

Consent-cum-Declaration Form

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

The Branch Manager,
GP PARSIK JANATA SAHAKARI BANK LTD.,

_____ Branch

A	Name of the Account holder :		
	Savings Bank Account No. :		Mobile No. :
	Aadhar Number :		Nominee Name :
	E-mail Id :		Nominee Relation with A/c. Holder :

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

* Strike whichever is not applicable

Dear Sir,

Re: Consent-Cum-Declaration for 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of LIC of India

I, Shri/ Smt. _____ having a Savings Bank Account No.

_____ (15 Digit) with Aadhar No. _____ registered therein with your bank, hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of LIC of India which will be administered by the Gopinath Patil Parsik Janata Sahakari Bank Ltd. as Master Policyholder

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only), exclusive of Service Tax, on _____ and on 1st of June every subsequent years, towards premium of Rs.289/- to Life Insurance Corporation of India and Rs.41/- to the Bank.

I agree that I will be a member of the Scheme only in your Branch through this savings bank account even though I hold other accounts in other Banks and I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death. **I agree that the above savings bank account only would be "Aadhar Linked Account" and in case this account is de-linked to Aadhar, the insurance coverage through this policy shall cease and the premium paid shall be forfeited.**

I agree that my membership in the scheme will remain in force as long as all premiums due are paid and until I have attained age 55 years nearer birthday as on Annual Renewal Date. You may continue to recover my premium as long as I am eligible to remain a member of the scheme. I agree that in case I close my account or fail to maintain balance sufficient to deduct the premium on the due date with your Branch Office, I will cease to be a member of this scheme from that date. Further, if the premium is not recovered by the bank for any reason whatsoever no liability will attach to LIC and no claim will be payable in such an instance.

I hereby declare that I am in sound health and am not suffering or have suffered from any critical illness or condition requiring medical treatment, as on date. (critical illness is defined as follows: The applicant should not have suffered / be suffering from AIDS, cancer, condition requiring open chest surgery, history of typical chest pain, kidney failure, brain stroke or paralysis or having undergone a major organ transplantation such as heart, lung, liver or kidney. **If the applicant had suffered from any of the above critical illness, they are not eligible to join the scheme**)

I agree to abide by the terms and conditions of the above Scheme. I agree to your conveying my personal details, as required, regarding my admission into the group insurance scheme to LIC of India. 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 from my date of joining the scheme and all monies paid in respect thereof shall stand forfeited.

Dated at _____ on the _____ day of _____ 20

Signature of a/c Holder:

Address: _____

Signature verified
(Branch Official)

*I certify that I have read and understood the contents of the above form. / I certify that the contents of this form have been fully explained to me and I have understood the significance of the contract. **Strike out whichever is not applicable*

Explained by:

Name:

Signature of Bank Branch Official.

Signature or thumb impression of the account holder:

ACKNOWLEDGEMENT SLIP

Annexure 4

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri/Smt. _____, holding Savings Bank Account No. _____, Aadhar No. _____ consenting to join the Group Insurance Scheme with Life Insurance Corporation of India.

Seal & Signature of Bank Branch Official.