

Form 1

**OPTION TO AVAIL BENEFITS IN CASE OF DEATH OR DISCHARGE ON INVALIDATION OR
DISABILITY OF GOVERNMENT SERVANT / SUBSCRIBER DURING SERVICE**

(See rule 10)

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits under CCS(Pension) Rules, 1972 or CCS(Extraordinary Pension) Rules, 1939 as the case may be paid to me or my family.

OR

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits may be paid to me or my family, as the case may be, based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the CCS(Implementation of National Pension System) Rules, 2021.

Signature of Government servant/Subscriber
Name: _____

Designation: _____

Office in which employed: _____

Telephone No: _____

Place and date :

This option supersedes any other option made by me earlier.

* Completely strike out the benefits for which option is not intended to be made.

(To be filled in by the Head of Office or authorised Gazetted Officer)

Received the option dated _____, under CCS(Implementation of National Pension System) Rules, 2021 made by Shri/Smt./Kumari....., Designation.....
Office.....

Entry of receipt of option has been made in page Volume... of Service Book.

Signature,

Name and Designation of Head of Office or authorized Gazetted Officer with seal

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death/ invalidation.