

**Nomination Form DA1**

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I(name) \_\_\_\_\_ (address) \_\_\_\_\_

nominate the following person to whom in the event of my death the amount of deposit in the Annuity Card account payable to me for using the Annuity Card, maybe returned by UTI Bank Ltd.

**NOMINEE (Only one individual nominee permitted)**

Name & Address	Relationship with depositor, if any	Age	If nominee is a minor, his/her date of birth

\* As the nominee is a minor on this date, I appoint (name) \_\_\_\_\_  
 (Address) \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my death during the minority of the nominee.

Signature of witness \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

\*\* Signature of depositor \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

Strike out if nominee is not a minor

\*\* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**COMPREHENSIVE DECLARATION FOR ANNUITY CARD**

I have read and understood the account rules of the bank and agree to abide by the same.

I have read and understood the terms and conditions relating to various services I have **specifically requested above**, from UTI Bank Ltd. I accept and agree to be bound by the said terms and conditions, including those limiting/excluding the bank's liability. I understand that the bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the bank may debit my account for service charges as applicable from time to time. I confirm that I am a resident of India. I confirm that I am the sole accountholder or have the required mandate to operate all the respective accounts linked to these services and that I have completed 18 years of age.

**ANNUITY CARD:** I undertake that the usage of the Annuity Card will be in accordance with the Exchange Control Regulation and in the event of any failure, I will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India. I accept full responsibility for my Annuity Card and agree not to make any claims against UTI Bank, in respect thereto.

**Signature of Beneficiary**

**CERTIFICATION BY LIFE INSURANCE CORPORATION OF INDIA**

We hereby confirm that the particulars provided in this form by our Policy Holder are correct and we request UTI Bank to issue the Annuity Card for our Annuity customer.



**Company Seal and Signature  
of Designated Signatory**

**FOR BRANCH USE ONLY**

I hereby declare that this application form is complete in all respects and relevant documents have been obtained. The account may please be set up in Finacle.

Signature of Verifying Authority \_\_\_\_\_ S.S.Code \_\_\_\_\_