

Death Claim Form – Max Life Pradhan Mantri Jeevan Jyoti Bima Yojana

- This form is to be completed by Claimant & Bank.
- The benefit is payable subject to policy being in force & member being active as on the date of insured event and also subject to fulfillment of all terms and conditions as stated in the policy document.
- Submission of this form should not be construed as acceptance of claim.
- **In case nominee is minor, form to be completed by appointee.**
- **Please fill up the form in capital letters.**

Policy No. _____

I. Claimant's Information

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|---|--|
| 1A) Name of nominee: Relationship of Nominee with the deceased member insured: | 1B) Mobile No. of nominee: Aadhar no. of nominee: |
| 1C) Address of the nominee: | |
| 1D) Savings bank A/c No. of the nominee: Bank name: | IFS CODE: |

II. Information of the Deceased Member Insured

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|--|--|
| 2A) Full Name of the deceased member: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | 2B) Date of entry into Policy by member: |
| 2C) Savings bank A/c No. of deceased member: | 2D) Membership number: Aadhar No. of deceased member: |
| 2E) Date of death: | 2F) Cause of death: |
| 2G) Full name & address of the bank: Phone No.: E-mail: | |

III. Declaration and Authorization

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under any Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose death certificate as the proof of death of the member.

Signature / thumb impression of nominee:

..... Signed at(Place) Date

Vernacular/ illiterate declaration (Declaration to be made by a person unconnected with Max Life, whose identity can be easily established)

"I hereby certify that I have fully explained the contents of this form to nominee in the vernacular language as understood by the him/her and that he/she has affixed his/her thumb impression to this form after fully understanding its contents from me. I further declare that I am not related with Max Life in any manner, whatsoever"

.....
(Name and signature of the declarant) (Date)

Declaration by bank

We hereby certify that the above member was covered under the Max Life Pradhan Mantri Jeevan Jyoti Bima Yojana and premium was debited from his/ her bank account on the renewal date prior to his death and remitted to Max Life Insurance Co. Ltd. We also certify that as per our records, Shri/Smt. _____ is the nominee of the deceased insured member.

Authorised signatory of the bank

Signature: _____ Date: _____
Name & designation: _____ Place: _____
Company seal: _____

Note: - Please attach a copy of cancelled cheque or bank passbook along with this form