PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)





CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme on or after 01.09.2018)

For Office Use

| Agent'/BC's Name* | | Agency/BC Code No.* | |
|---|---|---|---|
| Bank A/c details of Agent/BC - * | Bank: | | |
| Signature of Agent/Banking Correspond | ent* | | |
| I, hereby give my consent to become a r administered by your Bank under Master | | Jyoti Bima Yojana' of LIC | of India which will be |
| I hereby authorize you to debit m Only) a you to deduct in future after 21st May ar (Rupees three hundred thirty only) and Gs immediately if and when revised, towards in | and GST if applicable towards premit nd not later than 31st May every yea ST if applicable, or any amount as do | Im of life cover under PMJJ r until further instructions, a ecided from time to time, w | IBY. I further authorize an amount of ₹.330/ |
| I have not authorized any other bank to de to $\mathbf{\overline{5}}.2,00,000$ /- only in the event of my dea | | e. I am aware that my life co | over shall be restricted |
| I have read and understood the Scheme rethat the risk will not be covered during case of death (other than due to accide | the first 45 days from the date of e | nrollment into the scheme | |
| I authorize the Bank to convey my person scheme to LIC OF INDIA Applicant Details, as per Bank / KYC rec | | egarding my admission in | o the group insurance |
| Name of the Account holder (as per Ban | k records) | | |
| Date of birth of Account holder | | | |
| Savings Bank Account No. | Aadhar Numl holder, if ava | per of Account | |
| E-mail Id | Mobile No. | | |
| Name, address and | | Idress of Guardian | |
| relationship of nominee Age of Nominee | (if nominee is Address | minor) | |
| Age of Norninee | Address | | |
| I hereby nominate my nominee as above u | inder this scheme. | | |
| Nominee being minor, his / her guardian is | appointed as above. | | |
| I hereby declare that the above statements form the basis of admission to the above s shall be treated as cancelled. | | | |
| Date: | | Signature Address: | |
| Signature verified (Branch Official) (Rubber Stamp with ban | | | |
| ACKNOWLE | EDGEMENT SLIP CUM CERTIFICAT | E OF INSURANCE | |
| We hereby acknowledge receipt of "Conso | | • | holding Banl |