

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

Bank's Name
Bank Logo

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. _____
(To be pre-printed)

I hereby authorize you to debit my Account with your Branch with ₹ _____ (applicable premium*)
towards premium of life insurance cover of ₹ 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 ₹ 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 ₹ 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 _____ (Name of Insurer).

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**	D	D	M	M	Y	Y	Y	Y																	
E-mail ID**																									
Name and address of nominee																									
Date of Birth of nominee	D	D	M	M	Y	Y	Y	Y	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 copy of my _____ as proof of my identity (KYC*) and nominate my
nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

*Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of
admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date:

D	D	M	M	Y	Y	Y	Y
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 Signature _____

Address: _____

Confirmed that the applicant's details** and signature have been verified from the records available with this Bank / Post Office (or KYC document
submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:

D	D	M	M	Y	Y	Y	Y
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(Rubber Stamp with bank/ Post office branch name and code)

FOR OFFICE USE

Agent/ BC' s Name	<input type="text"/>
Agency/ BC Code No.	<input type="text"/>
Bank A/c details of Agent/BC	<input type="text"/>
Signature of Agent/Banking Correspondent	<input type="text"/>

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms. _____ holding Bank /Post Office Account No. _____ Aadhar No. _____ consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with _____ (Name of the Insurer) for cover under Master Policy No. _____, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorised official of Bank/ Post Office

Date:

Office Seal

#If the enrolment takes place during the months of-

- June, July & August -Annual premium of ₹ 330/- is payable
- September, October & November -3 quarters of premium@ ₹ 86.00 i.e. ₹ 258/- is payable
- December, January & February- 2 quarters of premium@ ₹ 86.00 i.e. ₹ 172/- is payable
- March, April & May - 1 Quarterly premium@ ₹ 86.00 is payable.