

## **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 Modification/Addition of details in APY

| The Branch Manager,   | Bank Name ,                            | Bank Branch                                       |  |  |  |
|---|--|---|--|--|--|
| Sir/Madam,  |  |   |  |  |  |
|   | APY scheme as per the details given be | low.  |  |  |  |
| I would like to change/modify my details in APY PRAN under APY scheme as per the details given below:  PRAN is mandatory. Fill only the field (s) which is/are to be modified. PRAN is mandatory to be Mentioned. |  |   |  |  |  |
| Permanent Retirement Account Number*:   |  |   |  |  |  |
| I hereby request for the following change:  A) Changes or Correction in other Personal Details  | B) Changes or Correction in            | n Bank Details                                    |  |  |  |
| C) Changes or Correction in Nomination details  |  | Frequency of Deduction of Contributions           |  |  |  |
| E) Changes or Correction in Date of Birth   | F) Request for Pension Up              | •   |  |  |  |
| G) Request for Pension Downgrade  H) Request for Re-issue of ePRAN/e-SoT/Subscriber Information Boucher by Bank Branch (Free of Cost)   |  |   |  |  |  |
| I hereby submit the following details for change:  Section A: Change/Correction in Personal Details   |  |   |  |  |  |
| Subscriber Name (Initials are not permitted)  |  |   |  |  |  |
| Please Tick as applicable: Shri Smt.  | Kumari                                 |   |  |  |  |
| Subscriber Name:  2. Gender Male Female   |  |   |  |  |  |
| 3. PAN  |  |   |  |  |  |
| 5. Father Name  |  |   |  |  |  |
| 6. Correspondence Address: (supported by relevant of  | locumentary proof asked by bank)       |   |  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
|   |  | PIN:  |  |  |  |
| 7. Mobile Number: 8. Email id:  |  |   |  |  |  |
| Email id:      Income Tax Payer Flag:  Yes  | No No                                  |   |  |  |  |
| 10. Beneficiary of Social Security Flag: Yes  | No No                                  |   |  |  |  |
| Note: Point 9 &10 is applicable only for those who have ju  |  |   |  |  |  |
| Section B: Change/Correction in Bank Details:   |  |   |  |  |  |
| 11. Subscriber Bank Details Change:   |  |   |  |  |  |
| Type of Account: Savings  |  |   |  |  |  |
| Bank Account Number :   |  |   |  |  |  |
| Bank Name   |  |   |  |  |  |
| Bank IFS Code:  | Bank Branch  Bank IES Code:            |   |  |  |  |
| (Bank detail changes should be supporte   | ed by relevant documentary proof       |   |  |  |  |
| Section C: Change/Correction in Nominee /Spouse details:  |  |   |  |  |  |
| 12. Change/Correction in Nominee/Spouse details   |  |   |  |  |  |
| Name of Spouse  Married  Married  | Unmarried                              |   |  |  |  |
| Major Yes No Minor  |  | nd Guardian Name is mandatory in case of minor]   |  |  |  |
| Nominee Name:   | 100 (Date of bilting                   | The Suardian Name is manualory in case of million |  |  |  |
| Nominee Date of Birth:  |  |   |  |  |  |
| Relationship with subscriber:   |  |   |  |  |  |
| Guardian Name:  |  |   |  |  |  |
|   |  |   |  |  |  |

| 13.           | Declaration:   |   |  |  |  |
|---------------|--|---|--|--|--|
|               |  | , the applicant, do hereby declare that the Information provided above is true to the   |  |  |  |
|               | best of my knowledge & belief.   |   |  |  |  |
|               | Date: dd/mm//yy  | у   |  |  |  |
|               |  |   |  |  |  |
|               |  | Signature/Thumb Impression* of Subscriber   |  |  |  |
|               |  | (* LTI in case of male and RTI in case of female)   |  |  |  |
| Section       | D : Change / Correction in Freque  | :   |  |  |  |
|               | . Change/Correction in Frequency of  | _   |  |  |  |
| ш             | Update/Correct the frequency to (Ti  |   |  |  |  |
|               | Monthly Quarterly  | Halfyearly  |  |  |  |
| Section       | E: Change/ Correction in Date of E   | 1:  |  |  |  |
| 15.           | . Change/Correction in Date of Birth:  | _   |  |  |  |
|               | Update/Correct the Date of Birth to  |   |  |  |  |
|               | Correct Date of Birth* d d / m   |   |  |  |  |
|               | (Date of Birth should be supported I   | elevant documentary proof)  |  |  |  |
| 16.           | Declaration:  I hereby authorize the bank to debit my leads to deb | 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,  | ould not hold the bank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount se of excess amount contributed by subscriber, amount will be deposited in subscriber savings account by NSDL-CRA. |  |  |  |
|               |  |   |  |  |  |
