

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

Max Life Insurance Company Limited



Axis Bank Limited



CONSENT-CUM-DECLARATION FORM

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

Name of the account holder**		Father's / husband's name**	
Bank/Post office Account No.**		IFSC Code of Bank Branch**	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Mobile No.		Gender (Male/Female/Transgender)	
Marital Status (Single/Married/ Widowed/ Divorced)		Date of A/c opening	
Customer ID			
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

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 above.

** 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).

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

FOR OFFICE USE

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

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

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

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

If the enrolment takes place during the months of –

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