

**Annexure-I**

**Consent form for Defence Services Personnel for payment of Postal Life Insurance (PLI) renewal Premium through their Pay Recovery mode.**

Policy No.																				
Name																				
Sum Assured																				
Rank																				
Army No.																				
PAO/DDO /CDA Address																				

\* GST on the monthly premium will be added at the applicable rates.

Deduction start period (Month/Year)	M	M	Y	Y	Y	Y

Deduction end period (Month/Year)	M	M	Y	Y	Y	Y

I hereby authorize my PAO/DDO to deduct premia towards my PLI policy with particulars furnished above. I hereby declare that I will be personally responsible for ensuring regular deduction of premium from my salary and credit of same towards my policy and any change in the policy affecting premium (like surrender/ commutation/ conversion/ mode of premium payment etc.) made by me during the policy term shall be immediately communicated to the concerned PAO /PLI-CPC.

**(Signature of Insurant)**

Name  
Mobile  
Email Address

**Countersigned by immediate superior/employer of Defence Personnel at the place of posting**

**(Signature)**

Name  
Office Stamp

**For Office Use**

\*\*\*\*\*  
The details furnished by the insurant above have been checked and verified with that furnished in Proposal Form and is found to be correct.

**(Signature of CPC Incharge with Stamp)**