|               | Date: dd/mm//yy  |   |  |  |  |
|               | Date: [a]a]/[III]III]/[y]y   | Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)   |  |  |  |
| Section       | r F : Request for Pension Amount L   | ·   |  |  |  |
| $\overline{}$ | Pension Amount Upgrade: Tick the   | <del></del>   |  |  |  |
| Ш             | 2000 3000  | 4000 5000   |  |  |  |
| Section       | G : Request for Pension Amount I   | /ngrade:  |  |  |  |
| $\overline{}$ | Pension Amount Downgrade: Tick t   | <del></del> _   |  |  |  |
|               | 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   | 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   | , differential amount would be retained to the subscriber through direct credit to bank Account (Negistered direct Ar 1)  |  |  |  |
|               | Date: d d / m m / y y  |   |  |  |  |
|               | Date: [4]4]7]111[111]7]9]9   | Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)   |  |  |  |
|               |  | ( ETTIT case of male and NTTITI case of terriale)   |  |  |  |
| -             | H: Request for Reissue:  |   |  |  |  |
|               | PRAN by bank branch (Free of Cost)   | (Fore of each)  |  |  |  |
|               | Statement of Transaction by bank brai  |   |  |  |  |
| Su            | bscriber Information Boucher (Free of  | IENT - MODIFICATION UNDER ATAL PENSION YOJANA (APY)   |  |  |  |
|               | ACKNOWLEDG   | (To be filled by the Bank)  |  |  |  |
| Na            | me of the Subscriber:  | (   |  |  |  |
|               | AN:  |   |  |  |  |
| Ba            | nk Name:   |   |  |  |  |
| Bra           | anch Name:   |   |  |  |  |
| Da            | te of Receipt:   |   |  |  |  |
|               |  | Instructions for filling the form   |  |  |  |
| •             | of birth and change/Correction in frequer  | ange/Correction in subscriber's personal details, nominee details, Bank details, Correction in date<br>Pension amount.  |  |  |  |
| •             |  | bank Branch for carrying out necessary changes.   |  |  |  |
| •             | <ul> <li>Only those details to be filled where modification/Correction is required.</li> <li>Subscriber are required to submit a relevant documentary proof for execution of any changes as requested by APY-SPs.</li> </ul>   |   |  |  |  |
|               | 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.  |   |  |  |  |
| •             | <ul> <li>Mention 12 digit PRAN correctly.</li> <li>All dates should be in DD MM YYYY format</li> </ul>   |   |  |  |  |
| •             | <ul> <li>All dates should be in DD MM 1111 format</li> <li>Application incomplete in any respect and/ or not accompanied by required documents asked by bank is liable to be rejected.</li> </ul>  |   |  |  |  |
| •             | Ask for acknowledgement receipt on submission of request.  |   |  |  |  |
| •             | Subscribers are advised to retain the ack  | rledgement 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)

| Sir/Madam,   | 10,  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
| **Vended like to transfer my PRAN account under APY as per the defails given below:  **Indicates mandatory fields. Please fill the form in English and BLOCK letters  **PRAN (Permanent Retirement Account Number)*  1. BANK DETAILS: Bank A/c Number* Bank Name*  2. PERSONAL DETAILS: Name of Applicant* Shri Smt. Kumari Full Name* Date of Birth '(As Register under APY) Email ID Married Yes No If married , spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Relationship with the Subscriber Additional Details in cese nominee is a Milnor Date of Birth '(As Registered under APY) Whether Income Tax Payer  **Yes No    3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(*))* 1000 2000 3000 4000 4000 5000 Half Yearty Whether Income Tax Payer  **Yes No    3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(*))* Pension Amount (Monthly) Contribution Amount (Monthly)  (In Ra.)  **Interest packables as the second of the default nominee under APY in the spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spi | The B  | Branch Manager,                            | Bank ,  | Branch   |  |  |  |
| * Indicates mandatory fields. Please fill the form in English and BLOCK letters  PRAN (Permanent Retirement Account Number)*  1. BANK DETALLS: Bank A/R Number* Bank Name*  2. PERSONAL DETAILS: Name of Applicant * Shri  |  |  |   |  |  |  |  |
