PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY) - (Annexure-3-Rev)





CONSENT-CUM-DECLARATION FORM

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

For Office Use

		101011	<u>lice 03e</u>		
Agent'/BC's Name*			Agency/BC Code	No.*	
Bank A/c details of Agent/BC -	ŧ	Bank:	Ŭ Ĵ		
Signature of Agent/Banking Cor	respondent*				
, hereby give my consent to bec	ome a member of	'Pradhan Mantri Te	evan Ivoti Rima Voiana' o	f LIC (of India which will k
dministered by your Bank under		Traditali Martii 30	evan syon billia Tojana o	LIC	or maid willen will i
idililistered by your bank under _	, 00 100L1 7				
hereby authorize you to o	lebit my Savings Only) and GST if	Bank Account applicable towards	with your Branch with premium of life cover under	₹ PMJJ	/- (Rupe
ou to deduct in future after 21st Rupees three hundred thirty only mmediately if and when revised, to	May and not later and GST if application	than 31st May eve able, or any amoun	ry year until further instruct t as decided from time to ti	tions,	an amount of ₹.330
have not authorized any other ba o ₹.2,00,000/- only in the event o	nk to debit premiun my death.	n in respect of this s	scheme. I am aware that my	ı life co	over shall be restricted
have read and understood the S hat the risk will not be covered case of death (other than due to	during the first 45	days from the dat	e of enrollment into the s		
authorize the Bank to convey my scheme to LIC OF INDIA Applicant Details, as per Bank /		given below, as req	uired, regarding my admiss	ion int	o the group insurand
Name of the Account holder (as Date of birth of Account	per Bank records)				
holder					
Savings Bank Account No.		Aadha	Number of Account		
-			if available		
E-mail Id		Mobile			
Name, address and			and address of Guardian		
relationship of nominee Age of Nominee		Addres	inee is minor) s		
,g			·		
hereby nominate my nominee as	above under this so	cheme.			
lominee being minor, his / her gua	ardian is appointed	as above.			
hereby declare that the above sta orm the basis of admission to the shall be treated as cancelled.					
Date:			Signature		
outo	Address:				
Signature verified Branch Official) (Rubber Stamp)	with bank branch na	ame and code)			
ΔCK	NOWI FDGFMFNT	SLIP CUM CERTI	FICATE OF INSURANCE		
Ne hereby acknowledge receipt of Account No	f "Consent-cum-De	eclaration Form" fror	m Sri / Smt		

specified Bank Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with LIC of India for cover under Master Policy No

900100279 subject to correctness of information provided regarding eligibility and receipt of consideration amount.