



Estd. 1921

TAMILNAD MERCANTILE BANK LIMITED (TMB) AND
RELIANCE LIFE INSURANCE COMPANY LIMITED
(RELIANCE) JOIN HANDS TO INTRODUCE:

“SIRANJEEVEE RECURRING DEPOSIT (SRD) SCHEME”

- ✓ A product from TMB with Life Insurance cover to all our eligible SRD account holders opting for this scheme.
- ✓ Life cover will be available to account holders who are above 18 years and below 58 years of age.
- ✓ Insurance premium for SRD scheme will be paid by TMB out of accrued / future accrued interest and paid directly to Reliance.
- ✓ Minimum monthly deposit in SRD scheme will be Rs.100/- per month and multiples of Rs.100/- thereafter.
- ✓ Minimum period of SRD account will be 3 years and maximum 7 years.
- ✓ Insurance cover will be given up to the maximum of Rs.10 lakhs only per person irrespective of number of such accounts.
- ✓ Nomination in SRD is compulsory.
- ✓ Hassle free entry to this scheme.
- ✓ No medical checkup is required.*
- ✓ Self declaration of good health by the account holder sufficient.
- ✓ Simple documentary proof of age of applicant is sufficient (like copies of Birth Certificate, School Leaving Certificate, Valid Driving License issued after 26.03.1993, PAN card, Passport issued after 1996, Baptism certificate, identity card of Defense personnel etc.)
- ✓ In the event of Death, the sum insured will be paid by Reliance to the nominee through the Bank. And the amount deposited will also be paid along with the applicable interest less premia amount.
- ✓ Contact your nearest Branch for more details.

* Conditions apply

* Insurance is the Subject matter of solicitation.

SIRANJEEVEE RECURRING DEPOSIT SCHEME

APPLICATION FOR MEMBERSHIP



Estd. 1921

SRD Account No :

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THE BRANCH MANAGER
TAMILNAD MERCANTILE BANK LIMITED
_____ **BRANCH.**

DT: _____

Dear Sir/Madam,

Consent-cum-Authorization for joining the scheme

I/We _____ intend opening an Account with your Branch under SIRANJEEVEE RECURRING DEPOSIT (SRD) scheme. I hereby give my consent to become a member of the Group Term Life Insurance Scheme, for a sum insured of Rs. _____ [Rupees _____ only] i.e. rounded off to Higher Rupees thousand to the net Maturity Value of my/our SRD Account, with monthly installment of the deposit being Rs. _____ [Rupees _____ only] for a period of _____ months, proposed by THE TAMILNAD MERCANTILE BANK LIMITED as MASTER POLICY HOLDER for its members with RELIANCE LIFE INSURANCE COMPANY LIMITED under a Master Policy.

I/We furnish here below the details of first applicant as required:

1. NAME [IN CAPITALS]:._____

2. ADDRESS:

TELEPHONE NO. OFFICE/BUSINESS:

RESIDENCE:

E MAIL ID:

3. SEX MALE / FEMALE

4. DATE OF BIRTH: [] [] []
DATE MONTH YEAR

5. NATURE OF AGE PROOF:

6. FATHER'S/HUSBAND'S NAME:SHRI_____

7. ACCOUNT NUMBER:

8. ACCOUNT PARTICULARS:

MONTHLY INSTALMENT:

TERM : [MONTHS]

MATURITY VALUE: Rs.

9. PREMIUM AMOUNT: Rs.

10. PARTICULARS OF OTHER ACCOUNTS HELD UNDER THIS SCHEME:

A/C NO. MONTHLY INSTALMENT TERM MATURITY VALUE MEMBERSHIP CERT. NO.

1.

2.

3.

4.

5.

I/WE FULLY UNDERSTAND THAT ADMISSION TO THIS SCHEME AND COMMENCEMENT OF THE COVERAGE OF RISK WILL BE ONLY UPON ACCEPTANCE BY RELIANCE LIFE INSURANCE COMPANY LIMITED (RELIANCE), BASED ON THE INFORMATIONS I HAVE FURNISHED IN THE DECLARATION OF GOOD HEALTH AND MEDICAL/SPECIAL MEDICAL REPORTS SUBMITTED IN THIS REGARD.