| PRAN (Permanent Retirement Account Number)*  1. BANK DETAILS: Bank A/c Number* Bank Name*  2. PERSONAL DETAILS: Name of Applicant* Shri Shri Shri Kumari Full Name* Date of Birth* (As Register under APY) Email D 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 beneficiary of other statutory social security schemes Yes No Whether Income Tax Payer  2. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(vi))* Pension Amount (Please tick(vi))* Monthly Contribution Amount (Monthly) (in Rs.)  The applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.  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 Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:  | I would like to transfer my PRAN account under APY as per the details given below:                                   |  |   |  |  |  |  |
| 1. BANK DETAILS: Bank A/c Number' Bank Name' Bank Name' Bank Name' Bank Branch'  2. PERSONAL DETAILS: Name of the Subscriber: Courthbuton Amount (Monthly) (in Re.)  ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (fo be filled by the Bank)  ACKNOWLEDGEMENT - Spouse of Mane of the Bank: Bank Branch'  Bank Branch' Bank Branch: Bank Branch' Bank Branch: Bank Branch' Bank Branch: Bank Branch' Ban | * Ind  | licates mandatory fields. Please fill      | the form in English and BLOCK letters   |  |  |  |  |
| Bank Name*  2. PERSONAL DETAILS: Name of Applicant * Shri  | PRAI   | N (Permanent Retirement Account Nu         | mber)*  | Please attach copy of e PRAN   |  |  |  |
| Bank Name*  2. PERSONAL DETAILS: Name of Applicant * Shri  | 1. E   | BANK DETAILS:                              |   |  |  |  |  |
| 2. PERSONAL DETAILS: Name of Applicant   | E  | Bank A/c Number*                           |   |  |  |  |  |
| Name of Applicant * Shri   | E  | Bank Name*                                 |   | Bank Branch*   |  |  |  |
| Name of Applicant * Shri   | 2 1  | PERSONAL DETAILS:                          |   |  |  |  |  |
| Date of Birth* (As Register under APY)  Email ID  Married  Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY.  Name of Spouse Nominee's Relationship with the Subscriber  Additional Details in case nominee is a Minor  Date of Birth*   d   m   m /   y   y   y    Guardian's Name*    Whether beneficiary of other statutory social security schemes Yes No    3. PENSION DETAILS (As registered under APY)  Pension Amount (Please tick(*))* 1000   2000   3000   4000  | 1  | Name of Applicant * Shri                   | Smt. Kumari   |  |  |  |  |
| 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* Whether beneficiary of other statutory social security schemes Whether lncome Tax Payer Whether Income Tax Payer Whether Income Tax Payer Yes No  3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(vi))* 1000 2000 3000 4000 5000 Frequency of Contribution (Please tick(vi))* Monthly Contribution Amount (Monthly) (in Rs.)  Ithe applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.  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 Monthly Contribution Amount under APY (in Rs.)  Name of the Bank: Bank Branch: Receiving Officer's Name:  |  |  |   | / Mobile No  |  |  |  |
| 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(v))* 1000 2000 3000 4000 5000 1 Frequency of Contribution (Please tick(v))* Monthly Quarterly 1 Contribution Amount (Monthly) (in Rs.)  I hereby authorize the bank to debit my above mentioned bank account till the age of 80 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the tensaction is deleyed or not effected at all for insufficient belance. I would not hold the bank thereon.  I the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.  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:  Bank Branch:  Receiving Officer's Name:  |  |  |   | INIODIIE INO   |  |  |  |
| Name of Spouse Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth*   |  |  | If married enouge name is mandatory   | Shouse will be the default nomines under APV   |  |  |  |
| Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth*  |  |  | ii iiiairieu , spouse name is manuatory.  | opouse will be the delault nominee under AF 1.   |  |  |  |
| Nominee's Relationship with the Subscriber  Additional Details in case nominee is a Minor  Date of Birth*  |  |  |   |  |  |  |  |
| Additional Details in case nominee is a Minor Date of Birth*   |  |  | oribor  |  |  |  |  |
| Date of Birth* Guardian's Name* Whether beneficiary of other statutory social security schemes Whether Income Tax Payer  3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(v))* 1000 2000 3000 4000 5000 Half Yearly Pension Amount (Please tick(v))* Monthly Contribution Amount (Monthly) Contribution Amount (Monthly) I hereby authorize the bank to debut 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.  The applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.  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:  Place  ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank)  Name of the Subscriber:  Periodicity of Contribution  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:   |  |  |   |  |  |  |  |
