

**CUSTOMER UNDERTAKING FOR OPENING SVC SHAKTI SAVINGS ACCOUNT**

I/We have read and understood all the terms and conditions governing the SVC Shakti Savings Account. I/We understand that I/we have to maintain an Average Quarterly Balance of INR 10,000 in the said account. I/We understand that maintenance of the stipulated Average Quarterly Balance shall entitle me/us to the following benefits:

**ACCOUNT BENEFITS**

1. One Free Cheque Book per annum
2. Waiver of charges on NEFT /RTGS through Branch Banking as well as Internet Banking
3. Waiver of charges on issuance of 10 PO/DD per month up to an amount of INR 1,00,000
4. 25% Discount on Locker Rent \*
5. Unlimited Cash Withdrawal at Base Branch
6. Cash withdrawal limit of INR 50,000 at non-Base Branch, post which, cash handling charges will be applicable
7. Monthly Cash Deposit limit of INR 5,00,000 or 8 times the Average Monthly Balance, whichever is higher
5. Free SMS Alerts and E-mail Account Statement

**INSURANCE BENEFIT**

1. Lump sum benefit of INR 2 Lakhs upon diagnosis of covered critical illnesses (Option to select up to 11 Critical Illnesses including Cancer of Specific Severity)#
2. Personal Accidental Death Insurance Cover on RuPay Platinum Debit Card of INR 2 Lakhs\*\*

**DEBIT CARD BENEFIT**

1. Waiver of Issuance Charges and Annual Maintenance Charges on RuPay Platinum Debit Card
2. Daily Cash withdrawal limit of INR 50,000 POS /ECom limit of INR 1,00,000 on Debit Card
3. Unlimited transactions on all SVC Bank ATMs
4. 10 Free transactions per month on other Bank ATMs
5. 24/7 Concierge Services\*\*

**LOAN BENEFIT**

1. Waiver of processing fees on Gold Loan
2. 10% waiver of processing fees on Housing Loan ^

**SAMPURNA FIXED DEPOSIT BENEFIT**

1. Pre- approved Sweep In /Sweep Out facility (on customer request only)

I/We also understand and accept that:

- a. In case I/we fail to maintain an Average Quarterly Balance of INR 10,000 in the account, the Bank shall charge a penalty of INR 300 per quarter, for non-maintenance of required Average Quarterly Balance to the account *(Penalty charges are subject to change at the sole discretion of SVC Bank. The penal charges will be directly proportionate to the extent of shortfall observed. In other words, the charges will be a fixed percentage levied on the amount of difference between the actual balance maintained and the minimum balance, as agreed upon at the time of opening of account)*
- b. If account is closed anytime up to 6 months from the date of opening of the account, SVC Bank shall charge a penalty of INR 600
- c. The Bank is at liberty to modify /change any of the aforesaid benefits at any point of time at its sole discretion.

FOR SVC Shakti Savings Account No. \_\_\_\_\_

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Signature/s of the Customer/s

Name:

Date:

\_\_\_\_\_  
Name & Signature of the Bank Official with Stamp & Date

\* In case of existing Saving Account being upgraded to SVC Shakti Savings Account, Locker Rent discount of 25% will be applicable from 1<sup>st</sup> April of the subsequent Financial Year from the date of Account Upgrade

\*\* Debit Card terms and conditions apply. Please note that all these offers are provided by RuPay. To know more about these offers and its validity, kindly visit the RuPay Website: [www.rupay.co.in](http://www.rupay.co.in). (Tax as applicable on all Charges)

^ Primary holder of the SVC Shakti Savings Account should be the first applicant in Housing Loan and first name on the agreement.

# Basis the plan selected as per the group scheme offered to customers of SVC Co-operative Bank Ltd. under product ManipalCigna Lifestyle Protection Group Policy. Please read the MANIPALCIGNA LIFESTYLE PROTECTION GROUP POLICY Application Form and SVC Bank's Declaration for Group Cancer Cover for more details.

List of critical illnesses – *Cancer of specific severity, Myocardial Infarction (First Heart Attack – of Specific Severity), Open Chest CABG, Open Heart Replacement or Repair of Heart Valves, Coma of Specified Severity, Kidney Failure Requiring Regular Dialysis, Stroke Resulting in Permanent Symptoms, Major Organ/ Bone Marrow Transplant, Permanent Paralysis of Limbs, Motor Neurone Disease with Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms.*

