Form-ISS-1 National Pension System (NPS)
Subscriber Shifting
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.) (Please tick the respective block which is applicable to you)
A. General Information:
I) NAME *
II) PRAN (Permanent Retirement Account Number) *
III) Existing PRAN association (refer Instruction no. I)
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg. No: *
c) DDO / CBO / POP-SP Name: *
IV) Target PRAN association (refer Instruction no. II)
a) Sector:* Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg No: *
c) DDO / CBO / POP-SP Name: *
B. Additional information for subscribers shifting to All Citizens of India - UOS
V. Subscriber Scheme Preference
a) PFM (Name in alphabetical order) Please tick only one
1 ICICI Prudential Pension Funds Management Company Limited       4 SBI Pension Funds Private Limited         2 Kotak Mahindra Pension Fund Limited       5 UTI Retirement Solutions Limited         3 Reliance Capital Pension Fund Limited
(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)
E C G Total
Asset Class     (Cannot exceed 50%)       % 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.
VI. KYC details (Applicable only if subscriber is shifting from Government Sector) (Refer instruction no. X)
a) KYC document accepted for identify proof :
c) Document accepted for Date of birth proof :
C. Additional information for subscribers shifting to Central Government or State Government (to be filled by target DDO) (Please refer to instruction No. VIII & IX)
VII. Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)
a) Date of Joining: D D M M Y Y Y Y D D M M Y Y Y Y
c) Group of the Employee A B C D D

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b) Investment Option (refer Instruction no. VI & VII)		
Active Choice Auto Ch Note:-	oice	(For details on Auto Choice, please refer to the Offer Document)
<ol> <li>In case you do not indicate any investment option, y</li> <li>In case you have opted for Auto Choice, DO NOT f</li> </ol>		to Choice g 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 y	you have selected the 'Active Cho	nce' investment option)
Asset Class E % share	С	G Total 100%
	must equal 100%. In case, the allo	ocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.
XI. KYC details (Applicable only if subscriber is sh	ifting from State / Central Gove	ernment Sector) (Refer instruction no. X)
a) KYC document accepted for identify proof :		
<ul><li>b) KYC document accepted for address proof :</li><li>c) Document accepted for Date of birth proof :</li></ul>		
I agree to be bound by the terms and conditions for the	e target sector (in which my PRA	bscribers across all sectors): N will belong after processing of this Intersector Shifting request) and understand that vithout any new Declaration / Undertaking being signed. Further, I agree to pay all the
necessary enarges, as appreable, of the target sector.		
Date Signa	ature/Left Thumb impression of S	ubscriber*
-	For Officie use only (To be filled	up by the officer accepting the form)
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		PAO/POP –SP Registration Number: Date: Time Stamp:
Received at: Details verified by:		Date: Time stamp:
Receipt Number Issued by the receiving office (only for	or POP-SP)	
Instructions for filling the form	XXXXXXXXXXXX	XXXXXXXXXXXXX
I. Details of the DDO / POP-SP with which the PRAM		
II. Details of the DDO / POP-SP with which the PRA III. Please quote the correct PRAN and attach a copy		
IV. This form is to be used by the subscriber only		
		same only if a subscriber is shifting from one State Governemnt to another State d 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 r b. Allocation under Equity (E) cannot exceed 50%	· ·	r.
		"G", & "C"). However, the sum of percentage allocation across all the selected asset
VII. Auto choice - Under Auto choice investment wi		, or the asset allocation table is left blank, the application shall be rejected. the schemes of PFM chosen by Subscriber.
		be rejected if the subscriber does not indicate his/her choice of PFM. Ibscriber's funds will be invested as per Auto Choice
For more details on investment options and asset		
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	le of the subscriber after the shi	ifting of the PRAN, in case of subscriber shifting from Central Government to State
Government or vice versa or across two State Gover	rnments, i.e, both existing and n	
X. Illustrative list of documents acceptable as proof of	identity and address	
No.         Proof of Identity (Copy of any one)           i)         School Leaving Certificate	No. Proof of Addres i) Electricity bill^	s (Copy of any one)
ii) Matriculation Certificate	ii) Telephone bill^	
iii) Degree of Recognized Educational Institution iv) Depository Account Statement	iii) Depository Account Sta iv) Credit Card Statement <sup>A</sup>	
v) Bank Account Statement / Passbook	v) Bank Account Statemer	
vi) Credit Card vii) Water Bill	vi) Employer Certificate^ vii) Rent Receipt^	
viii) Ration Card	viii) Ration Card	Note:
ix) Property Tax Assessment Order x) Passport	ix) Property Tax Assessme x) Passport	nt Order       1) Proof of Address mentioned in Sr. No. i) to vii)         (^) should not be more than six months old on the
xi) Voter's Identity Card xii) Driving License	xi) Voter's Identity Card xii) Driving License	date of application.
xii) PAN Card	Certificate of address s	
Certificate of identity signed by a Member of	Parliament or Member xiii) or Municipal Councillo	of Legislative Assembly or or a Gazetted Officer. two self-attested photocopies (Originals will be returned over-the-
xiv) Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.		counter after verification)