Southern Railway

No: U/P.500/ UPS/Option

Divisional Office, Personnel Branch, Madurai. Date: 10-04-2025

All Concerned /MDU Division

Sub: Implementation of Unified Pension Scheme (UPS) -Submission of

Option form for enrolment under UPS- Reg

Ref: 1) Railway Board's Lr.No.F(E)III/2025/UPS/1 dated 18-03-2025 (RBE No.22/2025)

- 2) PCPO/MAS Lr.No. P(R) 500/P/UPS dated 21/03/2025 (PBC No.65/2025)
- 3) This office letter No.Lr.No.U/P.608/CP/Misc/UPS dated 20-03-2025
- 4) PCPO/MAS Lr.No.P(R)500/P/UPS dated 01/04/2025 (PBC No.70/2025)

It is brought to the notice of all concerned that Unified Pension Scheme (UPS) has been notified by Central Government/Railway Board (Ref: 1). The notification has been circulated by Madurai Division and made available in MDU Division PB Website pbmdu.co.in.(Ref:3). All the eligible employees/beneficiaries of MDU Division are advised to thoroughly go through the detailed regulations of UPS before exercising option for UPS. **Option once exercised is final and irrevocable**. A leaflet on UPS is attached. (For broad guidance only). These regulations enable enrolment of following categories of Railway Employees within the timelines specified.

Category of Employee/Subscriber Timelines to exercise Form to be No. used **UPS** option 1. Existing Railway Employees in service as on 1.4.2025 **A2** Within 3 months from 01.04.2025 2. Railway Employees superannuated/retired on or before 31.03.2025 **B2** Within 3 months from 01.04.2025 The legally wedded spouse of a Subscriber who has superannuated **B6** or retired and has demised prior to exercising the option for UPS 3 New Employees joining Railway service on or after 01.04.2025 Within 30 days of **A1** joining

The enrolment and claim forms for all these categories of employees are available on line on website of Protean CRA https://npscra.nsdl.co.in

The Employees are advised to submit their option preferably through on line mode at https://enps.nsdl.com/eNPS/UPSOnlineMigration.html. Employees/beneficiaries have the option to submit the relevant forms physically to NPS (Settlement) Section/Personnel Branch/MDU during working hours, with due acknowledgement.

This may be noted and notified to all employees working under your control.

For further assistance, if any, the employees may be advised to contact their jurisdictional Welfare Inspector **or** Sri S.Ranjithkumar, CSWI/ Settlement Section (8056162616) **or** Smt.X.Amala Jackuline, Office Superintendent/NPS Section/PB/MDU (9363419747) during working hours.

Encl: As above

T Digitally signed by T SANKARAN Date: 2025.04.10 17:07:43 +05'30' (T.SANKARAN)

DIVISIONAL PERSONNEL OFFICER/MDU

Copy to:-

PCPO/MAS- for kind information please.

PS to DRM -for kind information of DRM

PS to ADRM- for kind information of ADRM

Sr.DFM/MDU for kind information and necessary action please.

All Branch Officers of MDU division for kind information and necessary action.

All CSWIs/SWIs – To reach out to employees and create awareness.

All Ch.OSs/PB/MDU for information and necessary action

DS/SRMU/MDU, DS/DREU/MDU, DS/AISC/ST REA/MDU, DS/AIOBC REA/MDU

All Pensioners Welfare Association/MDU, DG, PLNI, MNM, RMD, VPT, TEN & TSI

SALIENT FEATURES OF UNIFIED PENSION SCHEME (UPS)

(FOR GUIDANCE PURPOSE ONLY)

