

## **PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)**



PUNJAB NATIONAL BANK



### **CONSENT-CUM-DECLARATION FORM**

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of Life Insurance corporation of India (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No 110900100013

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 / 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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to Life Insurance Corporation of India.

# If the enrolment takes place during the months of –

- a. June, July & August – Annual premium of Rs. 436/- is payable
- b. September, October & November – 3 quarters of premium @ Rs. 114.00 i.e. Rs. 342/- is payable
- c. December, January & February – 2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/- is payable
- d. March, April & May – 1 Quarterly premium @ Rs. 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 **		E-mail Id**	
Name and address of nominee		Date of Birth of nominee	
		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.

Signature

Address:

**\*\*Confirmed that the applicant's details\*\* and signature have been verified from the records available with this Bank (or KYC document submitted\* by the applicant, in case it is not available with the bank).**

Signature of the Bank

Date:

(Rubber Stamp with bank branch name and code)

**For Office Use**

Agent'/BC's Name		Agency/BC Code No.	
Bank A/c details of Agent/BC		Signature of Agent/Banking Correspondent	

**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms..  
..... holding Bank Account  
No..... Aadhaar No..... consenting and authorizing  
auto-debit from the specified Bank account to join the Pradhan Mantri JeevanJyoti Bima Yojana  
with Life Insurance Corporation of India for cover under Master Policy No110900100013, subject  
to correctness of information provided regarding eligibility and receipt of consideration amount.

**Signature of authorised official of Bank**

**Date:**

**(Rubber Stamp with bank branch name and code)**