**DECLARATION FOR GROUP CANCER COVER  
MANIPALCIGNA LIFESTYLE PROTECTION GROUP POLICY**

1. I \_\_\_\_\_ (Name), as the primary account holder in SVC Shakti Savings Account No. \_\_\_\_\_, would like to enrol myself to the ManipalCigna Lifestyle Protection Group Policy (for Cancer Cover with option to choose from for up to 11 Critical Illnesses) offered by ManipalCigna Health Insurance Company Limited (Insurer) to the customers of SVC Co-operative Bank Ltd.
2. I opt for the product (Select one)
  - SBSHKCC (Premium Amount – INR 1094)
  - SBSHK6CI (Premium Amount – INR 2093)
  - SBSHK11CI (Premium Amount – INR 2253)
3. ManipalCigna Lifestyle Protection Group Policy is offered to customers between the age group of 18 to 65 years.
4. I understand that this policy shall be applicable only to me as Primary Holder of SVC Shakti Savings Account and not to the joint holders of my account.
5. I understand that I shall be entitled to receive a Lump sum benefit of INR 2 Lakhs upon diagnosis of covered critical illnesses (Option to select up to 11 Critical Illnesses including Cancer of Specific Severity)#
6. I understand that once I choose one option /variant of insurance cover i.e., SKHCC (covering women specific cancers) or SHK6CI (covering 6 Critical Illnesses) or SHK11CI (covering 11 Critical Illnesses), I will not be able to choose another option /variant in subsequent years till such time I am covered under ManipalCigna Lifestyle Protection Group Policy
7. I understand that the premium towards this policy shall be paid by me and the coverage of my policy shall start from the date as mentioned in the Certificate of Insurance (COI), issued to me by ManipalCigna Health Insurance Company Limited, i.e., the date on which ManipalCigna account is credited with the policy premium payment.
8. I understand that in the event of closure of this account or change of product variant from SVC Shakti Savings Account to any other scheme as per my choice, I will not be eligible to receive refund of any premium already paid by me.
9. I understand that once any claim is made, this coverage will cease and I will not be eligible for renewal under this coverage, i.e., the Bank shall change my product variant to any other scheme other than SVC Shakti Savings Account.
10. I understand that as per the terms and conditions of the insurance coverage, there is a 90-day Waiting Period post taking this policy, and a 30-day Survival Period post diagnosis of the Critical Illness covered.
11. Nomination is mandatory for the given insurance. Nomination details as mentioned in the Savings Opening Form should correspond with the Nomination mentioned for Insurance.
12. I understand and agree that in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material, particularly in the details provided for opening of Bank Account with SVC Co-operative Bank Ltd., which are further used for issuance of this insurance cover or if any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this cover, the cover shall be void ab initio i.e. void since the beginning.

13. I understand that the given benefits shall be available to me only in the case where I hold an active SVC Shakti Savings Account with SVC Co-operative Bank Ltd. at any given point of time. Given insurance policy shall stand cancelled if the Bank Account with SVC Bank is inactive or closed by me at any given point of time.
14. SVC Co-operative Bank Ltd. reserves the right to upgrade / degrade the policy benefits basis the feature of the account, under which the given policy is availed by me.
15. The details provided for the purpose of this insurance cover, as provided by me at the time of opening of bank account with SVC Co-operative Bank Ltd., are true and complete to the best of my knowledge and records.
16. I authorize SVC Co-operative Bank Ltd. to share my details with the Insurer for the purpose of enrolment under the above mentioned Group Policy.
17. For any information change request submitted to SVC Co-operative Bank Ltd., the same shall not be automatically updated in the insurance records. For any information change request (including Nomination) pertaining to the policy, needs to be directly submitted to ManipalCigna Health Insurance Company Limited by the customer. SVC Co-operative Bank Ltd. shall not be responsible for the update of such changes.
18. I understand and agree that the insurance cover under the Group Policy is available only against one SVC Bank account and in case I have multiple accounts in the Bank, either singly, jointly, corporate, etc., the cover cannot be availed more than once. Multiple enrolments shall stand void even if premium has been paid.
19. Renewal premium of the said policy at the time of renewal will be paid through my SVC Shakti Savings Account and I shall ensure that the account is active and is meeting the product criteria as defined by SVC Co-operative Bank Ltd. on the date of policy renewal. Renewal of the policy shall be at the discretion of SVC Co-operative Bank Ltd.
20. I agree that at the time of renewal of this policy, the premium may be increased by ManipalCigna Health Insurance Company Limited and if the increased premium is not acceptable to me then I will be shifted to another Savings Account variant by SVC Co-operative Bank Ltd.

Date: \_\_\_\_\_ Signature of Primary Holder: \_\_\_\_\_

Name: \_\_\_\_\_

# Basis the plan selected as per the group scheme offered to customers of SVC Co-operative Bank Ltd. under product ManipalCigna Lifestyle Protection Group Policy.

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