

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana

2. POLICY NO. :

3. FULL NAME AND ADDRESS OF THE BANK :

4. NAME OF THE DECEASED MEMBER :

5. DISTRICT _____ STATE _____ PINCODE _____

6. PAN NUMBER OF INSURED MEMBER :

7. BANK ACCOUNT NO. OF DECEASED MEMBER:

8. AADHAR NO. OF DECEASED (if available):

9. DATE OF ENTRY INTO SCHEME BY MEMBER :

10. DATE OF DEATH OF MEMBER :

11. CAUSE OF DEATH:

12. NAME OF NOMINEE * :

13. RELATIONSHIP OF NOMINEE:

14. DATE OF BIRTH OF NOMINEE :

15. ADDRESS OF THE NOMINEE :

16. MOBILE NO. OF THE NOMINEE:

17. AADHAR NO. IF AVAILABLE:

18. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE:

SAVINGS BANK ACCOUNT NO. :

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose **Death Certificate** as the proof of death of the Member along with a duly executed discharge form.

*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

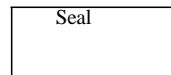
(Signature of the Nominee*/Claimant)

We hereby certify that the above member was covered under the PMJJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to **SBI Life Insurance Company Limited**. We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme. We further certify that the identity and bank account details of the nominee are checked and found correct.

PLACE _____

DATE: _____

(Signature of authorized official of the Bank)



Encl.: Death Certificate & Discharge Receipt

Branch Name _____ Branch Code _____

Email id _____ Contact Number _____

**DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY
SCHEME**

Policy No:

Name of the Bank:

I/We, _____

do hereby acknowledge receipt from **SBI LIFE Insurance Company Limited**, a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. _____, covered under this scheme under Bank Account No. _____.

Dated at _____ this _____ day of _____ 20

Witness: _____

| |
|------------------|
| Revenue Stamp |
|------------------|

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name: _____ Email Id: _____

Mobile No. : _____

Aadhar Number (if available): _____

Bank Account No. : _____ Branch: _____

Name of the Bank: _____

Address : _____

IFSC Code : _____

{Copy of cancelled cheque to be attached (if available)}/Copy of Bank Passbook/Statement giving bank account details

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)