

SUBSCRIBERS' CONTRIBUTION CHART

अभिदाता अंशदान सारणी

		Minimum Guaranteed of Rs.1000/- per Month न्यूनतम 1000/- रु. की गारंटीयुक्त मासिक पेंशन			Minimum Guaranteed of Rs.2000/- per Month न्यूनतम 2000/- रु. की गारंटीयुक्त मासिक पेंशन			Minimum Guaranteed of Rs.3000/- per Month न्यूनतम 3000/- रु. की गारंटीयुक्त मासिक पेंशन			Minimum Guaranteed of Rs.4000/- per Month न्यूनतम 4000/- रु. की गारंटीयुक्त मासिक पेंशन			Minimum Guaranteed of Rs.5000/- per Month न्यूनतम 5000/- रु. की गारंटीयुक्त मासिक पेंशन		
Return of Corpus Amount to the Nominee नामित की निधि राशियों का सांकेतिक लाभ		₹ 1.7 Lakh ₹ 1.7 लाख			₹ 3.4 Lakh ₹ 3.4 लाख			₹ 5.1 Lakh ₹ 5.1 लाख			₹ 6.8 Lakh ₹ 6.8 लाख			₹ 8.5 Lakh ₹ 8.5 लाख		
Age entry	Vesting period	Mthly	Qtrly	Hlf Yly												
प्रवेश की आयु	निहित अवधि	मासिक अंशदान	त्रैमासिक अंशदान	छमाही अंशदान	मासिक अंशदान	त्रैमासिक अंशदान	छमाही अंशदान	मासिक अंशदान	त्रैमासिक अंशदान	छमाही अंशदान	मासिक अंशदान	त्रैमासिक अंशदान	छमाही अंशदान	मासिक अंशदान	त्रैमासिक अंशदान	छमाही अंशदान
18	42	42	125	248	84	250	496	126	376	744	168	501	991	210	626	1239
19	41	46	137	271	92	274	543	138	411	814	183	545	1080	228	679	1346
20	40	50	149	295	100	298	590	150	447	885	198	590	1169	248	739	1464
21	39	54	161	319	108	322	637	162	483	956	215	641	1269	269	802	1588
22	38	59	176	348	117	349	690	177	527	1045	234	697	1381	292	870	1723
23	37	64	191	378	127	378	749	192	572	1133	254	757	1499	318	948	1877
24	36	70	209	413	139	414	820	208	620	1228	277	826	1635	346	1031	2042
25	35	76	226	449	151	450	891	226	674	1334	301	897	1776	376	1121	2219
26	34	82	244	484	164	489	968	246	733	1452	327	975	1930	409	1219	2414
27	33	90	268	531	178	530	1050	268	799	1582	356	1061	2101	446	1329	2632
28	32	97	289	572	194	578	1145	292	870	1723	388	1156	2290	485	1445	2862
29	31	106	316	626	212	632	1251	318	948	1877	423	1261	2496	529	1577	3122
30	30	116	346	685	231	688	1363	347	1034	2048	462	1377	2727	577	1720	3405
31	29	126	376	744	252	751	1487	379	1129	2237	504	1502	2974	630	1878	3718
32	28	138	411	814	276	823	1629	414	1234	2443	551	1642	3252	689	2053	4066
33	27	151	450	891	302	900	1782	453	1350	2673	602	1794	3553	752	2241	4438
34	26	165	492	974	330	983	1948	495	1475	2921	659	1964	3889	824	2456	4863
35	25	181	539	1068	362	1079	2136	543	1618	3205	722	2152	4261	902	2688	5323
36	24	198	590	1169	396	1180	2337	594	1770	3506	792	2360	4674	990	2950	5843
37	23	218	650	1287	436	1299	2573	654	1949	3860	870	2593	5134	1087	3239	6415
38	22	240	715	1416	480	1430	2833	720	2146	4249	957	2852	5648	1196	3564	7058
39	21	264	787	1558	528	1574	3116	792	2360	4674	1054	3141	6220	1318	3928	7778



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

SUBSCRIBER REGISTRATION FORM

To The Branch Manager/Officer In Charge, _____ Branch, _____ Bank/Dept. of Post
Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

*** Indicates mandatory fields. Please fill the form in English and BLOCK letters**

1. BANK DETAILS:

Bank A/c Number*
Bank Name* Bank Branch*

2. PERSONAL DETAILS:

Name of Applicant in full* Shri Smt. Kumari
Full Name*
Date of Birth* / / Age Mobile No
Email ID Aadhaar*
Married Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY.
Name of Spouse Aadhaar
Nominee's Name* Aadhaar
Nominee's relationship with the subscriber

Additional Details in case nominee is a Minor

Date of Birth* / /
Guardian's Name*
Whether beneficiary of other statutory social security schemes Yes No
Whether Income Tax Payer Yes No
Is FATCA/CRS* applicable \$ Yes No

\$ FATCA/CRS is applicable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Form needs to be submitted if you are an US person or your Country of Birth / Country of Citizenship / Country of Residence for Tax Purpose is a country other than India.

