

ENROLLMENT FORM FOR SYND SURAKSHA

The Branch Manager

Syndicate Bank

..... Branch

Branch BIC					
RO BIC					
*Application No.					

*(Branch serial number)

Dear Sir,

Re: Application form-cum-declaration of good health-cum-authorization for Group Insurance Scheme of LIC of India for Savings Bank Account holders.

I having a Savings account no. with your bank, hereby give my consent to become a member of LIC of India's Group Insurance Scheme for a basic sum assured of ₹ 1,00,000/- and additional accidental death cover of ₹ 1,00,000/-, which will be administered by SyndicateBank as Master Policy Holder. My details are furnished as under:

Name (in capitals): Shri/Smt Kum :

Address :

Phone: Mobile:

Savings Bank Account Number :

Father/Husband's Name : Shri

Date of Birth : (DD/MM/YYYY), Age

Nominee's Name :

Relationship with account holder :

Date of birth of Nominee (if minor) :

Name of appointee (for Minor nominee) :

Relationship of appointee to Minor :

Category	Age Group	Total Annual Premium
I	18-35 years	₹ 180.00
II	36-45 years	₹ 288.00
III	46-55 years	₹ 720.00
IV	56-59 years	₹ 1000.00

I hereby authorize you to debit my Savings Account with your branch with ₹ (Rupees) towards initial proportionate premium for enrolment as a member. I also authorize you to debit appropriate renewal premium depending on my age every year to my above Savings Account with your branch on the annual renewal date or the previous working day if the renewal date is a holiday. I undertake to maintain sufficient balance in my above SB account for debit of initial and subsequent renewal premium amount.

Though at present I am a member under the age group category- I/II/III, 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/III/IV at the rates then prevailing.

I agree that I will be a member of the Scheme only in one branch of your Bank even though I hold accounts in other branches of SyndicateBank and I am aware that my life cover shall be restricted to ₹ 1,00,000/- (Rupees one lakh only) in the event of my death even if I have joined as a member of this scheme in other branch of Syndicate Bank.

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 maximum age permissible under the scheme. You may continue 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 to SyndicateBank 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 of India and no claim will be payable in such an instance.

I hereby declare that I am in sound health and am not suffering or suffered from any critical illness or any condition requiring medical treatment for critical illness as on date. (The critical illness is defined as follows: The applicant should not have suffered or to be suffering from AIDS, cancer, conditions 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, he/she is not eligible to join the scheme)

I agree to abide by the terms and conditions of the above Scheme and understand that Bank reserves the right to discontinue or amend the terms of the scheme in future and any claim under the scheme is at the sole discretion of LIC of India and Bank only acts as a facilitator. I agree to your conveying the above particulars regarding my admission into the group insurance scheme to LIC of India.

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

Dated at on the day of20.....

Signature verified

(Authorized Signatory of the Branch with seal)

(Signature of the Applicant)

In case of Joint Account Holders:

I/We 2) 3)

..... holding account no with Mr/Mrs

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

Name of the Joint Account Holder

Signatures

No 1)

No 2)

No 3)