

**Application form for Membership**

The Branch Manager,  
Vijaya Bank,

\_\_\_\_\_ Branch,

Dear Sir,

Re: Consent-Cum-Authorisation for Group Insurance  
*Scheme of LIC of India for Deposit holders.*

I, Shri/Smt/Kum.\_\_\_\_\_ having a Savings / Current / Term Deposit Account with your Branch, hereby give my consent to become a member of the LIC Group Insurance Scheme for a sum assured of Rs 100000/- providing double the sum assured in case of death due to accident, which will be administered by Vijaya Bank as Master Policy holder. My details are as below:

Name (in capitals) : Shri/Smt./Kum.\_\_\_\_\_

Date of Birth : \_\_\_\_\_(DD/MM/YYYY) \_\_\_\_\_

Savings / Current bank Account No: \_\_\_\_\_

Father's / Husband's Name : Shri / Smt \_\_\_\_\_

Premium Amount: Amount. Rs. \_\_\_\_\_ Age Group on 1<sup>st</sup> Jan/Annual

Renewal Date : \_\_\_\_\_

Category I Rs.325/- per annum 18 - 44 yrs

Category II Rs.575/- per annum Above 44 - 54 yrs

Nominee's Names: Shri/Smt./Kum: \_\_\_\_\_

Relationship : \_\_\_\_\_

Date of Birth of Nominee (if minor) : \_\_\_\_\_ (DD/MM/YYYY)

Name of Appointee (for Minor nominee) : Shri/Smt./Kum \_\_\_\_\_

Relationship to Minor Nominee: \_\_\_\_\_

I hereby authorize you to debit my Savings / Current Account with your Branch with  
Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)

Further I also authorize you to debit my above account with the appropriate annual premium as given above every year for the Annual Renewal Date i.e. 1<sup>st</sup> January every year on 31<sup>st</sup> December or previous working day of the Bank if 31<sup>st</sup> December is a holiday.

Though at present I am a member under age group Category I, I also authorize you to debit the enhanced premium as will be applicable to me, once I cross over to the age group under Category II at the rates then prevailing.

I agree that I will be a member of the Scheme only in your Branch even though I hold accounts in other Branches of Vijaya Bank and I am aware that my life cover shall be restricted to Rs.1,00,000/- in the event of my death (double sum assured in case of Accidental Death) even if I have joined as a member of this scheme in any other branch of Vijaya Bank.

Since I hold a joint account with Shri/Smt \_\_\_\_\_ in your Branch, I agree that if the insurance cover is desired by remaining account holders, premium will be deducted separately and for which he/she will fill up a separate form (No Objection Certificate for deduction of premium from all the remaining account holders to be obtained. In cases where the account is held jointly, NOC from all the remaining account holders to be signed.\*)

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 yrs. You may continue to cover 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 with your Branch Office, I will cease to be a member of this scheme from the immediately following Annual Renewal Date.

I agree that no liability will attach it Vijaya Bank if for any reason your branch is not in a position to recover the premium amount by debiting my account. 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 conditions 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, as enumerated above and in the Salient features.

I agree to your conveying the above particulars regarding my admission into the group insurance scheme to LIC of India

*\* Strike Out if not applicable*

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 any date of joining the scheme and all monies paid in respect thereof shall stand forfeited.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_ \_

Signature :

Address :

Signature Verified

(Branch Official)

Residential Tel No :

E-mail ID, if any :

\*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 this significance of the contract.

**\* Strike out whichever is not applicable**

Signature or thumb impression of the account holder:

NOC from Joint A/c holders

I \_\_\_\_\_ holding A/c No. \_\_\_\_\_ jointly with

Shri/Smt. \_\_\_\_\_ have no objection to he/ she joining the Group Insurance Scheme mentioned above and agree that the premium may deducted from the account and further that the proceeds of the claim be paid to his/her nominee, legal heir.

Signature  
Name

Signature  
Name

Signature  
Name