3. PENSION DETAILS

Frequency of Contribution (Please tick(✓)) * Monthly Quarterly Half Yearly
Pension Amount (Please tick(✓)) * 1000 2000 3000 4000 5000
Contribution Amount (in Rs.) (To be filled by the Bank)
I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with overdue interest thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. Further, I do not hold any pre-existing account under APY. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law.

Date / /
Place

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber:
PRAN Number
Guaranteed Pension Amount Periodicity of Contribution
Contribution Amount under APY (in Rs.)

Name of the Bank:
Bank Branch:
Receiving Officer's Name:
Date of Receipt of Application:
Stamp and Signature of the Bank

*Atal Pension Yojana has now been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016. As per the provisions of the act, any individual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number or undergo enrolment under Aadhaar authentication. All new APY registrations will have to comply with the above directives.

Self-Certification for Individual - FATCA/CRS Declaration Form

Name of Subscriber:

Permanent Retirement Account Number (PRAN):

Date of Birth:

FATCA/CRS Declaration Form	
Part I- Please fill in the country for each of the following:	
1	Country of:
a)	Birth
b)	Citizenship
c)	Residence for Tax Purposes
2	US Person (Yes / No)
Part II- Please note:	
a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.	
b. if for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:	
i)	TIN
	Country of Issue
ii)	TIN
	Country of Issue
iii)	TIN
	Country of Issue
a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in Part IV .	

b. In case you are declaring US person status as ‘No’ but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

Part III- Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I/we certify that:

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder Is a tax resident outside of India)**

(ii) I/We understand that the NPS Trust is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The NPS Trust is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I/We agree that as may be required by domestic regulators/tax authorities the NPS Trust may also be required to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

(vi) I/We permit/authorise NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by NPS Trust and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

(vii) I / We hereby accept and acknowledge that NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to NPS Trust.

(viii) I/We shall indemnify NPS Trust for any loss that may arise to NPS Trust on account of providing incorrect or incomplete information.

Signature :

Name :

Date (DD/MM/YYYY) :

Part IV- Self-Certification:

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Pls tick document being submitted)

Passport

Election Id Card

PAN Card

Driving License

UIDAI Letter

NREGA Job Card

Govt. Issued ID Card

To The Branch Manager/Officer In Charge, _____ Branch, _____ Bank/Dept. of Post

AADHAAR SEEDING CONSENT FORM – ATAL PENSION YOJANA

Name: _____	Name as in Aadhaar: _____
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I wish to seed my Aadhaar number in my Atal Pension Yojana account

APY PRAN	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

I declare (Tick A or B as applicable)

A	Use my existing Aadhaar information available in my Savings Bank account linked to my APY account. (In case savings account is already seeded with Aadhaar)
B	Aadhaar details provided below (Submit the copy of self attested Aadhaar card or e-Aadhaar along with originals for verification)

Aadhaar Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

Declaration

I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">Date</td> <td style="width: 5%; text-align: center;">d</td> <td style="width: 5%; text-align: center;">d</td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%; text-align: center;">m</td> <td style="width: 5%; text-align: center;">m</td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%; text-align: center;">y</td> </tr> <tr> <td style="padding: 5px;">Place</td> <td colspan="10" style="padding: 5px;">_____</td> </tr> </table>	Date	d	d	/	m	m	/	y	y	y	y	Place	_____										Signature/Thumb Impression* of the Subscriber/ Nominee/Spouse (*LTI in case of male and RTI in case of Female)	
Date	d	d	/	m	m	/	y	y	y	y														
Place	_____																							

13. I _____, the applicant, do hereby declare that the Information provided above is true to the best of my knowledge & belief.

Date:

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section D : Change / Correction in Frequency:

14. Change/Correction in Frequency of deduction of APY contribution:
Update/Correct the frequency to (Tick the relevant Box):

Monthly Quarterly Halfyearly

Section E: Change/ Correction in Date of Birth:

15. Change/Correction in Date of Birth:
Update/Correct the Date of Birth to (Tick the relevant Box):

Correct Date of Birth*

(Date of Birth should be supported by relevant documentary proof)

16. Declaration:

I hereby authorize the bank to debit my bank account for making payment under APY as applicable based on correction in **date of birth**. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount as a result of correction in date of birth. In case of excess amount contributed by subscriber, amount will be deposited in subscriber savings account by NSDL-CRA.

