

DECLARATION FOR GROUP PERSONAL ACCIDENT PLAN

SVC Signature Savings Account (Accidental Death benefit of INR 10 Lakhs)

1. I _____ (Name) as the First Account Holder, would like to enrol myself into the ManipalCigna Lifestyle Protection Group Policy offered by ManipalCigna Health Insurance Company Limited (Insurer) to the customers of SVC Co-operative Bank Ltd.
2. ManipalCigna Lifestyle Protection Group Policy is offered to the customer in the age group of 18 to 64 years & 11 months.
3. I understand that 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.
4. Nomination is mandatory for given insurance. Nomination details as mentioned in the Savings / Salary Account opening form shall be considered for the purpose of Insurance. In case of joint account holder and no nomination mentioned in the Savings/ Salary Account, the second holder shall be considered as nominee only for the purpose of insurance.
5. I understand and agree that in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the details provided for opening of Bank Account with SVC Co-operative Bank Ltd., which are used here for issuance of this insurance cover or if any material information has been withheld by me or anyone acting on our behalf to obtain any benefit under this cover, the cover shall be void ab initio i.e. void since beginning.
6. I understand that given benefits shall be available to me only in case I hold an active account with SVC Co-operative Bank 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.
7. SVC Co-operative Bank reserves the right to upgrade and degrade the policy benefits basis the feature of the account under which the given policy is availed by me.
8. 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 are true and complete to the best of my knowledge and records.
9. I authorize SVC Co-operative Bank to share my details with the Insurer for the purpose of enrolment under the above mentioned Group Policy.
10. For any information change request submitted to SVC Co-operative Bank, 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 shall not be responsible for the update of such changes.
11. I understand and agree that the insurance cover under the Group Policy is available only against one SVC Bank account and in case member has multiple accounts (including Savings or Salary or Current Account) 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.
12. Renewal of the said policy at the time of renewal would be done only in case the account is active or meeting the product criteria as defined by SVC Co-operative Bank on the date of policy renewal. Renewal of the policy shall be at the discretion of SVC Co-operative Bank.

For Account No.: _____

Date: _____

Place: _____

Signature of First Account Holder

CUSTOMER UNDERTAKING FOR OPENING OF / UPGRADING TO SVC SIGNATURE ACCOUNT

I/We have read and understood all the terms and conditions governing the SVC Signature Savings Account.
I/We understand that I/We have to maintain an Average Quarterly Balance (AQB) of INR 2,00,000 in the said account.
I/We understand that maintenance of the stipulated AQB shall entitle me/ us to the following benefits.

1. Unlimited free Cheque Leaves
2. Free NEFT / RTGS transactions at Branch / Online
3. Free DD / Pay Order of any amount
4. Free SMS Alerts / Email Account Statement (Monthly / Quarterly)
5. Free Rupay Platinum Debit Card with waiver on Issuance Charges & Annual Maintenance Charges (AMC)
6. Daily Debit Card ATM Withdrawal/POS (Point of sale) / ECom limit of INR 50,000 each
7. Unlimited free transactions on SVC Bank and other Bank ATMs
8. Complimentary Personal Accidental Death Insurance Cover of INR. 2,00,000 on Rupay Platinum Debit Card**
9. Complimentary Lounge Access Programme - 2 free International Lounge visits per annum and 2 free Domestic Lounge visits per quarter**
10. Complimentary 24/7 Concierge Services**
11. Free Cash Deposit of INR 10,00,000 or 8 times of Average Monthly Balance (AMB) per month, if the AMB is maintained
12. Free Cash Deposit of INR 1,00,000 per month, if AMB is not maintained, post which, cash handling charges will be applicable.
13. Unlimited Cash withdrawal at Base Branch
14. Cash Withdrawal limit of INR 2,00,000, daily, at non-Base Branch, post which, cash handling charges will be applicable
15. Free Demat Account opening with zero AMC for the first year
16. Personal Accidental Death Cover of INR 10,00,000 sponsored by SVC Co-operative Bank Ltd. and underwritten by ManipalCigna Health Insurance Company Limited. (T&C Apply) Nomination & Email registration is mandatory.
17. Forex Facility at attractive rates
18. Doorstep Banking facility*
19. No minimum balance charges applicable. The account will automatically be converted into a Regular Savings Account, if requisite balance is not maintained.
20. Enhanced reward points on spends and channel usage
21. Account Closure Charges
 - Within 15 days – Nil
 - More than 15 days, up to 6 months – INR 350
 - More than 6 months – Nil

I/We also understand and accept that: (a) In case I/we fail to maintain an Average Quarterly Balance of INR 2,00,000/- in the account, the Bank shall withdraw all the benefits (waivers and concessions) that are applicable to SVC Signature Savings Account and that the account shall be converted into a Regular Savings Account (b) If account is closed anytime between 15 days up to 6 months from the date of opening of the account, SVC Bank shall charge a penalty of INR 350 (c) The Bank is at liberty to modify / change any of the aforesaid benefits at any point of time at its sole discretion.

For Account No. : _____

Signature of 1st Holder	Signature of 2nd Holder	Signature of 3rd Holder	Signature of 4th Holder
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Name: 1. _____ 2. _____ 3. _____ 4. _____

Date: 1. _____ 2. _____ 3. _____ 4. _____

* Terms & Conditions apply

**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: www.rupay.co.in (Tax as applicable on all charges)

For Office Use only

Customer/s has /have signed in my presence

Name: _____

Signature of the Bank Official with Stamp & Date