I/WE HEREBY AGREE THAT I/WE HAVE FURNISHED COMPLETE DETAILS OF ALL THE ACCOUNTS HELD BY ME/US UNDER THIS SCHEME IN ANY OF THE BRANCH OFFICES OF TAMILNAD MERCANTILE BANK LIMITED (TMB) AND I/WE AM/ARE AWARE THAT THE LIFE COVER UNDER THIS SCHEME SHALL BE RESTRICTED TO A MAXIMUM OF RS.10,00,000/- [RUPEES TEN LAKHS ONLY] ON MY LIFE, ON SINGLE/OR/ALL ACCOUNTS PUT TOGETHER.

I/WE HEREBY AGREE TO ABIDE BY THE VARIANCE IN TERMS OF INSURANCE SCHEME/ WITHDRAWAL OF THE SCHEME IN FUTURE, IF ANY, MADE BY THE TAMILNAD MERCANTILE BANK LIMITED CONSEQUENTIAL TO VARIANCE OR MODIFICATION OF TERMS OF CONTRACT BETWEEN TAMILNAD MERCANTILE BANK LIMITED AND M/S.RELIANCE LIFE INSURANCE COMPANY LIMITED AND AGREE THAT THE DECISION OF THE INSURER IS FINAL IN THE MATTERS PERTAINING TO ADMISSION OF LIABILITY AND TMB WILL NOT BE IN ANY WAY LIABLE FOR THE SAME.

I/WE HEREBY AUTHORISE TAMILNAD MERCANTILE BANK LIMITED, _____ BRANCH, TO PAY A SUM OF RS. _____ [RUPEES _____ ONLY] ANNUALLY FROM THE INTEREST ACCRUED / TO BE ACCRUED IN THE SRD ACCOUNT NO. _____ OVER THE PERIOD OF THE ACCOUNT.

FURTHER, I/WE HEREBY AUTHORISE YOU TO DEBIT MY/OUR ABOVE ACCOUNT NO. _____ WITH THE APPROPRIATE ANNUAL PREMIUM AS GIVEN ABOVE OR AS REVISED BY THE INSURANCE COMPANY FROM TIME TO TIME AND AT ALL TIMES. IN SUCH EVENT, I/WE HEREBY AGREE TO RECEIVE THE MATURITY VALUE OF THE DEPOSIT ACCOUNT AFTER ADJUSTING THE DIFFERENCE IN PREMIUM.

I/WE HEREBY AGREE THAT MY MEMBERSHIP IN THE SCHEME WILL REMAIN IN FORCE AS LONG AS ALL PREMIUM DUES ARE PAID AND UNTIL I/WE CONTINUE TO HOLD THE RECURRING DEPOSIT ACCOUNT LIVE UNDER THIS SCHEME AND UNTIL I HAVE ATTAINED THE AGE OF 58 [FIFTY EIGHT] YEARS.

I/WE AGREE THAT IN CASE I/WE CLOSE MY/OUR ACCOUNT WITH TAMILNAD MERCANTILE BANK LIMITED OR DO NOT CONTINUE THE RECURRING DEPOSIT ACCOUNT ALIVE, I/WE WILL CEASE TO BE MEMBER OF THE GROUP TERM INSURANCE SCHEME IMMEDIATELY.

I/WE HEREBY AGREE THAT IF FOR ANY REASON WHATSOEVER IF THE PREMIUM IS NOT RECOVERED AND PAID BY TAMILNAD MERCANTILE BANK LIMITED OR ITS BRANCH OFFICE TO THE INSURER, NO LIABILITY WILL BE ATTACHED TO THE TAMILNAD MERCANTILE BANK LIMITED.

FURTHER, IF THE PREMIUM IS NOT RECOVERED AND PAID BY THE TAMILNAD MERCANTILE BANK LIMITED FOR ANY REASON WHATSOEVER TO THE INSURER NO LIABILITY WILL ATTACH TO THE INSURER, VIZ., RELIANCE LIFE INSURANCE COMPANY LIMITED AND NO CLAIM WILL BE PAYABLE IN SUCH AN INSTANCE.

I/WE HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE GROUP TERM INSURANCE POLICY.

I/WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE SCHEME AS DETAILED IN THE SALIENT FEATURES, CERTIFICATE OF INSURANCE AND THE SRD PASS BOOK.