	(FOR GUIDANCE PURPOSE ONLY)
Feature	Unified Pension Scheme
Crucial Date	Effective from April 1, 2025.
	Employees have three months from April 1, 2025, to exercise their option to enrol in
	UPS.
	New recruits have 30 days from the date of joining to opt for UPS.
Target	Existing Employees:
Group&	Employees with at least 25 years of service will receive the full benefits of the UPS.
Eligibility	The scheme is optional for those already under the NPS or opting for the Voluntary
	Retirement.
	Future Employees: New recruits on or after 1.4.2025 will have the option to join the UPS.
	Once opted into the UPS, the decision is irrevocable.
	Past Retirees:
	Central government employees who were covered under the NPS and who retired
	on or before March 31, 2025, will have their arrears adjusted with past NPS
	withdrawals and receive interest calculated at Public Provident Fund (PPF) rates.
	The legally wedded spouse of a retired or superannuated Central Government
	employee being a NPS subscriber and demised before exercising the option for
	UPS.
	Must have completed a minimum of 10 years of service to be eligible.
Full	The rate of full assured payout will be @50% of 12 monthly average basic pay,
Assured	immediately prior to superannuation. Full assured payout is payable after a
Payout	minimum 25 years of qualifying service. In case of lesser qualifying service period,
(Pension)	proportionate payout would be admissible.
Minimum	A minimum assured payout of Rs.10,000 per month has been guaranteed under Unified Pension Scheme in case superannuation is after 10 years or more of
Assured Pay out	qualifying service, subject to timely and regular credit of contributions and no
(Pension)	withdrawals.
Voluntary	In cases of voluntary retirement after a minimum 25 years of qualifying service,
Retirement	assured payout will commence from the date on which the employee would have
Troth official	superannuated if he had continued in service.
No Assured	a. In case of an employee superannuating before qualifying service of 10 years
Pay out	b. In case of removal or dismissal from service or resignation of the employee
Family	60% of the pension amount received by the retiree, payable to the spouse upon the
Pension	retiree's death
Inflation	Indexed to the All India Consumer Price Index for Industrial Workers (AICPI-IW)
Indexation	
Dearness	Provided based on AICPI-IW, similar to current employees
Relief	
Lump-Sum-	Lump sum amount = (1 /10 X Total Emoluments) X L
Payment	(Where L =number of six-monthly completed years of service based on the number
	of months for contribution to individual's pension corpus)
Empleyes	Further, the lump sum payment will not affect the quantum of assured payout.
Employee Contribution	Employee contribution = 10% of (basic pay + Dearness Allowance).
&	Matching Govt.contribution =10% of (basic pay + Dearness Allowance). Both will be credited to each employee's individual corpus.
Government	Govt. additional contribution of an estimated 8.5% of (basic pay +DA)of all
Contribution	employees who have chosen the UPS option, to the pool corpus on an aggregate
	basis. The additional contribution is for supporting assured payouts under the UPS
	option.
Past Retirees	Past retirees of NPS will be paid arrears for the past period along with interest as
	per Public Provident Fund (PPF) rates.
	The monthly top-up amount for such superannuated employees, as determined by
	the PFRDA, shall be paid after adjusting the withdrawals made by, and annuities
	paid to, them.

UNIFIED PENSICE Exercise of Option to																									ne	nt	Se	cto	or		
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions
		Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.
1	1	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
2	2	Proof of Identity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
3	5	Bank Details	For UPS account opening through physical form (FORM A1) bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.
4	6	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. If no choice is provided, the contributions will be distributed among the default Pension Funds and investment pattern selected by the Government.
5	7 & 8	FATCA & CRS Declaration / Signature by Applicant	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number). • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. • In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form. • In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal Office.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in

Call: 020 6906 6906

Address: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited

(formerly NSDL e-Governance Infrastructure Limited)

1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400013

Annexures - Su																or a	ppl	ica	nts	(Tic	k a	nd	fill a	ppli	cab	le a	nne	xure	es b	elov	N)				
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Ver 1.0 Mar.2025 **FORM A2**

UNIFIED PENSION SCHEME (UPS) - SUBSCRIBER MIGRATION FORM - Government Sector

[See Regulation 4]

Exercise of Option by an eligible Central Government employee presently subscribed to National Pension System (NPS) For being covered under Unified Pension Scheme (UPS)

Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.)

I,	vide
having read and fully understood the provisions of Unified Pension Scheme (UPS) as notified by Central Government notification F.No. FX-1/3/2024-PR dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025 as amended from time to time, and being eligible to opt for Unified Pension System)	vide nder
notification F.No. FX-1/3/2024-PR dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme unification System) Regulations, 2025 as amended from time to time, and being eligible to opt for Unified Pension System)	nder
National Pension System) Regulations, 2025 as amended from time to time, and being eligible to opt for Unified Per	
National Pension System) Regulations, 2025 as amended from time to time, and being eligible to opt for Unified Per	
Scheme, do hereby exercise the option to be covered under Unified Pension Scheme (UPS).	.51011
Further, I hereby acknowledge that this option exercised by me shall be final and irrevocable.	
I authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data / details of my necess	sary
personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regula	tions
notified thereunder.	
Signature / Thumb Impression* of Appl (*LTI in case of males and RTI in case of females provided. Toe impression in case no ha	to be
Place : Date D M M Y Y Y Y	
(To be filled and certified by the DDO based on Service records)	
Employment Details (At the time of exercise of UPS option)	
Employee Code/ID	
Date of commencement of qualifying service (Qualifying Service as defined in Regulation 2(k) read with Regulation13)	
Current Month Basic Pay	
Non-Practicing Allowance (NPA), if applicable	
Schedule date for next increment D D M M Y Y Y Y	
Signature & Name of DDO Signature & Name of PAO	
DDO Reg. No. PAO Reg. No.	
Date: Place: Place:	

