



## 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)

DETAILS OF AGENT/BANKING CORRESPONDENT	(FOR OFFICE USE ONLY)
Agent/BC's Name*:	<input type="text"/>
Agency/BC Code No.*:	<input type="text"/>
Bank A/c Details of Agent/BC*:	<input type="text"/>
Signature of Agent/Banking Correspondent*:	<input type="text"/>

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of SUD LIFE which will be administered by your Bank under Master Policy No. **JJ000002**.

I hereby authorize you to debit my Savings Bank Account with your Branch with ₹ 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 ₹ 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 ₹ 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 SUD LIFE.

APPLICANT DETAILS, AS PER BANK / KYC RECORDS:	FIRST NAME	MIDDLE NAME	SURNAME
Name of the Account Holder (as per Bank records)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saving Bank A/c No.:	<input type="text"/>	Aadhaar No. (if available):	<input type="text"/>
Email ID:	<input type="text"/>	Mobile No.:	<input type="text"/>
Address:	<input type="text"/>		Date of Birth: <input type="text"/>
Full Name and Address of Nominee:	<input type="text"/>		Relationship: <input type="text"/>
Full Name and Address of Guardian: (if Nominee is minor)	<input type="text"/>		Relationship: <input type="text"/>

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.

Signature:	<input type="text"/>	<b>Signature Verified (Branch Official)</b> (Rubber Stamp with bank branch name and code)
Date:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	

## 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 Jyoti Bima Yojana** with SUD LIFE for cover under Master Policy No. **JJ000002**, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Bank of India, Star House, C-5, "G" Block, Bandra - Kurla Complex, Bandra (East), Mumbai - 400 051.

Corporate Office: 11<sup>th</sup> Floor, Vishwaroop IT Park, Raghuleela Arcade, Sector 30A, Opp Vashi Railway Station, Vashi, Navi Mumbai - 400 703.

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