STATION:

DATE :

SIGNATURE OF THE ACCOUNT HOLDER

INTRODUCTION DETAILS

Introduction by the Name
existing TMB Customer:

Customer ID Account No.

I confirm that I am an account holder with Tamilnad Mercantile Bank Ltd for over 6 months. I confirm that I personally know the applicant/s detailed herein for more than 6 months and confirm his/ her identity and address.

Signature of Introducer _____

DECLARATION

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE IN ALL RESPECTS AND THAT I AGREE AND DECLARE THAT THE ABOVE INFORMATION ALONG WITH THE INFORMATIONS FURNISHED IN THE DECLARATION OF GOOD HEALTH SHALL FORM THE BASIS OF ADMISSION TO THE ABOVE GROUP TERM INSURANCE SCHEME AND THAT IF ANY INFORMATION IS FOUND TO BE UNTRUE, AND/OR IF ANY MATERIAL INFORMATION IS WITH HELD BY ME , MY MEMBERSHIP TO THE GROUP TERM INSURANCE SCHEME SHALL BE TREATED AS CANCELLED FROM THE DATE OF ADMISSION INTO THE SCHEME AND ALL PREMIUMS PAID IN RESPECT THEREOF SHALL STAND FORFEITED.

DATE:

PLACE:

[SIGNATURE OR LEFT HAND THUMB IMPRESSION
OF THE FIRST ACCOUNT HOLDER]

NAME: _____

SIGNATURE VERIFIED: _____

NAME OF THE VERIFYING OFFICIAL: _____

DESIGNATION:

STAFF NO:

CERTIFICATE

[IN CASE OF VERNACULAR SIGNATURE OR LEFT HAND THUMB IMPRESSION]

I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE FORM. I/WE CERTIFY THAT THE CONTENTS OF THIS FORM HAVE BEEN FULLY EXPLAINED TO ME/US AND I/WE HAVE UNDERSTOOD THE SIGNIFICANCE OF THE CONTRACT.

DATE:

PLACE:

[SIGNATURE OR LEFT HAND THUMB
IMPRESSION OF THE ACCOUNT HOLDERS]

Declaration & Attestation by The Branch Official:

I hereby declare that I have explained the contents of this form & Scheme to the account holder(s) / member(s) in(vernacular language) who affixed his/their signature / Left Hand Thumb Impression after understanding the contents.

Date :

Place :

Signature of Branch Official

SRD Account No.:

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Nomination:

Ihereby nominate the following person to whom in the event of my death the amount of cumulative deposit proceeds / assured insurance amount, may be returned by you to :

Name of the Nominee	Address of the Nominee	Relationship with Depositor	Age	If the nominee is a minor, his/ her date of Birth



*As the nominee is a minor on this date, I appoint Sri/Smt/Kum (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my / minor's death during the minority of the nominee.
 (* - Strike out if nominee is not a minor)

Place :

Date :

Name(s), Signature(s) and Address (es)
 of witnesses

Signature/ Left Hand Thumb
 Impression of the first named
 depositor.

1. 2.

NOC from Joint A/c. holders

I/We..... holding A/c. No..... jointly with Sri / Smt..... have no objection to he/she joining the Group Insurance Scheme mentioned above and further that the proceeds of the claim be paid to his / her nominee / legal heir. I / We hereby authorize Tamilnad Mercantile Bank Ltd. to debit the premium paid to Reliance Life Insurance Company Ltd., the insurer to our joint SRD account. I/We hereby give consent to the Bank to close the SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.

Signature
 Name :

Signature
 Name :

Signature
 Name :

DECLARATION FOR HUF

We hereby declare that we are the only members of the HUF called We..... and..... all the members of the said Hindu Undivided Family hereby authorize TAMILNAD MERCANTILE BANK LIMITED,..... BRANCH to insure through Reliance, the life of Mr./Mrsone of the HUF members among us subject to the terms and conditions of the SRD scheme and we have no objection to the proceeds of the claim paid to his / her nominee / legal heir. We hereby give consent to the Bank to close the SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.



- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

(Members of HUF)

DECLARATION FOR PROPRIETARY CONCERN

I.....holding account no.....in the name of M/s.....a proprietary concern hereby declare that nobody except me has any interest in the above concern as sole proprietor/proprietrix.