Note/Instruction:

- The duly signed copy of this Form shall be kept DDO in employee's service record and a copy of the same shall be provided to the employee for his record.
- DDO shall input the Head of Office verified data in the Central Record Keeping System and in case of physical submission of form by the subscriber, the DDO shall upload a copy of this duly signed option form. PAO shall authorise and approve the option exercised by the subscriber in the CRA system through their login.

Form B1 [See Regulation 19, 20 and 23

	Claim and Payout Form	Unif	ied I	² en	sior				legula (UPS)								oei	ran	nu	ate	ed/	ref	tir	ed	or	1 0	r a	fte	er (01	/04	//20	025	,	
	Before filling the																									_									
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						PA	RT	- A	(to be	fill	ed	by th	ne s	subs	scri	ber	·)										;	Sul	osci	ribe	er &	Sp	ous	е	
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	Voluntary Retirement (After 2																											(D			ign : le /		oss/		
	Retirement under Fr 56(j) (w								tral Civ	vil C	2on	vicos.																	Sic	арр	107	CIIP	,		
	(Classification, Control and A					•	iei c	CII	liai Ci	VII C	oci v	rices																							
2.	Detail of Subscribers:																																		
	Name		$\overline{\Box}$					Т			T		Τ	Τ					T		T		T	П				Τ		Τ	Т	T		T	
	Employee Code / ID		\prod																		T									T				T	
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	Date of Joining Service	d d	m	m	у у	У	У				Date	e of \	/olu	ıntar	уF	etir	em	ent	(if	арр	lica	ıble)	d	d	m	m	У	У		<i>y</i>]	V			
	Gender	N	1ale				Fem	ale				Trans	sge	nde	r																				
	Date of Superannuation / Ret	ireme	nt unc	der I	FR 5	6(j)				d	d	m m	У	У	У	У																			
	In case of Voluntary Retireme	nt, Da	ate of	Dee	emed	l Supe	eran	nua	ation	d	d	m m	У	У	У	У																			
	PAO (office name)																																		
	DDO (office name)																																		
	PAN																																		
	Ministry / Department (from wi	here re	tired)																																
3.	KYC Details:																																		
	Document (one of the documents)				Doc	cume	nt Ty	ype)				lo	lenti	ific	atio	n I	Nun	nbe	er			(ii	. ca	501	of D	acc		lid	-		ina	Lice	anc	۵)
	Aadhaar* / Driving License /																						(11	· cu	36 (<i>JJ</i> 1	uss	por	ıun	iu i	Driv	ıng	Lice	ens	=)
	Passport / Voter ID / CKYC ID Letter issued by NPR	/																																	
4.	Current Address:																																		
	Flat/House No./Bldg. Name																																		
	Street / Locality																																		
	Village & Post Office / Block																																		
	City / District															St	tate																		
	Country																									Piı	n Co	ode							
5.	Contact Details:																																		
	Telephone No. (If any)														Мо	bile	No.																		
	E-mail ID																																		
6.	Details of Legally Wedded S	Spous	e as	on l	Date	of Su	ıper	anı	nuatio	n:																									
	Name																																		
	DOB	d a	m	m	у у	У	У									P/	٩N*																		
	Gender	N	1ale		F	emale		T	ransg	end	ler				Мо	bile	No.																		
	E-mail ID																																		
	Aadhaar No.*				Provid	de last	Four	Dig	its																										
7.	Details of Bank account:																																		
	Type of Bank A/C (As on date of superannuation)	J	oint wi	ith le	egally	wedde	d Sp	ouse	•										Sing	gle (d	only	in t	he	abs	enc	e of	leg	ally	we	dde	ed Sp	ous	se)		
	Bank A/c No.																																		
	Bank Name																				П	FS(
Not	e: Please ensure that the Gove	ernme	nt Se	rvai	nt is t	the Pr	ima	ry A	Accoun	nt ho	olde	er in t	he	Join	t A	ccol	unt	-																	
					., ,	4 -	600/	of	cornu	- 1																									
8.	Final Withdrawal Percentag	e – (c	an be	ava	ailed	ирто	00%	, 0,	corpu	S)																									
8.	I desire to opt for Final Withd (applicable where subscriber h	drawa	I					01	Corpu	s) 			%	of i	indi	vidı	ual	cor	pus																
8.	I desire to opt for Final Without	drawa ad not	l availe	ed U	IPS b	enefits)				/ill p								•		red	pay	/OI	ıt.											

