the Married SON is expired) | Yes |  | Yes | Yes (only if the Married SON is expired) | Yes | Grand Daughter |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes | Daughter In Law |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes | Others | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes |
| Nomination Relationship Matrix (Please mention relationship as per details given below) |            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Relationship                                                                            | Male       |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | Female    |           |                                          |             | Transgender |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|                                                                                         | Unmarried  | Married                                            | Widower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Divorcee                                                                                | Unmarried | Married   | Widower                                  | Divorcee    | Unmarried   | Married     | Widower/Widow                            | Divorcee                              |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Father                                                                                  | Yes        | Yes                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                     | Yes       | Yes       | Yes                                      | Yes         | Yes         | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Mother                                                                                  | Yes        | Yes                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                     | Yes       | Yes       | Yes                                      | Yes         | Yes         | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Son                                                                                     |            | Yes                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                     |           | Yes       | Yes                                      | Yes         |             | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Daughter                                                                                |            | Yes                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                     |           | Yes       | Yes                                      | Yes         |             | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Husband                                                                                 |            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           | Yes       |                                          |             |             | Yes         |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Wife                                                                                    |            | Yes                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           |           |                                          |             |             |             |                                          |                                       |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Father In Law                                                                           |            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           | Yes       | Yes                                      |             |             | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Mother In Law                                                                           |            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |           | Yes       | Yes                                      |             |             | Yes         | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Grand Son                                                                               |            | Yes                                                | Yes (only if the Married SON is expired)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                                                     |           | Yes       | Yes (only if the Married SON is expired) | Yes         |             | Yes         | Yes (only if the Married SON is expired) | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Grand Daughter                                                                          |            | Yes                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                     |           | Yes       |                                          | Yes         |             | Yes         |                                          | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Daughter In Law                                                                         |            | Yes                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                     |           | Yes       |                                          | Yes         |             | Yes         |                                          | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Others                                                                                  | Yes        |                                                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                     | Yes       |           | Yes                                      | Yes         | Yes         |             | Yes                                      | Yes                                   |      |                                       |      |                                |              |                                |      |                       |     |                       |      |                                 |    |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |                                          |     |  |     |                                          |     |  |     |                                          |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |

|                                    |                |
|------------------------------------|----------------|
| Applicable CRA charges:            | KFintech (Rs.) |
| Account Opening charges            | ₹ 39.36        |
| Account Maintenance Charges (p.a.) | ₹ 57.63        |
| Charge per transaction             | ₹ 3.36         |

[illegible]

Annexure II - If characters of name exceeded the space provided on page 1 of the application form

[illegible]

Annexure III - Additional Nomination ☐ For Tier-I ☐ For Tier-II ☐ For both Tier-I & Tier-II

| Percentage Share |                                          | Nominee I | Nominee II | Nominee III | Total should be equal to 100% |   |  |  |  |  |  |     |   |                                  |   |   |   |   |  |  |  |  |  |   |   |   |   |   |   |   |   |  |  |
|------------------|------------------------------------------|-----------|------------|-------------|-------------------------------|---|--|--|--|--|--|-----|---|----------------------------------|---|---|---|---|--|--|--|--|--|---|---|---|---|---|---|---|---|--|--|
| Nominee I        | Nominee I - Name                         | F         | i          | r           | s                             | t |  |  |  |  |  | M   | i | d                                | d | l | e |   |  |  |  |  |  | L | a | s | t |   |   |   |   |  |  |
|                  | Relationship                             |           |            |             |                               |   |  |  |  |  |  | Age |   | Date of Birth (In case of Minor) |   |   |   |   |  |  |  |  |  | D | D | M | M | Y | Y | Y | Y |  |  |
|                  | Name of Guardian<br>(nominee is a minor) | F         | i          | r           | s                             | t |  |  |  |  |  |     | M | i                                | d | d | l | e |  |  |  |  |  |   | L | a | s | t |   |   |   |  |  |
| Nominee II       | Nominee II - Name                        | F         | i          | r           | s                             | t |  |  |  |  |  |     | M | i                                | d | d | l | e |  |  |  |  |  |   | L | a | s | t |   |   |   |  |  |
|                  | Relationship                             |           |            |             |                               |   |  |  |  |  |  | Age |   | Date of Birth (In case of Minor) |   |   |   |   |  |  |  |  |  | D | D | M | M | Y | Y | Y | Y |  |  |
|                  | Name of Guardian<br>(nominee is a minor) | F         | i          | r           | s                             | t |  |  |  |  |  |     | M | i                                | d | d | l | e |  |  |  |  |  |   | L | a | s | t |   |   |   |  |  |
| Nominee III      | Nominee III - Name                       | F         | i          | r           | s                             | t |  |  |  |  |  |     | M | i                                | d | d | l | e |  |  |  |  |  |   | L | a | s | t |   |   |   |  |  |
|                  | Relationship                             |           |            |             |                               |   |  |  |  |  |  | Age |   | Date of Birth (In case of Minor) |   |   |   |   |  |  |  |  |  | D | D | M | M | Y | Y | Y | Y |  |  |
|                  | Name of Guardian<br>(nominee is a minor) | F         | i          | r           | s                             | t |  |  |  |  |  |     | M | i                                | d | d | l | e |  |  |  |  |  |   | L | a | s | t |   |   |   |  |  |

