



**PRADHAIN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY) &  
PRADHAIN MANTRI SURAKSHA BIMA YOJANA (PMSBY)**

**OPT OUT – REQUEST FORM**

I, \_\_\_\_\_ (Name of Insured) an  
account holder of Bank of Baroda bearing Account Number  
\_\_\_\_\_ having enrolled for PMJJBY / PMSBY (Strike whatever  
is not applicable) through Bank of Baroda, hereby **withdraw my consent** given to the Bank  
for Auto Renewal of PMJJBY/PMSBY policy at the time of enrolment for policy.

**Declaration:**

- I understand that with the withdrawal of consent for Auto Renewal of PMJJBY / PMSBY, my existing PMJJBY / PMSBY policy shall not be renewed for next Policy Period starting from 1<sup>st</sup> June 20\_\_ (Year)
- Insurance cover for the Risk Period 1<sup>st</sup> June 20\_\_ to 31<sup>st</sup> May 20\_\_ for which premium has been already deducted shall continue up to the end of the current policy year and premium remitted to Insurer shall not be refunded by Bank.
- I hereby further declare that I am solely responsible for any adverse outcome for opting out of the scheme by signing this form.

**Name of the Insured:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Signature of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE PURPOSE ONLY**

Confirmed that the applicant's details and signature have been verified from the records available with this Branch/Bank. KYC documents of the Insured obtained, in case it is not available with the Bank.

Name of Bank Official:

Signature of the Bank Officials:

Date:

(Rubber Stamp with bank branch name and code)