l			Declara	ation:					
			Son / Daughter of						
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Scheme un	der National Pension	SoI vide notification F. N n System) Regulations, 2 otification and Regulatio	2025 as amended f	rom time to ti	me. I here	by declar	e that I	am eligible to a	
		or any other entity conneregulated under the PF							nal information for
Place:			Name:						
Date:	d m m y y y	У							
			(*LTI in case	Sig of males and R	gnature / Th	umb Imprefemales to	ession* o be provi	of Applicant ded. Toe impression	n in case no hands)
		PART - B	B (Details as recor	ded in the C	RA Syste	em)			
Details for	Calculation of UPS	Benefits Payable to S	ubscriber:						
I. In	dividual Corpus (IC)	: Value of corpus as on [Date of Superannu	ation / Retire	ment				
II. Be	enchmark Corpus (B	C) (on date of superannua	tion / retirement)						
III. Ex	xcess / Shortfall of Ir	ndividual Corpus vis-a-vi	s Benchmark Corp	us (IC-BC)					
IV. Fi	nal Withdrawal (FW	in %)							
		PART - C (to be filled by the	DDO in the	CRA sys	tem)			
Employme	ent Details as per se	ervice record:							
File No:									
Employee									
	ommencement of Quarter service as defined in	ialifying Service Regulation 2(k) read with 1	Regulation 13)	d d m m	у у у	У			
Central Civ		ement under Fundament cation, Control and Appe Months (Q)				naity und	er d	d m m y	у у у
	Qualifying Service ir be ignored)	Completed Half Years ((L)						
in case of re		tary Retirement : Form nex (j) From next day of retire	ment)						
Basic Pay		nontino belore ouperan	inuation/ Retirem	ent under FF	R 56 (j) / V	oluntary/	Retire	ment :	
Basic Pay		NPA (non-practicing		ent under FF	R 56 (j) / V	oluntary	_	ment :	Total
Basic Pay	Basic Pay	-	Total (Basic Pay + NPA)	ent under FF	R 56 (j) / V Basic		NPA allow medic		Total (Basic Pay + NPA)
Basic Pay Month 1	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of	Total (Basic Pay +	ent under FF Month 7			NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of	Total (Basic Pay +				NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of	Total (Basic Pay +	Month 7			NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
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Month 1 Month 2 Month 3	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of	Total (Basic Pay +	Month 7 Month 8 Month 9			NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1 Month 2 Month 3 Month 4 Month 5	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of	Total (Basic Pay +	Month 7 Month 8 Month 9 Month 10 Month 11			NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1 Month 2 Month 3 Month 4 Month 5 Month 6	Basic Pay Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of private practice)	Total (Basic Pay +	Month 7 Month 8 Month 9 Month 10			NPA allow medic	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1 Month 2 Month 3 Month 4 Month 5 Month 6 Average 6	of 12 Months of (Ba	NPA (non-practicing allowance granted to medical officer in lieu of private practice)	Total (Basic Pay + NPA)	Month 7 Month 8 Month 9 Month 10 Month 11 Month 12	Basic	: Pay	NPA allov medic pr	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1 Month 2 Month 3 Month 4 Month 5 Month 6 Average of	of 12 Months of (Ba	NPA (non-practicing allowance granted to medical officer in lieu of private practice) asic Pay +NPA) = P before Superannuation/ Basic Pay (includes n	Total (Basic Pay + NPA)	Month 7 Month 8 Month 9 Month 10 Month 11 Month 12	Basic	Retirem	NPA allov medic pri	A (non-practicing vance granted to cal officer in lieu of	(Basic Pay +
Month 1 Month 2 Month 3 Month 4 Month 5 Month 6 Average of Salary Deta	of 12 Months of (Ba	NPA (non-practicing allowance granted to medical officer in lieu of private practice) asic Pay +NPA) = P before Superannuation/ Basic Pay (includes n	Total (Basic Pay + NPA) Retirement unde	Month 7 Month 8 Month 9 Month 10 Month 11 Month 12	Basic	Retirem	NPA allov medic pri	A (non-practicing vance granted to cal officer in lieu orivate practice)	(Basic Pay + NPA) Total
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FORM B1 Ver 1.0 Mar. 2025

