



d) Office

e) Department

f) Ministry

g) Basic Salary

h) Pay Scale

Certified that the above declaration has been signed / thumb impressed before me by \_\_\_\_\_  
 after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment  
 details is as per employee records available with the Department.

Signature of the Authorised Person \_\_\_\_\_

Designation of the Authorised Person \_\_\_\_\_ Rubber Stamp of the DDO

Date : \_\_\_\_\_ Name of the DDO \_\_\_\_\_

Department / Ministry \_\_\_\_\_

**VIII. Subscriber's Bank Details\* (The subscriber shall provide a cancelled cheque, the details of which should match the bank details provided)**

a) Bank A/c Number

b) Bank Name

c) Bank Branch

d) Bank Address

e) Pin Code

f) Bank MICR Code

g) IFS code (Wherever applicable)

**D. Additional information for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)**

**IX. Subscribers Employment and PAN Details**

a) Date of Joining\* :          
 D D M M Y Y Y Y

b) Date of Retirement\* :          
 D D M M Y Y Y Y

c) Employee ID\*

d) CHO Reg No\*:  e) PAN :

Certified that the above declaration has been signed before me by \_\_\_\_\_  
 after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as  
 per employee records available with the Corporate.

Signature of the Authorised Person \_\_\_\_\_

Designation of the Authorised Person \_\_\_\_\_ Rubber Stamp of the Corporate

Rubber Stamp of the Corporate

**X. Subscriber's Bank Details (The subscriber shall provide a cancelled cheque, the details of which should match the bank details provided)**

a) Bank A/c Number

b) Bank Name

c) Bank Branch

d) Bank Address

e) Pin Code

f) Bank MICR Code

g) IFS code (Wherever applicable)

**XI. Subscriber Scheme Preference (Applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees)**

a) PFM (Name in alphabetical order)

Please tick only one

- 1 DSP BlackRock Pension Fund Managers Private Limited
- 2 HDFC Pension Management Company Limited
- 3 ICICI Pension Fund Management Company Limited
- 4 Kotak Mahindra Pension Fund Limited

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 5 LIC Pension Fund Limited
- 6 Reliance Capital Pension Fund Limited
- 7 SBI Pension Funds Private Limited
- 8 UTI Retirement Solutions Limited

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

b) Investment Option (refer Instruction no. VI & VII)

Active Choice

Auto Choice

(For details on Auto Choice, please refer to the Offer Document)

Note:-

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
2. In case you have opted for Auto Choice, DO NOT fill up section (V.c) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

c) Asset Allocation table (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E	C	G	Total
% share				100%

Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.

**XII. KYC details (Applicable only if subscriber is shifting from State / Central Government Sector)**

(Refer instruction no. X)

- a) KYC document accepted for identify proof : \_\_\_\_\_
- b) KYC document accepted for address proof : \_\_\_\_\_
- c) Document accepted for Date of birth proof : \_\_\_\_\_

**Declaration (Applies to subscribers across all sectors):**

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date \_\_\_\_\_

Signature/Left Thumb impression of Subscriber\* \_\_\_\_\_

For Office use only (To be filled up by the officer accepting the form)

Received by: \_\_\_\_\_

PAO/POP –SP Registration Number:

Received at: \_\_\_\_\_

Date: \_\_\_\_\_ Time Stamp: \_\_\_\_\_

Details verified by: \_\_\_\_\_

Date: \_\_\_\_\_ Time stamp: \_\_\_\_\_

Receipt Number Issued by the receiving office (only for POP-SP)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Instructions for filling the form**

- I. Details of the DDO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / POP-SP with which the PRAN will be associated.
- III. Please quote the correct PRAN and attach a copy of the PRAN Card
- IV. This form is to be used by the subscriber only
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a subscriber is shifting from one State Governemnt to another State
- VI. Active choice - Under Active choice, subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
  - a. PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
  - b. Allocation under Equity (E) cannot exceed 50%
  - c. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VII. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber. A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM. In case both investment option and the asset allocation table are left blank, the subscriber's funds will be invested as per Auto Choice For more details on investment options and asset classes, please refer to the Offer Document.
- VIII. Employment details are to be captured in CRA system by the target PAO/DTO along with other details, if the subscriber is shiifting from UOS to Central / State Governemnt sector
- IX. PAO/DTO have to modify the employment details of the subscriber after the shifting of the PRAN, in case of subscriber shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors
- X. Illustrative list of documents acceptable as proof of identity and address

No.	Proof of Identity (Copy of any one)
i)	School Leaving Certificate
ii)	Matriculation Certificate
iii)	Degree of Recognized Educational Institution
iv)	Depository Account Statement
v)	Bank Account Statement / Passbook
vi)	Credit Card
vii)	Water Bill
viii)	Ration Card
ix)	Property Tax Assessment Order
x)	Passport
xi)	Voter's Identity Card
xii)	Driving License
xiii)	PAN Card
xiv)	Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.

No.	Proof of Address (Copy of any one)
i)	Electricity bill^
ii)	Telephone bill^
iii)	Depository Account Statement^
iv)	Credit Card Statement^
v)	Bank Account Statement / Passbook^
vi)	Employer Certificate^
vii)	Rent Receipt^
viii)	Ration Card
ix)	Property Tax Assessment Order
x)	Passport
xi)	Voter's Identity Card
xii)	Driving License
xiii)	Certificate of address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.

Note:  
 1) Proof of Address mentioned in Sr. No. i) to vii) (^) should not be more than six months old on the date of application.  
 2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-the-counter after verification)