



पेंशन निधि विनियामक और
विकास प्राधिकरण
बी-14/ए, छत्रपति शिवाजी भवन,
कुतुब संस्थागत क्षेत्र,
कटवारिया सराय, नई दिल्ली-110016.
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फैक्स : 011-26517507
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**PENSION FUND REGULATORY
AND DEVELOPMENT AUTHORITY**
B-14/A, Chhatrapati Shivaji Bhawan,
Qutab Institutional Area,
Katwaria Sarai, New Delhi-110016.
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CIRCULAR

File Ref. No.: PFRDA/4/62

August 23rd, 2016

To all Banks/DoP

Nomination in APY

In Atal Pension Yojana, the prospective applicants are required to provide the following details while enrolling into the scheme

- A. Name of the spouse
- B. Name of the nominee.

1. The spouse of the subscriber who is designated as default nominee is entitled to receive the accumulated corpus lying in APY-PRAN in case of death of the subscribers before the attaining the age of 60 years.

2. The spouse also will be eligible for receipt of pension for life after the death of the subscriber after the latter receives the pension from the age of 60 years.

3. The unmarried subscribers are required to furnish the spouse details after marriage.

4. With regards to name of nominee, it is clarified that the name of the nominee should preferably be a person other than spouse to avail the third benefits described as per the scheme which is the return of pension corpus after the death of the subscriber and the spouse. The nominee is designated as the beneficiary of the recipient of indicative pension corpus amount ie Rs 1.70 lac - Rs 8.50 lac as the case may be.

5. It is observed that the subscribers of APY are providing the same person's details at both places ie for spouse and nominee. Banks are advised to verify the details before enrollment. The exiting subscribers who have furnished incorrect details are advised to correct the same by submitting the change request to the respective bank branches.

Yours Sincerely

Ananta Gopal Das
Chief General Manager



ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM
(Administered by Pension Fund Regulatory and Development Authority)

To,
The Branch Manager, _____ Bank _____ Branch

Dear Sir/Madam,
I hereby request that an APY account be opened in my name under 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*	d	d	/	m	m	/	y	y	y	y	Age					Mobile No						
Email ID											Aadhaar											
Married	Yes	No																				
Name of Spouse											default nominee under APY.											
Nominee's Name*																						
Nominee's Relationship with the subscriber																						
Additional Details in case nominee is a Minor																						
Date of Birth*	d	d	/	m	m																	
Guardian's Name*																						
Whether beneficiary of other statutory social security schemes	Yes	No																				
Whether Income Tax Payer	Yes	No																				

A and B should be different names. A - Spouse B - Nominee, the recipient of pension corpus after the death of the Subscriber and the spouse

3. PENSION DETAILS

Pension Amount (Please tick(√)) *	1000	2000	3000	4000	5000										
Contribution Amount (Monthly/Quarterly) (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 penalty thereon.				

4. Periodicity of contribution payments (Tick one)	Monthly	
	Quarterly	
	Half Yearly	

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. 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.

Date	d	d	/	m	m	y	y	y	y	Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)
Place										

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 (Tick one)	M	o	n	t	h	l	y	Q	u	a	r	t	e	r	l	y
Monthly Contribution/ Quarterly Contribution Amount under APY																
Name of the Bank											Stamp and Signature of the Bank					
Bank Branch:																
Receiving Officer's Name:																
Date of Receipt of Application:																