

Declaration for Insurance & Good health

Date

The Head of Branch
NRB Bank Limited.

Subject: Group Life Insurance Coverage with Secured DPS

Dear Sir/Madam,

I am a Secured DPS Accountholder of your Bank Ref. A/C No.I would like to sign up for the Depositors Group Life Insurance Coverage arranged by you on this Secured DPS, from American Life Insurance Company, Bangladesh at a Special Group Rate.

I hereby declare that I am aged between 18 and 60 years and want to get enrolled into the Secured DPS, which is offered by NRB Bank Ltd. as a special product feature. I understand that the Insurance Benefit will be the Balance between the Maturity Value and Account Value of Secured DPS Account in case of my Death before Maturity up to a max of BDT 10,00,000 in aggregate among all Secured DPS held by me during the coverage period.

I also declare and certify that I am in good health, do not intend to undergo any medical investigation, treatment or surgical operation, and I am free from any physical or mental infirmity. I am currently not receiving any treatment, have not been treated or told to have any treatment for Cancer, AIDS, Kidney, Liver or Lung Disorder, Brain Diseases, Heart or Blood Diseases and at present I am not totally or partially disabled to work due to sickness or an accident and I do not have any physical impairment.

Based on the Exclusion Conditions like Pre-Existing Illness/Disability, AIDS, Suicide, Assault or Murder, participation in War or War like activity etc. and Age Eligibility, I believe I am eligible for this Insurance Coverage.

I also hereby declare that according to my knowledge and belief, all the above statements are true and that I have not withheld any relevant information. I agree that this declaration shall be the basis of this insurance.

I understand and agree that failure to disclose facts that affect the assessment of risk by the Insurance Company would invalidate the coverage.

I hereby authorise any doctor, hospital, clinic or medical provider, insurance company or any other company, institution or any other person who has any record or information about me to provide the insurer with the complete information, including copies of their records with reference to any sickness or accident any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be valid as the original copy. I hereby understand and agree that my Insurance Coverage shall be, at all times, subject to the terms and conditions of the Master Policy issued by the Insurer to NRB Bank Ltd.

Accordingly, I hereby agree to pay the Insurance-related **Charges along with the Monthly Deposit/Installment** against the Secured DPS provided that I am Eligible for Insurance coverage (if I am NOT, I understand that I do not have to enroll and pay the Insurance Charges.)

Yours sincerely,

1. (Signature) _____

(NAME) _____

Account Number: _____

Name of Insured: _____

