

**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 **SBI Life Insurance Company Limited** which will be administered by your Bank under Master Policy No. \_\_\_\_\_ (To be pre-printed)

I hereby authorize you to debit my Savings Bank Account with your Branch, for life cover under PMJJBY, with a premium of:

	Month of enrolment	Premium Payable for	Premium amount payable
<input type="checkbox"/>	June, July & August	Entire policy year i.e. 4 quarters	Rs. 330/- plus applicable taxes, if any (This includes administrative charges payable to Banks which is currently Rs 41/- per subscriber)
<input type="checkbox"/>	September, October & November	3 quarters	Rs. 258/- plus applicable taxes, if any (This includes administrative charges payable to Banks which is currently Rs 33/- per subscriber)
<input type="checkbox"/>	December, January & February	2 quarters	Rs. 172/- plus applicable taxes, if any (This includes administrative charges payable to Banks which is currently Rs 22/- per subscriber)
<input type="checkbox"/>	March, April & May	1 quarter	Rs. 86/- plus applicable taxes, if any (This includes administrative charges payable to Banks which is currently Rs 11/- per subscriber)

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.330/- (Rupees three hundred thirty only) and applicable taxes, if any, 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 SBI Life Insurance Company Ltd.

**Applicant Details, as per Bank / KYC records:**

Name of the Account holder (as per Bank records)			
Savings Bank Account No.		Aadhaar 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	
Occupation	<input type="checkbox"/>	Agriculturist	
	<input type="checkbox"/>	Housewife	
	<input type="checkbox"/>	Self-Employed/ Professional	
	<input type="checkbox"/>	Salaried	
	<input type="checkbox"/>	Business owner	
	<input type="checkbox"/>	Labour / Safai Karamcharis / Workers in informal sector	

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 untrue, my membership to the scheme shall be treated as cancelled.

Date: \_\_\_\_

Signature

Address:

Signature verified

(Branch Official) (Rubber Stamp with bank branch name and code)

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**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Sh / Smt. .... holding Bank Account No..... Aadhaar No..... consenting and authorizing auto-debit from the specified Bank Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with SBI Life Insurance Company Ltd for cover under Master Policy No....., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Seal & Signature of Authorized Bank Official**