Date:

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section F : Request for Pension Amount Upgrade:

17. Pension Amount Upgrade: Tick the relevant Box:

2000 3000 4000 5000

Section G : Request for Pension Amount Downgrade:

18. Pension Amount Downgrade: Tick the relevant Box:

1000 2000 3000 4000

19. Declaration:

I hereby authorize the bank to debit my bank account for making payment under APY as applicable based on my age and the pension amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with overdue interest thereon. I also authorise the bank to debit my bank account (registered under APY) for additional contribution to be paid for upgraded pension amount. In case of downgrade of pension amount, the differential amount would be refunded to the subscriber through direct credit to Bank Account (Registered under APY)

Date:

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section H : Request for Reissue:

- E-PRAN by bank branch (Free of Cost)
- E-Statement of Transaction by bank branch (Free of cost)
- Subscriber Information Boucher (Free of cost)

ACKNOWLEDGEMENT - MODIFICATION UNDER ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber:

PRAN:

Bank Name:

Branch Name:

Date of Receipt:

Instructions for filling the form

- This form is to be used for the purpose of change/Correction in subscriber's personal details, nominee details, Bank details, Correction in date of birth and change/Correction in frequency/Pension amount.
- This form is to be submitted at the APY-SPs bank Branch for carrying out necessary changes.
- Only those details to be filled where modification/Correction is required.
- Subscriber are required to submit a relevant documentary proof for execution of any changes as requested by APY-SPs.
- Form to be filled legibly in Block Letters. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite.
- Please tick the box on the left margin of appropriate row where change/Correction is required and provide the corresponding row. Each box wherever provided, should contain only one character.
- Mention 12 digit PRAN correctly.
- All dates should be in DD MM YYYY format
- Application incomplete in any respect and/ or not accompanied by required documents asked by bank is liable to be rejected.
- Ask for acknowledgement receipt on submission of request.
- Subscribers are advised to retain the acknowledgement slip signed/stamped by APY-SP where they have submitted the application.

ATAL PENSION YOJANA (APY) – ACCOUNT CLOSURE FORM (VOLUNTARY EXIT)

To,
The Branch Manager,
_____ Bank
_____ Branch

Dear Sir/Madam,

I hereby request that my account opened under Atal Pension Yojana may be closed. The details are as follows:

a) Voluntary Exit *

b) Terminal Illness **

PRAN :

Name of PRAN Holder : _____

Saving Bank Account for credit of Corpus (Pension Wealth)* :

IFS Code

Reason for Closure (Please select – only for Voluntary exit):

Not able to pay contributions Require Funds urgently

Others (specify : _____)

* In case a subscriber, who has availed Government co-contribution under APY, chooses to voluntarily exit APY before the age 60, he/she shall only be refunded the contributions made by him/her to APY, along with the net actual income earned on his/her contributions (after deducting the account maintenance, assets management etc. charges), whereas, the Government co-contribution, and the income earned on the Government co-contribution, shall not be returned to such subscribers.

** The terminal illness as mentioned in the Pension Fund Regulatory and Development Authority (Exits and Withdrawals under the National Pension System) Regulations, 2015.

Date:
Place:

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT – ACCOUNT CLOSURE FOR ATAL PENSION YOJANA (APY) (To be filled by the Bank)

Name of the Subscriber: _____

PRAN:

Government co-contribution: Credited Not Credited Returned

Corpus (Pension Wealth) would be credited in the savings Bank Account No:

Name of the Bank:		Stamp and Signature of the Bank
Bank Branch:		
Receiving Officer's Name:		
Date of Receipt		

In case of exit due to Terminal Illness documents to be obtained from the Subscriber as stipulated by PFRDA.

ATAL PENSION YOJANA (APY) – ACCOUNT CLOSURE FORM (Death)

To,

The Branch Manager,

_____ Bank

_____ Branch

Dear Sir/Madam,

I/We _____ being a spouse/nominee(s) of the deceased subscriber hereby request that account opened under Atal Pension Yojana of Shri / Smt. _____

a) to be closed

b) to be continued by spouse

(as per PFRDA Circular dated May 2, 2016. Please submit separate form for continuation of APY account)

The PRAN details are as follows:

c) PRAN

d) Name of the deceased Subscriber _____

e) Name of the Spouse _____

f) Bank details of Spouse _____

g) Saving Bank Account Number of Spouse

h) IFS Code

i) Name of the Nominee _____
(where subscriber is not married, divorced, legally separated or spouse has expired)

j) Name of the Nominee's Bank : _____

k) Nominee's Saving Account Number:

l) IFS Code of nominee's bank

Date :

Place:

Signature / Thumb Impression of the Spouse/Nominee (*LTI in case of male and RTI in case of female)
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ACKNOWLEDGEMENT – ACCOUNT CLOSURE FOR ATAL PENSION YOJANA (APY)-Death Case

A/c to be closed

A/c to be continued by Spouse

Name of the Spouse _____

Name of the Nominee _____

PRAN _____

Corpus (pension wealth) would be

credited in the saving Bank account No.: _____

Name of the Bank:		Stamp and Signature of the Bank
Bank Branch:		
Receiving Officers Name:		
Date of Receipt		

List of documents to be obtained from the spouse or the nominee.

1. Original death certificate of the subscriber.
2. KYC of spouse or nominee.
3. Proof of bank details for spouse or nominee.
4. Relationship proof of claimant with subscriber/ A legal heir certificate OR a certified copy of family member's certificate issued by Executive Magistrate indicating the relationship of the Claimant with the subscriber, in case the exit request is submitted by any other claimant (other than the spouse/nominee registered in the APY system of CRA)

Note: As per APY Scheme, in case of death of the subscriber before 60 years, the corpus will be settled in the name of the spouse who is the default nominee. In other cases it will be settled in the name of the nominee.