Form to be used from **01.06.2016**







इण्डियन ओवरसीज़ वेंक Indian Overseas Bank आपकी प्रगति का सच्चा साथी Good people to grow with

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*		Agency/BC Code No.*	
Bank A/c details of Agent/BC _ *			
Signature of Agent/Banking Correspondent*			,

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 under Master Policy No.900100004

I hereby authorize 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 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) and Service Tax if applicable, 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 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 authorize 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.	Aadhar Number, if available	
E-mail Id	Mobile No.	
Name, address and relationship (if any) of nominee	Name and address of Guardian (if nominee is minor)	
Date of Birth	Address	

I hereby nominate my nominee as above under this scheme.

Nominee being minor, his / 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 untru-	e, my membership to the scheme shall be treated as cancelled.

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Date:	Signature Address:
Signature verified (Branch Official) (Rubber Stamp with bank branch name and code)	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge	receipt of "Consent-cum-Decla	aration Form" from Sh / Smt	holding Bank Account
No	. Aadhar No	consenting and authorizing auto-debit from the	ne specified Bank Account to join the
Pradhan Mantri Jeevan	Jyoti Bima Yojana with	(Name of the Insurance Comp	any) for cover under Master Policy
No	subject to correctness of info	rmation provided regarding eligibility and receip	ot of consideration amount.