

renewal of coverage under the scheme.

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



CONSENT-CUM-DECLARATION FORM

| (To be pre-printed) | |
|---|--------------|
| 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 PMJJB | Y. I further |
| authorize you to deduct in future after 25th May and not later than on 1st of June ever | y 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

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of HDFC Life which will be administered by your Bank / Post Office under Master Policy No.

I have not authorized any other Bank / Post Office 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 /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to HDFC Life.

| NI Cd | T (1 2 /1 1 12 | |
|-----------------------|--------------------------|--|
| Name of the account | Father's / husband's | |
| holder** | name** | |
| Bank/Post office | IFSC Code of Bank | |
| Account No.** | Branch** | |
| PAN Number, if | AADHAAR Number, if | |
| available** | available** | |
| Date of birth ** | E-mail Id** | |
| | | |
| Name and address of | Date of Birth of nominee | |
| nominee | | |
| | Relationship of nominee | |
| | with the account holder | |
| Name and address of | Relationship of the | |
| Guardian / appointee | guardian / appointee | |
| (if nominee is minor) | with the nominee | |
| Mobile number of | Mobile number of | |
| nominee | guardian / appointee | |
| Email id of nominee | Email id of guardian / | |
| | appointee | |



above.



PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

I hereby enclose a copy of my -----as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

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. |

Confirmed that the applicant's details** and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official
Date:
(Rubber Stamp with bank/ Post office branch name and code)







For Office Use

| Agent'/BC's | Agency/BC | |
|-------------|---------------|--|
| Name | Code No. | |
| Bank A/c | Signature of | |
| details of | Agent/Banking | |
| Agent/BC | Correspondent | |

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

| We | hereby | acknowledge | receipt | of "Conse | ent-cum- | Declaration | Form' | ' from | Shri / | Ms |
|-------|------------|-----------------|------------|-------------|----------|-------------|----------|----------|------------|--------|
| | | | | holding | Ban | k /Po | ost | Office | Ac | count |
| No | | | Aa | dhar No | | | cons | enting a | nd author | rizing |
| auto | -debit fro | om the specifie | ed Bank / | Post Office | account | to join the | e Pradha | ın Mantı | ri Jeevan | Jyoti |
| Bim | a Yojan | a with | | (Name of | f the In | surer) for | cover | under] | Master F | Policy |
| No | | , s | subject to | correctness | of infor | mation pro | vided re | garding | eligibilit | y and |
| recei | pt of cor | sideration amo | unt. | | | | | | | |

Signature of authorised official of Bank / Post Office

Date: Office Seal

If the enrolment takes place during the months of –

- a. June, July & August Annual premium of Rs. 330/- is payable
- b. September, October & November –3 quarters of premium @ Rs. 86.00 i.e. Rs. 258/-is payable
- c. December, January & February 2 quarters of premium @ Rs. 86.00 i.e. Rs. 172/-is payable
- d. March, April & May 1 Quarterly premium @ Rs. 86.00 is payable.