

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)
CLAIM-CUM-DISCHARGE FORM

(To be submitted preferably within 30 days of death of insured member)

To be filled by the nominee

(or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1. Details of the deceased member enrolled under PMJJBY

- (1) Name:
- (2) Address:
- (3) Bank / Post office account number:
- (4) Date of death:
- (5) Cause of death (accident³, or any other: please specify):
- (6) Document(s) attached as proof of death⁴ (or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death⁵):
- (7) Aadhaar number⁶(Optional):
- (8) Income-tax Permanent Account Number (PAN)⁶ (Optional):

Part 2. Details of the nominee:

(or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee¹:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²:
5. Proof of death⁴ of nominee in case of nominee predeceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):
 - (1) Particulars of bank account into which the claim amount is to be remitted:
 - (a) Account number:
 - (b) Name of bank:
 - (c) Branch IFS Code:
 - (2) Aadhaar number⁶(Optional):
 - (3) Income-tax PAN⁶(Optional):
 - (4) KYC document⁷ attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank or post office.

Date:

(Signature of nominee/appointee¹/claimant²)

Attached documents:

- (1) Proof of death⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy)
- (2) Aadhaar number and PAN number⁶ of deceased member and nominee / appointee / claimant (Optional)
- (3) KYC document⁷ in respect of the nominee / appointee / claimant
- (4) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant.
- (5) Proof of death⁴ of nominee, in case the nominee has predeceased the insured member
- (6) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank from enrolment data or data of bank

Part 3: Details in respect of the deceased insured member

1. Bank account number (as per bank's CBS):
2. Bank name:
3. Branch name:
4. Branch IFS Code:
5. Name of father/husband of the deceased member:
6. Date of birth (as per KYC document):
7. Name of the insurer:
8. Name of the nominee:
9. Date of debit of premium from the bank account:
10. Date of remitting the premium into insurer's account:

It is certified that the above information is true as per PMJJBY enrolment data and bank /post office records.

Place:

Date:

(Signature and seal of the authorised official of the bank)