

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 JyotiBimaYojana' of (Name of Insurer) 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 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 (Name of Insurer)

Applicant Details, as per Bank / KYC records:

Name of the Account holder (as per Bank records)		Aadhar Number, if available	
Savings Bank Account No.		Mobile No.	
E-mail Id		Name and address of Guardian (if nominee is minor)	
Name, address and relationship (if any) of nominee		Address	
Date of Birth			

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)

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

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

Seal & Signature of Authorised Bank Official

Disclaimer: For more information on risk factors, terms & conditions please read the sales brochure carefully before concluding a sale. Andhra Bank is the Corporate Agent of IndiaFirst Life Insurance, Corporate Agent License No.: CA0055. IRDAI Reg. No.: 143.

IndiaFirst Life Insurance Company Ltd.,

301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6270 0600 **Toll Free:** 1800-209-8700**E-mail:** customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com