

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



NAME OF BANK / POST OFFICE
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 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 ₹ 436/- (Rupees four hundred thirty-six 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 _____ (Name of Insurer).

If the enrolment takes place on any day during the months of -

- June, July & August - Annual premium of ₹ 436/- is payable
- September, October & November - 3 quarters of premium @ ₹ 114.00 i.e. ₹ 342/- is payable
- December, January & February - 2 quarters of premium @ ₹ 114.00 i.e. ₹ 228/- is payable
- March, April & May - 1 Quarterly premium @ ₹ 114.00 is payable.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account holder**															
Father's/husband's name**															
Address of the account holder															
Name of City / town /village						Name of District									
Name of State						Pin Code									
Mobile number of account holder															
Bank/Post office Account No.**						IFSC Code of Bank Branch**									
Name of the KYC * document submitted						KYC* Id Number									
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

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