PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA







CONSENT · CUM · DECLARATION FORM (To be filled in by members joining the scheme on or after 01 06 2016 For Office Use

Agent'/BC's Name•
Bank A/C details of Agent/BC
Signature of Agent/Banking Correspondent'

Agency/BC Code No."

Thereby give my consent to become a member of 'Pradhan Mantrl Jeevan Jyoti Sima Yojana' of LIC of India which will be administered by your Bank under Master Policy No 900100028

I hereby authonze you to debit my Savings Bank Account with your Branch with Rs 330/- (Rupees Three Hundred Thirty Only) plus Service Tax If applicable towards premium of life cover under PMJJBY. I further authorize you to deduct m 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) and Service Tax If applicable. or any amount as decided from time to time, which may be intimated 1mmed1ately If and when revised towards renewal of coverage under the scheme.

have not authorized any other bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs 2,00,000/- only in the event of my death

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 45 days from the date of enrollment into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

I authonze the Bank to convey my personal details, given below, as required regarding my admission into the group insurance scheme to LIC of India

Applicant Details, as per Bank /KYC records:

Name of the Account holder (as per Bank records)

Savings Bank account No

E-mail ld

Name. Address and relationship (if any) of

nominee

Date of Birth

Aadhar Number. 1f available Mobile No.

Name and address of Guardian

(if nominee is minor)

Address

I hereby nominate my nominee as above under this scheme.

Nominee being minor his I her guardian is appointed as above.

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: Signature Address:

Signature venfied

(Branch Official) (Rubber Stamp with bank branch name and code)

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE