

Form CHO-2

(B) Investment option* : In case you do not indicate any investment option, your funds will be invested in **Auto Choice.**)

Active Choice Auto Choice Life Cycle Aggressive (BLC)

Multiple Scheme Framework (MSF) MSF Scheme Code

MSF Scheme Name

(C)Asset Allocation (Please, indicate asset allocation pattern of **Active Choice** is selected)

Asset Class	Equity (Can not exceed 75%)	Corporate Bonds	Government Securities	Total (Should be equal to 100%)
% Share				

Auto Choice Option (to be filled up only in case you have selected the '**Auto Choice**' investment option). In case you do not indicate a choice of LC; your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please tick only one	Note:
Life Cycle 25 Low (5E/55Y)	<input type="checkbox"/>	1. LC 25 - It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 2. LC 50 - It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset LC 25 - It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 3. LC 75 - It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
Life Cycle 50 Moderate (10E/55Y)	<input type="checkbox"/>	
Life Cycle 75 High (15E/55Y)	<input type="checkbox"/>	

We hereby declare and agree that we have read and understood the NPS product and its features. We further declare that the information supplied in the application is complete and true. And we will notify Central Record keeping Agency (CRA) immediately about any change in the information provided in the application.

	Signature of Authorized Signatory
Corporate Head Office Stamp	Name: _____ Place: _____ Designation: _____ Department: _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center;">D D M M Y Y</div>

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To be Filled by POP

A. POP Registration No:

B. Submitted KYC documents: Yes No

	Signature of Authorized Signatory
POP Head Office Stamp	Name: _____ Place: _____ Designation: _____ Department: _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y

To be filled by CRA

Received By: _____
Received at: _____ Place: _____

Note:

1. Corporate has to select one PFM out of the latest list of PFMs who would invest the fund as per selected investment choice.
2. Please visit PFRDA website: www.pfrda.org.in for latest list of PFMs.