

FORM: IPTR-1**National Pension System (NPS)****Inter Platform Transfer Request - NPS-Lite/Swavalamban to All citizen model(UOS)/ Central/State Govt/Corporate sector**

(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)

IPTR No.
(To be filled by the Target Office)

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Subscribers Name	First Name																			
	Middle Name																			
	Last Name																			
Date of Birth	D	D	M	M	Y	Y	Existing PRAN													

Existing PRAN association(tick √ as applicable) (refer Instruction no. 1)

Platform	NPS Lite		NPS Swavalamban	
POP / AGGREGATOR / NLOO Name and Reg. No: *				

Target PRAN association (tick √ as applicable)(refer Instruction no. 2)

Sector	Central Government		State Government	
	All Citizens of India (UOS)		Corporate Sector	

PrAO / CHO / POP Name and Reg. No: * _____
(As per the S1 form attached)

Declaration

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Inter Platform Transfer 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.

Also, I agree to abide by the condition that the benefits payable under NPS at the time of exit would be subject to the overriding condition of NPS-Swavalamban whereby the entire accumulated pension wealth would be annuitised in case if the monthly pension obtained by using the 40%/80% (as applicable basing on the exit guidelines of NPS) of the pension wealth is below Rs.1000/- per month having received a government co-contribution towards the NPS accumulations. Also, I further understand that receipt of government co-contribution during a single year would be enough for the above condition to take effect.

Signature/Left Thumb impression of Subscriber*		DATE	D	D	M	M	Y	Y	Y	Y
		PLACE:								

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