PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA







CONSENT-CUM-DECLARATION FORM (FOR THE YEAR 2021-22)

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' o	of Life Insurance
Corporation of India. which will be administered by your Bank under Master Policy No. 2109001	00143

I hereby authorize you to debit my Account with your Branch with Rs. ______ (applicable premium#) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in 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), 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 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.**

Name of the account holder**	Father's / husband's name**
Bank/Post office Account No.**	IFSC Code of Bank Branch**
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

	a copy of my under this scheme. Nominee being		f my identity (KYC*) and nominate an is appointed as above.
•	_	_	EGA card or Driving License or PAN
information shall form		•	I agree and declare that the above y information be found untrue, my
Date:			Signature
Address:			
	he applicant's details** and signatute to submitted by the applicant, in ca		rom the records available with this th the bank)
		Signo	ature of the Bank Official
			e: mp with branch name and code)
	FOR OFF	FICE USE	
Agent'/BC's Name		Agency/BC Code No.	
Bank A/c details of		Signature of Agent/	
Agent/BC		Banking Correspondent	
<u> </u>			
<u>ACK</u>	NOWLEDGEMENT SLIP CU	M CERTIFICATE OF	<u>INSURANCE</u>
We	hereby acknowledge receipt of "C	Consent-cum-Declarati	on Form" from
Shri / Ms		_ holding Bank Accoun	t No
Aadhar No	thar No consenting and authorizing auto-debit from the specified Bank account to		
join the Pradhan Mantı	ri Jeevan Jyoti Bima Yojana with Lif	fe Insurance Corporation	on of India for cover under Master
Policy No. 21090010	0143 , subject to correctness of	information provided	regarding eligibility and receipt of
consideration amount.			
		Signatur	e of authorised official of Bank
		Da	te: (OFFICE SEAL)
			(OFFICE SEAL)
# If the enrolment takes pla	ice during the months of:		
a. June, July & August -	-Annual premium of Rs. 330/- is payable		

September, October & November –3 quarters of premium @ Rs. 86.00 i.e. Rs. 258/- is payable

December, January & February -2 quarters of premium @ Rs. 86.00 i.e. Rs. 172/-is payable

March, April & May – 1 Quarterly premium @ Rs. 86.00 is payable.

b.

c.