

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDAof India Registration number 117.

CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1,

Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

PNB MetLife Pradhan Mantri Jeevan Jyoti Bima Yojana

Important information - The information provided by you will form the basis for issuance of the policy. All fields mentioned under 'Applicant Details as per Bank/ KYC records' are to be filled mandatorily. Please ensure that you affix your signature in place as stated. All documents submitted along with this the Application form should be self-attested. Corrections or over writing, if any, must bear full signature of the Applicant.

CONSENT-CUM-DECLARATIONFORM

(To be filled in by members joining the scheme during the permitted 'Enrollment Period')

For Office Use

Please fill	Code	Name	Bank A/c Details	Signature
Agent / Banking Correspondent				

which will be administered by your Bank/ Post Office under Master Policy No._______.

I hereby authorize you to debit my Account with your Branch with Rs._______(applicable premium*) towards premium of life cover of Rs Two lakks under PNB MetLife Pradhan Mantri Jeevan Jyoti Bima Yojana. I further authorize you to deduct in future after 25th May and not later than on 1th June every year until further instructions, an amount of 436/- (Rupees four hundred & thirty six only) and Taxes 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, hereby give my consent to become a member of PNB MetLife Pradhan Mantri Jeevan Jyoti Bima Yojana of PNB MetLife India Insurance Company Limited

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 `2,00,000/- only in the event of my death 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 PNB MetLife India Insurance Company Limited.

- *If the enrollment takes place during the months of -
- June, July & August-Annual premium of Rs. 436/- is payable
- $\bullet \, September, October \, \& \, November-3 \, quarters \, of \, premium \, @ \, Rs. 114.00 \, i.e. \, Rs. \, 342/-is \, payable \, determine a continuous continuous$
- December, January & February 2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/-is payable
- March, April & May 1 Qly premium @ Rs. 114.00 is payable

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

	Appropriation of Premium Where:	Full Annual Premium of Rs.436/- collected	Rs.342/- collected in the 2nd quarter of risk Period	Rs.228/- collected in the 3rd quarter of risk period	Rs.114/- is collected in the 4th quarter of risk period
01	Insurance Premium to LIC/ Insurance Company	Rs. 395/-	Rs. 309/-	Rs. 206/-	Rs. 103/-
02*	Commission payable to Business Correspondents, agents, etc. (For new enrolments only)				
		Rs. 30/-	Rs.22.50/-	Rs. 15/-	Rs. 7.50/-
03	Administrative Expenses payable to participating Banks	Rs. 11/-	Rs. 10.50/-	Rs. 7/-	Rs. 3.50/-

#The amount of commission payable to Business Correspondents, agents, etc. as specified in item (2) saved in case of voluntary enrolment by an accountholder through electronic means shall be passed on as a benefit to the subscriber by correspondingly reducing the amount of the Insurance Premium payable.

	Name of the Account holder as per Bank records**: Bank/ Post Office Account Number**:
	Father's / Husband's Name**:
	FSC Code**:
	Aadhaar Number**:
	PAN Number, if available**:
	E-mail ID**:
	Mobile Number: Date of Birth**: D D M M Y Y Y Y
	Address:
_	
	S T A T E C O U N T R Y P I N
	N. COLLAND
	Name of City/ town/ Village:
	Name of District:
	Pin Code: Name of the KYC *document submitted:
1	number and a 2 community distribution.
ľ	Nominee details:
	Name:
I	Date of Birth: DDMMYYYYY
l	Address:
_	
ī	
	Relationship with Life Assured: Contact number:
	Name:
	Address:
_	L A N D M A R K C I T Y
	S T A T E P I N
	Relationship with Life Assured:
	Contact number:
	E-mail ID:
	by enclose a copy of myas proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nomi
	minor, his / her guardian is appointed as above. er of AADHAAR card or Electoral Photo Identity Card (EPIC)or MGNREGA card or Driving License or PAN card or Passport
	by 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
	scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.
	D D M M Y Y Y Y Signature:
	Address:
	rmed that the applicant's details** and signature have been verified from the records available with this Bank / Post Office (or KYC document
ìı	

Rubber stamp with Bank Branch name and code



Bank /Post Office account to join the PNB MetLife Pradhan Mantri Jeevan Jyoti Bima Yojana with PNB MetLife India Insurance Company Limited for cover under Master Policy No.________, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

_____Aadhaar No______ consenting and authorizing auto - debit from the specified