

Edelweiss Life - Pradhan Mantri Jeevan Jyoti Bima Yojana
UIN - 147N082V01
(to be filled in by members joining the scheme)
FOR OFFICE USE

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

I hereby give my consent to become a member of Pradhan Mantri Jeevan Jyoti Bima Yojana of Edelweiss Life Insurance Company Limited which will be administered by your bank under master policy no. _____ (To be Pre-Printed)

I hereby authorise you to debit my savings Bank Account with your branch with applicable premium as mentioned and selected here under

Month of Entry [#]	Premium Payable per member (Rs.)	Please tick the applicable premium payable
June, July, August	436	☐ select
September, October, November	342	☐ select
December, January, February	228	☐ select
March, April, May	114	☐ select

Towards first year premium of life cover under PMJJBY. I further authorise you to deduct in future after 25th May and not later than on 1st June every year until further instructions, an amount of Rs. 436/- (Rupees Four Hundred Thirty-Six only) and applicable taxes, or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under scheme.

I have not authorised any other bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs. 2,00,000/- only in the event of my death.

I have read and understood the scheme rules, and I hereby give my consent to become the member of the scheme. I am aware that risk will not be covered during the first 30 days from the date of enrolment into the scheme (Lien Period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

I authorise the bank to convey my personal details given below, as required, regarding my admission into the group insurance scheme to Edelweiss life Insurance Company Limited.

Applicant Details, as per Bank/KYC records:

Name of the Account holder (as per Bank records)			
Savings Bank Account No.		Aadhar Number, if available	
Email ID		Mobile No.	
Date of Birth		Address	

Nominee Details

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Date of Birth of Nominee			
Gender			
Nomination Percentage			
Relationship of Nominee with the Life to be Insured			
Current Address			
Permanent Address			
Mobile Number			
Email ID			
Bank Account number			
IFSC Code			
Bank Name			
Name of Appointee (in case the nominee is minor)			
Date of Birth of Appointee			
Gender of Appointee			
Relationship of Appointee to Nominee			
Mobile Number of Appointee			
Email ID of Appointee			
Signature of Appointee			

I hereby nominate my nominee as above under this scheme. Nominee being minor, his/her guardian is appointed as above. I hereby declare that the above statement is 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:

Signature Verified:

Address:

Declaration in vernacular or for uneducated person:

**Declaration by the person filling in the form
(In case form is filled up signed in a
language different from that of the Member
Enrolment Form):**

"I hereby declare that I have fully explained the above questions to the Member to be insured, and I have truthfully recorded the answers given by the Member to be Insured."

In case the Member to be insured is illiterate, his/her thumb impression should be attested by person of standing whose identity can be easily established, but unconnected with the insurer and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the Member Enrolment Form to the Member to be Insured in _____ language, and that the Member to be Insured has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: Mr./ Miss / Mrs. _____

Date of Birth: DD/MM/YYYY _____ Place: _____

Declarant Address: _____

Name of the Witness: Mr./ Miss / Mrs. _____

Date of Birth: DD/MM/YYYY _____ Place: _____

Witness Address: _____

I certify that the contents of the Member Enrolment Form and documents have been fully explained to me by (Name, Designation, and occupation) Mr./Mrs. _____ and I have understood the significance of the proposed coverage.

Signature of the Member to be Insured: