FORM B3

[See Regulation 19, 20 and 23]

Claim and Payout Form

Spouse of the deceased Unified Pension Scheme (UPS) subscriber who superannuated/retired on or after 01/04/2025 and eligible for UPS benefits and subscriber had already availed benefits under UPS

					Photograph of spouse
]	PART -A (to be filled	d by the spouse)			
1.Details of deceased Sul	bscriber: PRAN No.		Date of	death	
			(as per		
			certifica	ite)	
2. Details of lega	lly wedded spouse o	on the date of su	perannuation	:	
Name	ily wedded spouse o	ly wedded spouse on the date of superannuation: PAN			
DOB		Gender			
3. KYC Details					
Document (any one)	Document Type	Identification	number	Validit	y (in case of Passport
	•				License)
Aadhaar* / Driving License /					
Passport/Voter ID/CKYC ID/ Letter issued by NPR					
Letter issued by INFIX					
4. Current Addr	ress:				
	ress:		Street/Local	lity	
Flat/House No./Bldg. Name	ress:		Street/Local City/ District	_	
4. Current Addr Flat/House No./Bldg. Name Village & Post Office/Block State	ress:			_	
Flat/House No./Bldg. Name Village & Post Office/Block State	ress:		City/ Distric	_	
Flat/House No./Bldg. Name Village & Post Office/Block	ress:		City/ Distric	_	
Flat/House No./Bldg. Name Village & Post Office/Block State Country 5. Contact Detai			City/ Distriction Pin Code	_	
Flat/House No./Bldg. Name Village & Post Office/Block State Country 5. Contact Detai Telephone No. (If any)			City/ Distric	_	
Flat/House No./Bldg. Name Village & Post Office/Block State Country 5. Contact Detai			City/ Distriction Pin Code	_	
Flat/House No./Bldg. Name Village & Post Office/Block State Country 5. Contact Detai Telephone No. (If any) E-mail ID	ls:	credit of UPS be	City/ District Pin Code Mobile No.	_	
Flat/House No./Bldg. Name Village & Post Office/Block State Country 5. Contact Detai Telephone No. (If any) E-mail ID		eredit of UPS be	City/ District Pin Code Mobile No.	et .	

Declaration:						
Pension Scheme (UPS) as notified by GoI vide notifical (Operationalisation of Unified Pension Scheme under Nationalisation of						
	ntity connected with UPS to collect and share data/ details of aid scheme regulated under the PFRDA Act, 2013 and the relevant					
Place: Date:	Signature: Name:					
PART -R (Details as	s recorded in the CRA system)					
Details of UPS benefits that were being paid for dece						
Monthly admissible payout to deceased subscriber as of DR amount on the date of demise	on the date of demise					
PART -C (to be filled by Employment details as per service record:	the DDO in the CRA system)					
File no						
Employee Code/ID						
Date of Start of family Payout to spouse (on o	demise of subscriber)					
Certified that the details provided by spouse of decease	sed subscriber in Part-A, details of employment, legally wedd					
	of death of subscriber which has been verified by HOO and the					
Verified and certified that	at the details are true and correct.					
Signature & Name of DDO						
DDO Name	DDO Registration No.					
Date:	Place:					

Form B3 (Part D) UPS Payout Order (UPO) issued by PAO (System Generated)

					Photograph of spouse		
To,							
National Pension System Trust							
(address to be added) – system							
(address to be added) – system							
File no:		Da	Date of issue:				
UPS Payout Order (UPO) No:							
1. Details of deceased subs				T			
Name	PRAN No.			Date of death			
				(as per death			
				certificate)			
2. Details of legally wedde	d spouse on the dat			:			
Name		PA					
DOB		Ge	ender				
G		I IIDA D	Ot . 1	11 4 6			
Sai	nction of Admissibl	le UPS Bene	tits payal	ole to Spouse			
3. UPS Benefits p	ayable to Spouse:						
3. Of 5 Benefits p	ayable to Spouse.						
Date of start of family Payout to	spouse (on demise o	of subscriber	•)				
Monthly Family Payout (60% of							
DR amount on family payout	ine monny pay out	i io suoserio					
Adjustment of excess monthly p	avout paid for decea	sed subscrib	er				
upto the date of commencement							
	<u> </u>		ı				
Signature & Name of PAO							
PAO Name PAO Registration No.							
Date:		Place:	tegistratio	1110.			
		1 1400.					
Authorising the relea	ase of benefits upon	receipt of U	JPS payo	ut Order after o	due verification		
		-					
Authorised Signatory							
NPS Trust							
Date:		Place:					

Copy to,

To Subscriber

(address and email and mobile) - over email

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.
- 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. 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 Death certificate of deceased Government Subscriber
- iii. Copy of PAN Card of claimant.
- iv. KYC document 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