

46442/2020/P&D Dept-APY

_____, the applicant, do hereby declare that the Information provided above is true to the best of my knowledge & belief.

Date: / /

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section D : Change / Correction in Frequency:

14. Change/Correction in Frequency of deduction of APY contribution:
Update/Correct the frequency to (Tick the relevant Box):
Monthly Quarterly Halfyearly

Section E: Change/ Correction in Date of Birth:

15. Change/Correction in Date of Birth:
Update/Correct the Date of Birth to (Tick the relevant Box):
Correct Date of Birth* / /
(Date of Birth should be supported by relevant documentary proof)

16. Declaration:
I hereby authorize the bank to debit my bank account for making payment under APY as applicable based on correction in **date of birth** If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount as a result of correction in date of birth. In case of excess amount contributed by subscriber, amount will be deposited in subscriber savings account by NSDL-CRA.

Date: / /

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section F : Request for Pension Amount Upgrade:

17. Pension Amount Upgrade: Tick the relevant Box:
2000 3000 4000 5000

Section G : Request for Pension Amount Downgrade:

18. Pension Amount Downgrade: Tick the relevant Box:
1000 2000 3000 4000

19. Declaration:

I hereby authorize the bank to debit my bank account 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 overdue interest thereon. I also authorise the bank to debit my bank account (registered under APY) for additional contribution to be paid for upgraded pension amount. In case of downgrade of pension amount, the differential amount would be refunded to the subscriber through direct credit to Bank Account (Registered under APY)

Date: / /

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Section H : Request for Reissue:

- E-PRAN by bank branch (Free of Cost)
E-Statement of Transaction by bank branch (Free of cost)
Subscriber Information Boucher (Free of cost)

ACKNOWLEDGEMENT - MODIFICATION UNDER ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber: PRAN: Bank Name: Branch Name: Date of Receipt: / / **Instructions for filling the form**

- This form is to be used for the purpose of change/Correction in subscriber's personal details, nominee details, Bank details, Correction in date of birth and change/Correction in frequency/Pension amount.
- This form is to be submitted at the APY-SPs bank Branch for carrying out necessary changes.
- Only those details to be filled where modification/Correction is required.
- Subscriber are required to submit a relevant documentary proof for execution of any changes as requested by APY-SPs.
- Form to be filled legibly in Block Letters. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite.
- Please tick the box on the left margin of appropriate row where change/Correction is required and provide the corresponding row. Each box wherever provided, should contain only one character.
- Mention 12 digit PRAN correctly.
- All dates should be in DD MM YYYY format
- Application incomplete in any respect and/ or not accompanied by required documents asked by bank is liable to be rejected.
- Ask for acknowledgement receipt on submission of request.
- Subscribers are advised to retain the acknowledgement slip signed/stamped by APY-SP where they have submitted the application.



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

Application for Modification/Addition of details in APY & Change of APY Service Provider (APY-SP)

Application for Change of APY Service Provider (APY-SP)

To,

The Branch Manager, _____ Bank, _____ Branch _____

Sir/Madam,

I would like to transfer my PRAN account under APY as per the details given below:

* Indicates mandatory fields. Please fill the form in English and BLOCK letters

PRAN (Permanent Retirement Account Number)* _____ Please attach copy of e PRAN

1. BANK DETAILS:

Bank A/c Number* _____

Bank Name* _____ Bank Branch* _____

2. PERSONAL DETAILS:

Name of Applicant * Shri Smt. Kumari

Full Name* _____

Date of Birth* (As Register under APY) / / / / / / / Mobile No _____

Email ID _____

Married Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY.

Name of Spouse _____

Nominee's Name* _____

Nominee's Relationship with the Subscriber _____

Additional Details in case nominee is a Minor

Date of Birth* / / / / / / /

Guardian's Name* _____

Whether beneficiary of other statutory social security schemes Yes No

Whether Income Tax Payer Yes No

3. PENSION DETAILS (As registered under APY)

Pension Amount (Please tick(√)) * 1000 2000 3000 4000 5000

Frequency of Contribution (Please tick(√)) * Monthly Quarterly Half Yearly

Contribution Amount (Monthly)
(in Rs.)

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 overdue interest thereon.

I the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.

Date / / / / / / /

Place _____

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP)

(To be filled by the Bank)

Name of the Subscriber: _____

PRAN Number _____

Guaranteed Pension Amount _____ Periodicity of Contribution _____

Monthly Contribution Amount under APY (in Rs.) _____

Name of the Bank:	_____	Stamp and Signature of the Bank
Bank Branch:	_____	
Receiving Officer's Name:	_____	
Date of Receipt of Application:	_____	

INSTRUCTIONS FOR FILLING THE FORM:

1. Please quote the correct PRAN and fill the correct details
2. The request will be processed by the target APY-SP (Bank / Post Office) to which subscriber wants to shift his/her APY Account.
3. The personal details (except date of birth) given in the form will get registered afresh under APY.
4. Date of Birth and Pension details in the form are to be filled up as per the existing APY scheme details.