

The Branch Manager,
Indian Overseas Bank,
_____Branch.

Dear Sir,

IOB-JEEVAN

**Re: Consent-Cum-Authorization-cum declaration of good health
for Group Insurance Scheme of LIC of India for Deposit holders.**

I, Shri/Smt/Kum _____ having a Savings/Current Account with your Branch, hereby give my consent to become a member of the LIC Group Insurance Scheme for a sum assured of Rs100000/- in the case of death due to accident or any natural causes, which will be administered by Indian Overseas Bank as Master Policyholder. My details are as below:

Name(in capitals) :Shri/Smt./Kum. _____

Date of Birth : _____ (DD/MM/YYYY)

Savings/Current Bank Account No : _____

Father's/Husband's Name :Shri/Smt _____

Nominee's Name :Shri/Smt./Kum _____

Relationship : _____

Date of Birth of Nominee (if minor) _____ (DD/MM/YYYY)

Name of Appointee (for Minor nominee):Shri/Smt./Kum. _____

Relationship To Minor Nominee: _____

I hereby authorize you to debit my Savings / Current Account with your Branch with Rs. _____ (Rupees _____ only) towards initial premium for enrolment as member and the appropriate annual premium, depending on my age, every year on the Annual Renewal Date. Additionally, I authorise you to debit to my account Rs.33 now and every year of renewal being your administrative charges.

I am aware that the life cover is restricted to Rs.1,00,000 only even if I have joined as a member of this scheme for more than one account in any branch of Indian Overseas Bank.

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

I agree to abide by the terms and conditions of the above Scheme, as enumerated in the Salient Features. I also agree that the Bank reserves the right to discontinue or amend the scheme by giving notice and that 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.

Dated at _____ on the _____ day of _____ 200

Signature:

(To be signed by all joint account holders)

Address:

Signature verified

(Branch Official)