Annexure IV - Activate Tier-II (with Different Bank/Nomination/Investment Details - tick and fill as applicable)

|       |  |  |  |  |  |  |  |  |  |                            |
|-------|--|--|--|--|--|--|--|--|--|----------------------------|
| PAN * |  |  |  |  |  |  |  |  |  | Copy of PAN to be attached |
|-------|--|--|--|--|--|--|--|--|--|----------------------------|

|                           |                                        |
|---------------------------|----------------------------------------|
| No change in Bank details | Bank details for Tier-II are as under: |
|---------------------------|----------------------------------------|

|                 |                                     |                                      |  |  |  |  |  |  |  |  |
|-----------------|-------------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|
| Account Type    | <input type="checkbox"/> Saving A/c | <input type="checkbox"/> Current A/c |  |  |  |  |  |  |  |  |
| Bank A/c Number |                                     |                                      |  |  |  |  |  |  |  |  |
| Bank Name       |                                     |                                      |  |  |  |  |  |  |  |  |
|                 |                                     |                                      |  |  |  |  |  |  |  |  |

|                              |                                           |
|------------------------------|-------------------------------------------|
| No change in Nominee details | Nominee details for Tier-II are as under: |
|------------------------------|-------------------------------------------|

|                                          |                               |  |  |  |  |  |  |  |  |  |     |  |                                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|-----|--|----------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Nominee Name                             | F i r s t M i d d l e L a s t |  |  |  |  |  |  |  |  |  |     |  |                                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship                             |                               |  |  |  |  |  |  |  |  |  | Age |  | Date of Birth (In case of Minor) | D D M M Y Y Y Y |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Guardian<br>(nominee is a minor) | F i r s t M i d d l e L a s t |  |  |  |  |  |  |  |  |  |     |  |                                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |

In case you desire to nominate more than one person, fill Annexure III above

Investment details for Tier-II are as under:

| Pension Fund* (Please Tick (✓) one)                            |                                                                       | Investment Choice (Please Tick (✓) one)                               |                                          |                                           |                          |
|----------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------|
| <input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd | <input type="checkbox"/> Axis Pension Fund Mgmt. Ltd.                 | Active Choice mention the % share in each asset class below           |                                          |                                           |                          |
| <input type="checkbox"/> HDFC Pension Mgmt Co Ltd              | <input type="checkbox"/> ICICI Prudential Pension Funds Mgmt.Co. Ltd. | E (Upto 100%)                                                         | C (Upto 100%)                            | G (Upto 100%)                             | Total                    |
| <input type="checkbox"/> Kotak Mahindra Pension Fund Ltd       | <input type="checkbox"/> LIC Pension Fund Ltd                         | % Equity                                                              | % Corp Bonds                             | %Govt Sec                                 | 100%                     |
| <input type="checkbox"/> MAX Life Pension Fund Mangement Ltd   | <input type="checkbox"/> SBI Pension Funds Private Ltd                | OR                                                                    |                                          |                                           |                          |
| <input type="checkbox"/> Tata Pension Management Ltd           | <input type="checkbox"/> UTI Retirement Solutions Ltd                 | <input type="checkbox"/> Auto Choice select one life cycle fund below |                                          |                                           |                          |
|                                                                |                                                                       | Conservative(LC25)                                                    | <input type="checkbox"/> Moderate (LC50) | <input type="checkbox"/> Aggressive(LC75) | <input type="checkbox"/> |

|                       |  |
|-----------------------|--|
| Name of the Applicant |  |
| Place                 |  |
| Date                  |  |

Signature / Thumb Impression\* of Applicant  
(refer instructions)