FORM: 601 PW

National Pension System (NPS)

(Under Regulations 8 of PFRDA (Exits & Withdrawals) Regulations, 2015)

Partial Withdrawal form for Tier I account under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

For Nodal Office use

PAO/DTO/POP/POP-SP Reg. No. | | | | | | | |

Receipt No.: | | | | | | | | | | | | | | | | | |

PRAN | | | | | | | | | | | | |

Ack No. | | | | | | | | | | |

(Generated by CRA System)

Entered By: _____ Date: _____

Verified By: _____ Date: _____

Please select your Category (please tick √)

☐ Government Sector ☐ Corporate Sector ☐ All Citizen of India ☐ NPS Lite/ Swavalamban

To,
NPS Trust

Sir/Madam,

I _____ holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for withdrawal from my Tier I account under NPS and give below the necessary details:

Section A – Subscriber's Personal Details:

PRAN*	
Name of the Subscriber*	
Mobile No.#	
Email ID#	

Subscribers Mobile No. and Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit S2 Form.

a. % of Partial Withdrawal* ☐☐ %

(Maximum 25% of own contribution (without accrued income earned thereon) only)

b. Purpose of withdrawal* (please tick √ on box below with reason applicable)

☐ 1. for Higher education of children including a legally adopted child

☐ 2. for the marriage of children, including a legally adopted child;

☐ 3. for the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse

☐ 4. for treatment of specified illnesses (please tick √)

- ☐ a. Cancer
- ☐ b. Kidney Failure (End Stage Renal Failure)
- ☐ c. Primary Pulmonary Arterial Hypertension
- ☐ d. Multiple Sclerosis
- ☐ e. Major Organ Transplant
- ☐ f. Coronary Artery Bypass Graft
- ☐ g. Aorta Graft Surgery
- ☐ h. Heart Valve Surgery
- ☐ i. Stroke
- ☐ j. Myocardial Infarction
- ☐ k. Coma
- ☐ l. Total blindness
- ☐ m. Paralysis
- ☐ n. Accident of serious/ life threatening nature

c. Bank account details of the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick √ as applicable)

☐ same bank account already registered under NPS ☐ another Bank account, please provide the details below

Bank Account No.	
Bank Name	
Type of Account	Savings Account ( ) Current Account ( )
Branch Name & Address	
IFS Code	

Section B – Declarations

Declaration by the Subscriber*:

1. I hereby declare that information stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of ten years in to the NPS as required for partial withdrawal and eligible to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.

2. I .....(name) with PRAN.....agree that in case of any failure of Direct Credit, for any reason whatsoever, NPS Trust / CRA shall not be responsible. I also agree that NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.

Date d d m m y y y y

Place

*Signature / Thumb Impression of the Subscriber***

** Left thumb impression in case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal Office(for government sector subscribers):*

I/We hereby declare that the subscriber Sh./Smt/Kum.....with PRAN.....is employed with us and I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Signature & stamp of the DDO	Date d d m m y y y y Registration No. of DDO
Signature & stamp of the DTO/PAO/CDDO	Date d d m m y y y y Registration No. of PAO/CDDO/DTO

Declaration by POP/Aggregator(for Non government sector subscribers):

I hereby declare that the subscriber Sh./Smt/Kum_____ with PRAN _____ has signed/thumb impressed before me after he/she has read the entries/have been read over by him/her for the request of partial withdrawal under NPS. I have verified the genuineness of the reasons for his/her withdrawal request and bank details submitted by him/her in respect of his/her request for partial withdrawal are correct.

Signature & stamp of the Authorised person at POP-SP/NL-CC	Date d d m m y y y y Registration No. of POP-SP/NL-CC
Signature & stamp of the Authorised person at POP/NL-AO	Date d d m m y y y y Registration No. of POP/NL-AO

ACKNOWLEDGMENT RECEIPT

Acknowledgment slip to the NPS Subscriber on receipt of partial withdrawal application form

(To be filled by DDO/CDDO/PAO/DTO/POP/Aggregator)

Received from PRAN :	
DDO/POP-SP/NL-CC Registration Number:	Date : d d m m y y y y
PAO/CDDO/DTO/POP/NL-AO Registration Number	Received at
Acknowledgement Number	