ISS-1 Form for Shifting PRAN To BOM-Corporate Sector Model

To be submitted by New Employee joining Bank of Maharashtoa

who already holds PRAN under NPS

EMPID:

<del></del>	<del>-</del>		Form-ISS-1	
	Subscribe	on System (NPS) er Shifting		
Subscriber Shifting  TMP;   (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)  (Please fick the respective block which is applicable to you)				
le a		ick which is applicable to you)		
A. General Information:	<u> </u>			
I) NAME *	<del></del>	<u> </u>	<del> </del>	
II) PRAN (Permanent Retirement Account N	umber) *		•	
III) Existing PRAN association (refer Insti	ruction no. I)			
a) Sector: * Central Government	State Government	All Citizens of India (UOS) Corporate Sector	or	
b) DDO / CBO / POP-SP Reg. No. *				
e) DDO / CBO / POP-SP Name: *	<u>_</u> :		<del> </del>	
IV) Target PRAN association (refer Instru	ction no. II)	_	. <i>y</i>	
a) Sector.▼ Central Government	State Government	All Citizens of India (UOS) Corporate Sector	or 🔽	
b)-DDO / CBO / POP-SP Reg No: *	<u>65</u> 02683	· · · · · · · · · · · · · · · · · · ·		
c) DDO / CBO / POP-SP Name: *	BANK OF	MAHARASHTRA		
B. Additional information for subst	cribers shifting to All Citizens of In	dia - VOS		
V. Subscriber Scheme Preference			<del>-21</del>	
a) PFM (Name in alphabetical order)	Please tick only one			
1 DSP BlackRock Pension Fund Manag. 2 HDFC Pension Management Contpan; 3 ICICI Pension Fund Management Cor	y Limited	5 LIC Pension Fund Limited 6 Reliance Capital Pension Fund Limited 7 SBI Pension Funds Private Limited		
4 Kotak Mahindra Pension Fund Limite		8 UTI Retirement Solutions Limited	Ħ	
(Selection of PFM is mandatory both in Activishall be summarily rejected).	e and Auto Choice. In case you do not indic	ale a choice of PFM, your application form		
b) Investment Option (refer Instruction no. V	1 & VII)			
Active Choice	Auto Choice	(For details on Auto Choice, please refer to the Offe	r Document)	
Note:-  I. In case you do not indicate any investment	nation come founds will be incomed in Aura	Chain		
	O NOT fill up section (V.c) below relating to	o Asset Allocation. In case you do, the Asset Allocation instruction	ons will be ignored and	
c) Asset Allocation table (to be filled up only	in case you have selected the 'Active Choice	e' investment option)		
E		G Total		
Asset Class (Cannot exceed 50%) % share	<del>  2</del>	100%		
		,		
Note:- The allocation across E, C and G asset	classes most equal 100%. In case, the alloca	ation is left blank and/or does not equal 100%, the application sh	all be rejected by the POP.	
VI. KYC details (Applicable only if subscri	ther is shifting from Government Sector)	(Refer instruction no. X)		
a) KYC document accepted for identify proof     b) KYC document accepted for address proof		<del></del>		
c) Document accepted for Date of birth proo				
C. Additional information for subst	cribers shifting to Central Governo	nent or State Government (to be filled by target DI	00	
- (Please refer to instruction No. V	<u>II &amp; IX)</u>			
VII. Subscribers Employment Details to be a) Date of Joining:	THE AND ACCESSED BY DIFF (All Details ar	b) Date of Retirement:		
c) Group of the Employee A B C D D M M Y Y Y Y Y				
	_ <del></del>			
Mobile No:		•		
<b>?</b>				
Email ID:				

	<u> </u>				
d) Office					
e) Department					
f) Ministry					
g) Hasic Salary					
h) Pay Scale					
	declaration has been signed / thumb impressed before me by				
	ne entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment ce records available with the Department.				
Signature of the Authori	ised Person				
Designation of the Auth	Designation of the Authorised Person Rubber Stamp of the DDO				
Date :	Name of the DDO				
Bate	Department / Ministry				
L					
VIII, Subscriber's Ban	k Details* (The subscribe shall provide a cappelled cheque, the details of which should match the bank details provided)				
a) Bank A/c Number					
b) Bank Name					
e) Bank Branch					
d) Bank Address					
e) Pin Code	<u> </u>				
f) Bank MICR Code					
g) IFS code (Wherever	applicable)				
D. Additional infor	mation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)				
IX. Subscribers Employ	yment and PAN Details				
a) Date of Joining* :	D D M M Y Y Y Y  b) Date of Retirement*:  D D M M Y Y Y Y Y				
c) Employee ID*					
d) CHO Reg No*:	5502534 0) PAN:				
Contified that the above	delegie by by de de Company				
after he / she has read th	declaration has been signed before me by				
ľ	ailable with the Corporate.				
Signature of the Authoris	sed Person				
'	orised Person Rubber Stamp of the Corporate / Branch / Office /				
of Branch/z	Rubber Stamp of the Corporate / 16R / 2.0.				
X. Subscriber's Bank D	retails (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided) ( optional )				
a) Bank A/c Number					
b) Bank Name					
e) Bank Branch					
d) Bank Address					
e) Pin Code					
e) Pin Code  f) Bank MICR Code g) IFS code (Wherever					