Form B1

Joint photograph of

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				(Sys	terri Ge	nerate	au)											р	ass	port	size		
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Na	tional Pension System Trust																	S	tapp	ole / d	(qilc		
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	File No:						_				<u> </u>	<u> </u>] D	ate	of Is	sue:	d	d	m	m j	/ <u>y</u>	У	У
	UPS Payout Order (UPO) No:																		_		\perp	_	\perp
1.	Subscriber Category (any one):																						
	Superannuation (After minimum 10 years o	of qualifyir	ig serv	rice)																			_
	Voluntary Retirement (After 25 years of qua	alifying se	rvice)																				
	Retirement under FR 56(j) which is not a p	enalty ur	der C	entral C	ivil Ser	vices ((Cla	ssific	ation	,													
•	Control and Appeal) Rules, 1965																						
۷.	Details of Subscriber:					1 1			1 1		1	1							-		-	_	\blacksquare
	Name										<u> </u>				_	<u> </u>	<u> </u>		井	+	\pm	÷	+
	Employee Code / ID											4	(D:	-41 ₋ [-1	1			ᆜ	_			\dashv
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		у у у	<i>y</i>			of Vo		-	Retire	ment	i (if i	appl	icab	le) [a c	l m	m	У	У	<i>y</i>]]	/		
	Gender Male		Fema	ie		Fransg	geno	ier			1	1				1					_	_	\dashv
	Date of Superannuation / Retirement under			[<u> </u>	<u> </u>			_	<u> </u>	<u> </u>		ᆜ	+	\pm	누	$ \perp $
	In case of Voluntary Retirement, Date of Dec	emed Sup	erann	uation			_				<u> </u>	<u> </u>			_	<u> </u>	<u> </u>	Щ	井	+	\pm	\pm	$ \perp $
	PAO (office name)						_				<u> </u>	<u></u>			_	<u> </u>	<u> </u>	Щ	ᆜ	<u></u>	\pm	누	\perp
	DDO (office name)																					\perp	Щ
	PAN U											1									_	_	\perp
	Ministry / Department (from where retired)																		_	_	\perp	_	\perp
3.	Details of Legally Wedded Spouse on the	Date of	Super	annuat	ion / Re	tirem	ent:				1	1				1	T			_	_	_	\blacksquare
	Name did di so so									N.	<u> </u>	<u> </u>			+	<u> </u>	<u> </u>	Н					\perp
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	Gender Male	Femal	e	Transo	gender			IVIO	bile N	0.	<u> </u>	<u> </u>			+		<u> </u>		井	井	$\overline{}$	_	\dashv
1	E-Mail ID Details of Bank Account:												Ш						_	_	\perp	_	\perp
٦.	Bank A/c No.								Т		1	7	IFS	sc [T	1		$\overline{}$		_	_	\blacksquare
	Bank Name											1			_	<u> </u>			\pm	\pm	\pm	÷	\pm
5.	Details of Employment & Salary:																		\dashv			_	\dashv
	Length of Qualifying Service in Number of M	lonths																					
	Average of last 12 Months Basic Pay																Τ		Т	\top	\top	Т	\forall
	Assured Payout	[$\overline{}$									$\overline{}$			\Box	寸	十	Ť	Ť	肀
	Last month salary (Basic Pay + DA)	[$\overline{}$									$\overline{}$			\Box	寸	一	Ť	Ť	肀
	Length of Qualifying Service in Completed S	Six Months	; T																				
	Date of start of monthly Admissible Payout		d d	m m	<i>y y y</i>	y y																	
		nction of	Admi	ssible l	JPS Bei	nefits	pav	vable	to S	ubso	crib	er											
6	UPS Benefits Payable to Subscriber:						J J	,				<u></u>											
0.	Lumpsum Payment						T		П						$\overline{}$	Т			$\overline{}$	$\overline{}$	\top	\top	\exists
	Excess, if any, of Individual Corpus <i>vis-a-vis</i>	Renchma	rk Cor	nus		$\frac{1}{1}$									\pm	+			十	\mp	十	÷	\exists
	Final Withdrawal Amount	Benomina		puo [<u> </u>			十	\pm	\pm	十	\pm
	Monthly Admissible Payout [Assured Payout	*IC/BC (1_ Fins	l Withd	rawal%)	1					<u> </u>				\pm	+	+		+	\pm	\pm	÷	orall
	DR Amount on Admissible Payout	. 10/60 (1-11116	vvitila	i avval 70)	<u> </u>					 	<u> </u>			$\frac{\perp}{\perp}$	$\frac{\perp}{\perp}$	<u> </u>	\Box	井	\pm	\pm	+	+
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	Arrears of Admissible Payout and Applicable	: אל 📗																$\underline{\square}$		\perp	_	_	늬
	Signature & Name of PAO :					T _																	
	PAO Name					+		gistr	ration	ı No.													
	Date:					Plac	e:																- 1

