## 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 **LIC of India**, which will be administered by your Bank / Post Office under Master Policy No. **110900100036**.

I hereby authorize you to debit my Account with your Branch with Rs. \_\_\_\_\_ (applicable premium<sup>#</sup>) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> of June every year until further instructions, an amount of Rs.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 / rejoining 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 **LIC of India** 

Name of the account	Father's / husband's		
holder**	name**		
Address of the account	Name of the		
holder	City/town/village		
Name of the district	Name of the state		
Pin Code	Mobile number of account		
	holder		
Bank/Post office	IFSC Code of Bank		
Account No.**	Branch**		
Name of the KYC	KYC* Id number		
*document submitted			
PAN Number, if	AADHAAR Number, if		
available**	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	Relationship of the		
Guardian / appointee	guardian / appointee with		
(if nominee is minor)	the nominee		
Mobile number of	Mobile number of guardian		
nominee	/ appointee		
Email id of nominee	Email id of guardian /		

		арроппес		
	a copy of mya scheme. Nominee being minor		y (KYC*) and nominate my nominee as appointed as above.	
* Either of AA License or PAN		noto Identity Card (I	EPIC) or MGNREGA card or Driving	
information shall		to the above scheme	d that I agree and declare that the above e and that if any information be found	
Date:	Signature			
	Office (or KYC document sub		verified from the records available with cant, in case it is not available with the	
	•	of the Bank / Post Off	rice Official	
	Date: (Rubber St	amp with bank/ Post	office branch name and code)	
		For Office Use		
Agent'/BC's Name		Agency/BC Code No.		
Bank A/c deta	ils	Signature of		
of Agent/BC		Agent/Banking Correspondent		
	CKNOWLEDGEMENT SL	IP CUM CERTIFIC	ATE OF INSURANCE	
•	acknowledge receipt of '		ration Form" from Shri / Ms /Post Office Account	
Office account t	consenting a o join the Pradhan Mantri Jee to c	nd authorizing auto van Jyoti Bima Yoja	-debit from the specified Bank /Post ana with <b>LIC of India</b> for cover under ation provided regarding eligibility and	
		Signature of a	uthorised official of Bank / Post Office	
		Date Offic	: e Seal	
Risk cover will	start from the date of auto de	bit of premium fron	1 the account of the subscriber	
# If the enrolmer	nt takes place during the month	s of –		
	June, July & August –Annual premium of Rs. 436/- is payable			
b. S	-		remium @ Rs. 114.00 i.e. Rs. 342/- is	
_	•	ry = 2 quarters of n	remium @ Rs 114.00 i.e. Rs 228/-is	

March, April & May -1 Quarterly premium @ Rs. 114.00 is payable.

d.