AAM ADMI BIMA YOJNA / PRADHAN MANTRI JEEVAN JYOTI BIMA YOJNA / PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

(To be filled in by members joining the Scheme)

Savings Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IFSC Code of the Bank : - _____

1. Name in Full	**5. Mobile /Contact Number_____**
2. Address _____ _____	**6. Aadhar No, if available_____.**
3. Date of Birth (As per KYC document) (dd/mm/yyyy)	**7. Whether suffering from any disability_____** **If yes, details thereof_____**
4. Email ID _____	**8. Name & Address of the Nominee, if any, and Relationship with him /**
9. Name & Address of Guardian, if nominee is minor _____	
10. Relation of Nominee with the Beneficiary	

I hereby give my consent to become a member of ' AABY / PMJJBY / PMSBY' which will be administered by the above Bank/ Nodal Agency as Master Policyholder.

I hereby authorize you to debit today my Saving Bank Account with your Branch with Rs.12/- (Rupees Twelve only) / Rs. 330/- (Three Hundred and Thirty only) plus Service Tax, if applicable, and on or before 31st May every subsequent year until further instructions to the contrary (strike out whichever is not applicable) a sum of Rupees Twelve/ Three hundred thirty or a revised amount that may be decided with immediate intimation to me.

I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benfits under the scheme.

I declare that I am not insured under PMJJBY / PMSBY under any other Savings Bank Account. In case the same is found to exist, premium shall stand forefieted and no claims would be paid.

I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy.

For AABY, the Nodal Agency will pay the premium amount of Rs. 100/- P.A. on behalf of the beneficiaries.

I agree to abide by the terms and conditions of the above Schemes. I agree to your conveying my personal details, as required, regarding my admission into the PMJJBY/ PMSBY/ AABY to _____(Name of the Bank/LIC).

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 verified
(Bank Branch Official / Nodal Agency)

Signature of the Account Holder

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. _____holding Saving Bank Account No._____, Aadhar No. (if available) _____, consenting and authorizing auto-debit from the specified Savings Bank Account to join the AABY/PMJJBY/PMSBY with_____(Name of the BANK/ NODAL AGENCY) under Master Policy No. _____certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorized Bank Official/ NODAL AGENCY

Enclosures:-

1. Self attested copy of Aadhar.
2. Self attested copy of Bank Account Passbook.