Authorising the release of benefits	upon receipt of UPS Pay	out Order after due Verification

Authorised Signatory NPS Trust

Date:

Instructions to fill the form

Place:

- 1. All fields are mandatory, unless marked with Asterisks.
- 2. Please fill the details of the subscriber as per the service records.
- 3. Please give details of DDO, PAO, Department/Ministry of the office from where you retired.
- 4. Any one of the 5 KYC documents may be provided. In case of online filling of the form Aadhar Number or CKYC ID may be provided.
- 5. The current address shall be as per the KYC document provided. In case there is change in the current address, the concerned KYC documents is to be updated first.
- 6. The mobile number and e-mail id of the claimant shall be verified separately by sending an OTP or a link as may be applicable.
- 7. The field of date of joining in Central Govt regular service shall be captured from the CRA system, however, in case of any change, it shall be editable by the subscriber and duly verified by DDO.
- 8. In case, Aadhaar number is being given for legally wedded spouse, only the last four digits of the Aadhaar number may be provided.

List of Documents to be attached with this form

By Claimant:

- i. Photocopy of the first page of Pass Book/Bank Statement or cancelled cheque of the Bank Account or any other bank document showing the name and account details of Account Holder, in which the payout is to be credited.
- ii. Copy of PAN Card of claimant.
- iii. KYC documents of claimant.
- iv. One joint photograph.
- v. Specimen signature of claimant.

By DDO:

- i. Copy of the document containing employment details verified by HOO.
- ii. Copy of the signed Form by subscriber (in case the form submitted by subscriber in physical mode).

FORM B2 Form B2 [See Regulation 4,19 and 20] Claim and Payout Form: Unified Pension Scheme (UPS) Subscriber who Superannuated/Retired on or before 31/03/2025 Before filling the form, please read the INSTRUCTIONS carefully given at the end of the form Joint photograph of Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.) Subscriber & Spouse 3.5 cm \times 2.5 cm size / passport size PART - A (to be filled by the subscriber) (Do not sign across / stapple / clip) 1. Detail of Subscribers: Name Employee Code / ID **PRAN** Date of Birth Date of Superannuation / Retirement under FR 56(j) Date of Joining Service Male Gender Female Transgender PAO (office name) DDO (office name) Ministry / Department (from where retired) 2. KYC Details: **Document** Validity **Document Type Identification Number** (one of the documents) (in case of Passport and Driving License) Aadhaar* / Driving License / Passport / Voter ID / CKYC / Letter issued by NPR 3. Current Address: Flat/House No./Bldg. Name Street / Locality Village & Post Office / Block City / District State Country Pin Code 4. Contact Details: Telephone No. (If any) Mobile No E-Mail ID 5. Details of Legally Wedded Spouse as on Date of Superannuation: Name DOB PAN³ Gender Male Female Transgender Mobile No. E-Mail Id Aadhaar No.* Provide last Four Digits 6. Details of Bank Account: Type of Bank A/C Joint with legally wedded Spouse Single (only in the absence of legally wedded Spouse) Bank A/C No. Bank Name **IFSC** Note: Please ensure that the Government Servant is the Primary Account holder in the Joint Account. Declaration: Son / Daughter of Mr. / Mrs. a subscriber of National Pension System with PRAN and have fully read and understood the provisions of Unified Pension Scheme (UPS) as notified by Gol vide notification F. No. FX-1/3/2024-PR, dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025 as amended from time to time. I hereby declare that I am eligible to avail benefits under UPS in terms of the aforesaid notification and Regulations. I certify that the information given above is true and correct. I authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data/ details of my necessary personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regulations notified thereunder.