Signature of Sole proprietor/proprietrix

NOC FROM PARTNERSHIP FIRM

We,.....andholding a/c. no.....in the name of the Partnership firm M/s..... are the only partners and we hereby authorize TAMILNAD MERCANTILE BANK LIMITED,BRANCH to insure through Reliance, the life of Mr./Mrs.aged.....years, one of the partners among us subject to the terms and conditions of the Siranjeevee Recurring Deposit Scheme and we have no objection to the proceeds of the claim paid to his / her nominee / legal heir. I/We hereby give consent to the Bank to close the SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

As partners of M/s.....

STANDING INSTRUCTION LETTER

Ref: My / Our SIRANJEEVEE Recurring Deposit

SRD Account No:

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I/We hereby authorize Tamilnad Mercantile Bank Ltd. to debit my/our Current Account / Savings Bank Account No. _____ maintained with you, with the sum of Rs. _____ every month and to transfer the amount towards the credit of the monthly instalments payable to my/our SRD Account No. specified above.

This letter of authority is valid till the maturity of my/our above SIRANJEEVEE Recurring Deposit Account.

Further, I/We hereby undertake to maintain the required balance and minimum balance to enable you to carry out the above standing instruction.

Thanking you,

Place:
Date :

Yours faithfully,

Signature of the Account holder

DECLARATION OF GOOD HEALTH

SRD Account No.:

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Please tick the appropriate box for your own circumstances:

I have not suffered from any disease of the Heart, Blood, Lungs, Kidney or Liver. I do not suffer from Hypertension, Raised Cholesterol, Arthritis, Digestive System, HIV, Tuberculosis, Cancer or Tumor, Chest Pain, Stroke or Paralysis, Epilepsy, Depression, nervous or mental disorders or similar ailments. I have not undergone any major surgery or hospitalization of more than one week in the past year with symptoms related to any of the above ailments, or any other disease or accident, or

I have not suffered / do not suffer from any disease listed above except (provide details)



.....

I confirm that the declaration given above is true and correct and I have not withheld any material fact which is in my knowledge.* I am aware that this declaration will be used by Reliance to assess whether to provide me the Insurance cover to the extent of my Siranjeevee Recurring Deposit maturity amount, and I agree to undertake any medical examination that Reliance may request (at its cost) concerning my health and I authorize any person or institution that has information about my insurability, including any insurer, doctor or hospital, to provide such information to Reliance.

Dated aton

Name : Date of Birth :
 Address :

Signature :

*(If you do not tell us what we need to know to make our decision, we may be able to treat this insurance as if it never existed in accordance with Section 45 of the Insurance Act 1938.)

SECTION 45 OF THE INSURANCE ACT, 1938 STATES

* No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

* Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.





Estd. 1921

TAMILNAD MERCANTILE BANK LIMITED
SIRANJEEVEE RECURRING DEPOSIT SCHEME
GROUP TERM INSURANCE CERTIFICATE

SRD Account No.:

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TMB REGION CODE _____ **BRANCH CODE** _____

This is to certify that Shri/Smt/Kum_____ has been admitted as a member under the Master Policy No. _____ issued to TAMILNAD MERCANTILE BANK LIMITED by RELIANCE LIFE INSURANCE CO. LTD.

The benefit payable under this policy shall be equal to the sum insured in respect of death by natural causes and twice the sum insured in respect of death due to accident. The insurance cover starts from the date of admission to the scheme in respect of death due to accident and after 30 days in respect of death due to other causes.

- a. SUM INSURED:
- b. COVERAGE PERIOD : FROM _____ TO _____
- c. PREMIUM AMOUNT : Rs.
- d. PREMIUM PAYMENT FREQUENCY:
ANNUAL / PRORATA (IN ADVANCE)

DETAILS OF MEMBER:

- NAME:
- DATE OF BIRTH: / / / / / / /
AGE:_____Years
DATE MONTH YEAR
- SEX:
- ADDRESS:

- TELEPHONE NO.