| Guardian's Name* Whether beneficiary of other statutory social security schemes 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 Contribution Amount (Monthly) (in Rs.) Inhereby 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, It 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.  Signature/Thumb Impression* of Subscriber Place  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: Bank Branch: Receiving Officer's Name:   |  |  |   |  |  |  |  |
| Whether beneficiary of other statutory social security schemes   Whether Income Tax Payer  |  |  | 1   |  |  |  |  |
| Whether Income Tax Payer  Yes No  3. PENSION DETAILS (As registered under APY)  Pension Amount (Please tick(\(\)))* 1000 2000 3000 4000 5000 hereby Contribution (Please tick(\(\)))* Monthly Quarterly Half Yearly Contribution Amount (Monthly) 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.  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:  Bank Branch:  Receiving Officer's Name:   |  |  | social security schemes Vos No  |  |  |  |  |
| 3. PENSION DETAILS (As registered under APY)  Pension Amount (Please tick(\(^1\))* 1000 2000 3000 4000 5000 Frequency of Contribution (Please tick(\(^1\))* Monthly Quarterly Half Yearly Depresent under APY as applicable based on my age and the Pension Amount 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.  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:  Bank Branch:  Receiving Officer's Name:  |  | •  |   |  |  |  |  |
| Pension Amount (Please tick(\(\frac{\irck}}}}}}}}}}}}} \) \right)} \right.} \right. \right.} \right. \right.} \right. \right.} \right. \right.} \right. \right.} \right.} \right.} \right. \right.} \right.} \right.} \right.} \right.} \right. \right.} \right. \right.}  |  | ·  |   |  |  |  |  |
| Frequency of Contribution (Please tick(vl))* Monthly Quarterly I Half Yearly 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 on too 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.  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  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:   |  |  | · · · · · · · · · · · · · · · · · · ·   | 1000   |  |  |  |
| Contribution Amount (Monthly)   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  | I -  |  |   |  |  |  |  |
| Contribution Amount (Monthly) (in Rs.) 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  |  | riequency of Continuution (Flease tick(V)) | 3 == 3  | •  |  |  |  |
| Date   |  |  | payment under APY as ap<br>the transaction is delayed<br>responsible. I also undert | oplicable based on my age and the Pension Amount selected by me. If or not effected at all for insufficient balance, I would not hold the bank |  |  |  |
| 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  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  | I the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. |  |   |  |  |  |  |
| 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  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  |  |  |   |  |  |  |  |
| 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  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  |  |  |   |  |  |  |  |
| 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  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  |  |  | eignatare, manie impression e   |  |  |  |  |
| (To be filled by the Bank)  Name of the Subscriber:  PRAN Number  Guaranteed Pension Amount  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  | Flac   | J.E  | ( 2.1 3333 3 3.1 3.1 3.1 3.1 3  |  |  |  |  |
| Name of the Subscriber:  PRAN Number  Guaranteed Pension Amount  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  | ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP)  |  |   |  |  |  |  |
| PRAN Number  Guaranteed Pension Amount  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:   |  |  |   |  |  |  |  |
| Guaranteed Pension Amount  Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:  |  |  |   |  |  |  |  |
| Monthly Contribution Amount under APY (in Rs.)  Name of the Bank:  Bank Branch:  Receiving Officer's Name:   |  |  |   |  |  |  |  |
| Name of the Bank:  Bank Branch:  Receiving Officer's Name:   |  |  |   |  |  |  |  |
| Bank Branch:  Receiving Officer's Name:  | Monthly Contribution Amount under APY (in Rs.)   |  |   |  |  |  |  |
| Receiving Officer's Name:  | <del>  -</del>   |  |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
| Date of Receipt of Application:  Stamp and Signature of the Bank   | l <del></del>  |  |   |  |  |  |  |
|  | Dat  | te of Receipt of Application:              |   | Stamp and Signature of the Bank  |  |  |  |

## 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.