Place:		Name: _	

Date: $d \mid d \mid m \mid m \mid y \mid y \mid y \mid y$

	PART - B (Details as recorded in the CRA System)														
1.	1. Details of Partial Withdrawal:														
	S. N.	Date of Partial Withdrawal	Amount Withdrawn	No. of Units Withdrawn as per Default Pattern	Default Pa NAV on the Superann	Date of	(no. of ur	Value of Partial Withouts withdrawn * NAV) as poor on date of superanni	er default pattern, as						
	1														
	2														
	3														
	Total														
2.	Details of	of Voluntary Contri	ibution:												
	S. N.	Date of Voluntary Contribution	Amount of Voluntary Contribution	No. of Units Allotted	NAV on the Superann		(no. c	Value of Voluntary Confunits * NAV) as on date of							
	1														
	2														
	3														
	n														
	Total														
3.	Details for Calculation of UPS benefits payable to Subscriber:														
	I.	Individual Corpus (IC): Value of Corpus as	on Date of Superanni	uation/Retiren	nent.									
	II.	of Partial Withdraw	s (BC): Value of IC as vals amount at the time Contribution on Date of	of Superannuation as	per Default F										
	III. Final Withdrawal (FW in %).														
	IV. Representative Annuity Rate (as on Date of Superannuation, as published by PFRDA).														
	V. Representative Annuity Amount = (IC) x (1-FW%) *(Representative Annuity Rate) / (12*100) where {IC <= BC}.														
			PART -	C (to be filled by the	e DDO in the	CRA Svs	tem)								
1.	Employ	ment Details as pe		(,,,,,,,		.,	,								
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		ee Code / ID													
			Qualifying Service (Qua on 2(k) read with Regulation		у у у у	,									
	Date of	Superannuation/ Re	etirement under Fundamesification, Control and A	nental Rules 56(j) (wh	ich is not treat	ted as per	nalty unde		у у						
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		of Qualifying Servic to be ignored)	e in Completed Half Yea	ırs (L)											
	(in case		ext day of superannuation of		у у у у										
			R 56 (j), next day of retirem												
2.	Basic pa	ay details for last 1	2 months before Supe		ent under FR	R 56 (j):									
		Basic Pay	NPA (non-practicing allowance granted t medical officer in lieu private practice)	O (Basic pay +		Basio	: Pay	NPA (non-practicing allowance granted to medical officer in lieu of private practice)	Total (Basic pay + NPA)						
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	Month	4			Month 10										
	Month	5			Month 11										
	Month	6			Month 12										
	Averag	e of 12 Months of	(Basic pay +NPA) = P					<u> </u>							

3. Salary Details of last month	ı be	fore	e Su	ıpe	rar	nu	atio	n/	Ret	irer	nei	nt u	ınde	er I	FR:	56	(j):	:																						
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Date:

Signature & Name of PAO :	
PAO Name	PAO Registration No.
Date:	Place:
Authorising the release of benefits upon rece	pipt of UPS payout Order after due Verification
Authorised Signatory NPS Trust	

Instructions to fill the form

Place:

- 1. All fields are mandatory, unless marked with Asterisks.
- 2. Please fill the details of the subscriber as per the service records.
- 3. Please give details of DDO, PAO, Department/Ministry of the office from where you retired.
- 4. Any one of the 5 KYC documents may be provided. In case of online filling of the form Aadhar Number or CKYC ID may be provided.
- 5. The current address shall be as per the KYC document provided. In case there is change in the current address, the concerned KYC documents is to be updated first.
- 6. The mobile number and e-mail id of the claimant shall be verified separately by sending an OTP or a link as may be applicable.
- 7. The field of date of joining in Central Govt regular service shall be captured from the CRA system, however, in case of any change, it shall be editable by the subscriber and duly verified by DDO.
- 8. In case, Aadhaar number is being given for legally wedded spouse, only the last four digits of the Aadhaar number may be provided.

List of Documents to be attached with this form

By Claimant:

- i. Photocopy of the first page of Pass Book/Bank Statement or cancelled cheque of the Bank Account or any other bank document showing the name and account details of Account Holder, in which the payout is to be credited.
- ii. Copy of PAN Card of claimant.
- iii. KYC documents of claimant.
- iv. One joint photograph.
- v. Specimen signature of claimant.