XI. Subscriber Scheme Preference (Applicable only if the target Corporate has	s given the option of selecting scheme preference to the associated employees)
a) PEM (Name in alphabetical order) Please tick only one	
DSP BlackRock Pension Fund Managers Private Limited     HDFC Pension Management Company Limited     ICICI Pension Fund Management Company Limited     Kotak Mahindra Pension Fund Limited	5 LIC Pension Fund Limited 6 Reliance Capital Pension Fund Limited 7 SBI Pension Funds Private Limited 8 UTI Retirement Solutions Limited
(Selection of PFM is mandatory both in Active and Auto Choice. In case you do no	ot indicate a choice of PFM, your application form shall be summarily rejected).
b) Investment Option (refer Instruction no. VI & VII)  Active Choice Auto Choice Note:	(For details on Auto Choice, please refer to the Offer Document)
investment will be made as per Auto Choice.	ating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and
c) Asset Allocation table (to be filled up only in case you have selected the 'Active	Choice' investment option)
Asset Class E C	G Total
Note: The allocation scross F. Cand Gassal places must sound 1999/. In case the	allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.
I agree to be bound by the terms and conditions for the target sector (in which my P	
Date Signature/Left Thumb impression o	
	lled up by the officer accepting the form)
	<u> </u>
Received by:  Received at:	PAO/POP –SP Registration Number:
Details verified by:	Date: Time Stamp: Date: Time stamp:
Receipt Number Issued by the receiving office (only for POP-SP)	1 me aunup.
XXXXXXXXX	XXXXXXXXXXXXXXXX

Instructions for filling the form

I. Details of the DDO / POP-SP with which the PRAN is currently associated.

III. Details of the DDO / POP-SP with which the PRAN will be associated.
III. Please quote the correct PRAN and attach a copy of the PRAN Card

IV. This form is to be used by the subscriber only

V, Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a subscriber is shifting from one State Government to another State VI. Active choice - Under Active choice, subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset

a. PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.

b. Allocation under Equity (E) cannot exceed 50% c. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.

VII. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.

A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM. In case both investment option and the asset allocation table are left blank, the subscriber's funds will be invested as per Auto Choice For more details on investment options and asset classes, please refer to the Offer Document.

VIII. Employment details are to be captured in CRA system by the target PAO/DTO along with other details, If the subscriber is shifting from UOS to Central / State

Government sector
IX. PAO/DTO have to modify the employment details of the subscriber after the shifting of the PRAN, in case of subscriber shifting from Central Government to State Government or vice versa or across two State Governments, i.e. both existing and new PRAN association are Government Sectors

X, Illustrative list of documents acceptable as proof of identity and address

No.	Proof of Identity (Copy of any one)
i)	School Leaving Certificate
	Matriculation Certificate
	Degree of Recognized Educational Institution
ív)	Depository Account Statement
v)	Bank Account Statement / Passbook
vi)	Credit Card
νίί)	Water Bill
viii)	Ration Card
ix)	Property Tax Assessment Order
x)	Passport
xi)	Voter's Identity Card
xíi)	Driving License
xiii)	PAN Card
xiv)	Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.

No.	Proof of Address (Copy of any one)
i)	Electricity bill^
ii)	Telephone bill^
iii)	Depository Account Statement^
iv)	Credit Card Statement^
v)	Bank Account Statement / Passbook^
vi) .	Employer Certificate^
vii)	Rent Receipt^
viii)	Ration Card
ix)	Property Tax Assessment Order
x)	Passport
xi)	Voter's Identity Card
xii)	Driving License
	Certificate of address signed by a Member of
	Parliament or Member of Legislative Assembly or
xiii)	Municipal Councillor or a Gazetted Officer.
1	

1) Proof of Address mentioned in Sr. No. i) to vii) (^) should not be more than six months old on the date of application.

2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-thecounter after verification)