TMB OFFICE
ADDRESS

Signature of TMB Official

DATE:

DESIGNATION:

[Managers/Administrators to the scheme: FIRST INSURANCE WORLD BROKING SERVICES PVT. LTD. Plot no. 268, IInd Street, Mogapair Eri Scheme, CHENNAI - 600 037]

GOVERNED BY THE TERMS AND CONDITIONS PRINTED IN THE BOOKLET

In association with

RELIANCE Life Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

Insurance is the subject matter of solicitation

SALIENT FEATURES OF GROUP INSURANCE SCHEME SIRANJEEVEE RECURRING DEPOSIT

Tamilnad Mercantile Bank Ltd. (TMB) has entered into an agreement with Reliance Life Insurance Company Ltd. (Reliance) for providing Group Insurance cover to the members of SIRANJEEVEE Recurring Deposit (SRD) Scheme.

TMB will act as Master Policy Holder for and on behalf of the members in all matters relating to the scheme.

- Ø **Eligibility:** This scheme is open to all SRD account holders of TMB in the age group of above 18 to below 58 years with a minimum deposit of Rs.100/- per month and multiplier of Rs.100/- there after with a minimum term of 3 years and maximum term of 7 years.
- Ø **Benefits:** Optees under the scheme are eligible for an Insurance Cover (Sum Insured) rounded off to higher rupees thousand of the net Maturity Value of the SRD Account subject to a maximum of Rs.10 lacs.
- Ø **Premium:** Premium will be paid by the TMB to Reliance
- Ø **Evidence of Good Health:** A self declaration of Good Health. (In case of adverse information on health medical examination may be called for by Reliance at its cost.)
- Ø **Proof of Age:** Simple documentary proof of age of applicant is sufficient.

TERMS & CONDITIONS:

- Ø The Sum Insured is payable on death of optee member.
- Ø Insurance cover is available to the optee member provided premium has been paid by TMB in respect of the member every year to Reliance.
- Ø No claim is payable for deaths occurring within 30 days of member joining the scheme except for deaths due to accident.
- Ø On death of the member, the claim amount is payable to the nominee as given by the optee member in the consent letter or as certified by the Bank.
- Ø Requirements for Claim Settlement:
 - a) Original Death Certificate.
 - b) Claim Form certifying account particulars and nominee details duly signed by an authorized signatory of TMB.
- Ø On death due to accident, in addition to the above – a) FIR b) Hospital Reports, wherever necessary c) Post mortem and inquest report.
- Ø On death of the member, intimation is to be given to TMB through the branch where the member has joined the scheme along with the Original Death Certificate within six months.
- Ø TMB undertakes to prefer (lodge) the claim with Reliance. If the claim is admitted by Reliance, TMB will collect the claim amount from Reliance for payment to the nominee / legal heir.
- Ø In all matters of admission of claim, the decision of Reliance will be final. TMB will not be liable for admission of claim.

- Ø In case a person holds more than one account in the same branch / any other branch of TMB, he / she can opt to be a member of the scheme only to the maximum of Rs.10 lakhs per person to get life insurance cover.
- Ø In case of joint account holders, cover will be extended only to one accountholder preferably the first named person throughout the entire cover period. In case of partnership/HUF life insurance cover will be provided to one among them authorized by all the members.
- Ø To enroll as a member of the scheme, the attached membership application form and consent letter are to be completed and signed.
- Ø The consent letter includes a Declaration that the Account Holder is in good health and is not suffering from critical illness or condition that requires medical treatment for a critical illness.
- Ø In case of adverse features, in the Declaration of Good Health, medical examination will be required and the cost of medical examination will be borne by the insured, i.e. Reliance.
- Ø In case of dispute in the date of birth the onus of proving the correctness of the same will rest on the member / claimant.
- Ø No individual policy will be issued. A suitable membership certificate will be given by TMB.
- Ø The scheme will be operational from 23rd March, 2005 and renewed thereafter on every 23rd March. For members joining the scheme after 23rd March, 2005, proportionate premium will be charged up to the 23rd March of the following year.
- Ø Once the member ceases to be an accountholder of the Bank, he ceases to be a member under this scheme and non payment of premium will result in discontinuation of insurance cover.
- Ø The option once exercised is final.
- Ø Reliance reserves the right to change, modify or amend the rules of the scheme in consultation with TMB.
- Ø Reliance will not entertain any direct correspondence from Member / Beneficiary under the scheme.
- Ø Disputes will be entertained only under the jurisdiction of the respective courts where the authorized branch of TMB exists.



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Visit us at : www.tmb.in
Toll Free No. 180 0425 0426