By DDO:

- i. Copy of the document containing employment details verified by HOO.
- ii. Copy of the signed Form by subscriber (in case the form submitted by subscriber in physical mode).

Form B6

[See Regulation 4,19 and 20]

Claim and Payout Form: Spouse of the Deceased Unified Pension Scheme (UPS) Subscriber who Superannuated/Retired on or before 31/03/2025 and eligible for UPS Benefits and Subscriber had not availed Benefits under UPS Before filling the form, please read the INSTRUCTIONS carefully given at the end of the form Photograph of Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.) Spouse 3.5 cm × 2.5 cm size / passport size (Do not sign across / stapple / clip) PART - A (to be filled by the Spouse of Deceased Subscriber) 1. Detail of Deceased Subscribers: Name **PRAN** Date of Death (as per Death Certificate) Date of Superannuation / Retirement under FR 56(j) / Retirement Male Female Transgender Date of Joining Service PAN 2. Details of Legally Wedded Spouse on the Date of Superannuation: Name DOB Gender Transgender Male Female 3. KYC Details: **Document** Validity **Document Type Identification Number** (one of the documents) (in case of Passport and Driving License) Aadhaar* / Driving License / Passport / Voter ID / CKYC ID / Letter issued by NPR 4. Current Address: Flat/House No./Bldg. Name Street / Locality Village & Post Office / Block City / District Country 5. Contact Details: Telephone No. (If any) Mobile No. 6. Details of Bank A/C of Spouse for credit of UPS Benefits : Type of Bank A/C Saving A/C Current A/C Bank A/C No. Bank Name **IFSC** Declaration: spouse of late have fully read and understood the provisions of Unified Pension Scheme (UPS) as notified by GoI vide notification F. No. FX-1/3/2024-PR, dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025 as amended from time to time. I hereby declare that I am eligible to avail benefits under UPS in terms of the aforesaid notification and Regulations. I certify that the information given above is true and correct. I authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data/ details of my necessary personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regulations notified thereunder. Place: _ Name: _ Date: d d m m y y y y

Signature / Thumb Impression* of Applicant

(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

		PART -	B (Details as reco	rded in the C	RA Syster	n)						
. Details o	of Partial Withdraw	al:										
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	Total											
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. Details f	or Calculation of L	JPS benefits payable for	Deceased Subscr	iber:								
I.	Individual Corpus (IC): Value of Corpus as on	Date of Superanni	uation/Retirer	ment.							
II.	of Partial Withdraw	s (BC): Value of IC as pe vals amount at the time of Contribution on Date of Su	Superannuation as	per Default								
III.	Final Withdrawal (F		-									
IV.	· · ·											
V.	Representative An (12*100) where {IC	nuity Amount = (IC) x (1- \leq BC}.	FW%) *(Represen	tative Annuity	/ Rate) /							
		PART - C	(to be filled by the	e DDO in the	CRA Syst	em)						
. Employi	ment Details as pe	r office record:										
File No:												
	ee Code / ID											
		Qualifying Service (Qualifyon 2(k) read with Regulation		y y y y s	/							
Date of	Superannuation/ Re	etirement under FR 56(j)	d d m m	у у у у								
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. Basic pa	y details for last 1	2 months before Supera	nnuation/ Retirem	ent under FF	R 56 (j):							
	Basic Pay	NPA (non-practicing allowance granted to medical officer in lieu of private practice)	Total (Basic pay + NPA)		Basic	Pay	NPA (non-practicing allowance granted to medical officer in lieu of private practice)	Total (Basic pay + NPA)				
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Signature & Name of PAO:

<u> </u>	
PAO Name	PAO Registration No.
Date:	Place:

Authorising the release of benefits upon receipt of UPS payout Order after due Verification

Authorised Signatory NPS Trust

Date: Place:

Instructions to fill the form

- 1. All fields are mandatory, unless marked with Asterisks.
- 2. Please fill the details of the subscriber as per the service records.
- 3. Please give details of DDO, PAO, Department/Ministry of the office from where you retired.
- 4. Any one of the 5 KYC documents may be provided. In case of online filling of the form Aadhar Number or CKYC ID may be provided.
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- ii. Copy of Death certificate of deceased Government Subscriber
- iii. Copy of PAN Card of claimant.
- iv. KYC documents of claimant.
- v. One photograph.
- vi. Specimen signature of claimant.

By DDO:

- i. Copy of the document containing employment details verified by HOO.
- ii. Copy of the signed Form by claimant.