## PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



## CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of
(Name of Insurer) which will be administered by your
Bank/Post Office under Master Policy No. 610900100061 (To be pre-printed)
I hereby authorize you to debit my Account with your Branch with Rs(applicable
premium*) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further
authorize you to deduct in future after 25th May and not later than on 1st of June every year
until further instructions, an amount of Rs.330/-(Rupees three hundred thirty only), or any
amount as decided from time to time, which may be intimated immediately if and when
revised, towards renewal of coverage under the scheme.

I have not authorized any other Bank/Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. Two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme. I am aware that the risk will not be covered during the first 30 days from the date of enrollment / re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

I authorize the Bank/Post Office to convey my personal details, given below, as required, regarding My admission into the group insurance scheme to Life Insurance Corporation of India.

Name of the account Holder**	Father's / Husband's name**			
Bank / Post office Account No.**	IFSC Code of Bank Branch**			
PAN Number, if Available**	AADHAAR Number, if Available**			
Date of birth **	E-mail Id **			
Name and address of	Date of Birth of nominee			
nominee	Relationship of nominee with the account holder			
Name and address of Guardian / appointee (if nominee is minor)	Relationship of the guardian / appointee with the nominee			
Mobile number of nominee	Mobile number of guardian / appointee			
Email id of nominee	Email id of guardian / appointee			

I hereby enclose a nominee as above un			my identity (KYC*) and nominate my her guardian is appointed as above.			
* Either of AADHA License or PAN card		oto Identity Card (EP	PIC) or MGNREGA card or Driving			
that the above info	ormation shall form the	e basis of admissio	spects and that I agree and declare n to the above scheme and that if heme shall be treated as cancelled.			
Date:	Signature Address:					
available with this		r KYC document s	e been verified from the records submitted* by the applicant, in case			
Signature of the Bank /Post Office Official  Date:  (Rubber Stamp with bank/Post Office branch name and code)						
		For Office Use				
Agent'/BC's Name		Agency/BCCode No.				
Bank A/c details of Agent/BC		Signature of Agent/Banking Correspondent				
ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE						
Nojoin the Pradhan Mant		ank / Post Office According auto-debit from the with	om Shri / MsAadhaar he specified Bank / Post Office account to(Name of the Insurer) for cover nation provided regarding eligibility and			
		Signature	e of authorised official of Bank / Post Office			
		Date: Office	Seal			
<ul><li>a. June, July &amp;</li><li>b. September, O</li></ul>		um of Rs. 330/- is pay quarters of premium	wable  @ Rs. 86.00 i.e. Rs. 258/- is payable  Rs. 86.00 i.e. Rs. 172/- is payable			

d. March, April & May — 1 Quarterly premium @ Rs. 86.00 is payable.