

CONVERSION FORM

Customer undertaking for converting existing Savings Account to Senior Citizen Account (PC157)

(If existing Savings A/c is Savings Max, then use Savings Max Downgrade Form)

"I / We wish to convert my/our existing _____ saving account with a/c no. _____ with the requirement of AMB (Average Monthly Balance) / AQB (Average Quarterly Balance) of Rs. _____ to **Senior Citizen Saving Account** with Average **Monthly Balance (AMB)** requirement of **Rs.5,000/-**.

I / We agree that after conversion of my existing saving account into **Senior Citizen saving account**, all current existing benefits of my account will be withdrawn and I / We will receive the features & benefits of Senior Citizen Saving Account only.

I/We have also understood that

- 1) Non maintenance of AMB for Senior Citizen Saving Account will attract the following charges

AMB Slabs (in Rs.)	Service Charges applicable in case of Non-maintenance of AMB (Tax extra as applicable)
>=2,500 to < 5,000	Rs. 150/-*
0 to < 2,500	Rs. 300/-*

**All fees and charges, mentioned in the Tariff of charges, will attract Tax as applicable from time to time.*

- 2) I/We are required to maintain an Average Monthly Balance of Rs. 5,000/- for which the Bank would provide the following features:

- Lifetime Free **Rewards Debit Card** (Free for the 1st applicant)
- **Insurance Cover Benefits on the Debit Card** (for the 1st applicant only)
 - Accidental Hospitalisation Cover of Rs.50,000/-* p.a. on the Debit Card
 - Accidental Hospital Cash payable once a year @ Rs.500/- per day* for a maximum of 15 days per year
 - The claim will be valid only if at least 1 purchase transaction is performed at a Merchant Establishment using the Debit Card in the previous 6 months before the accident
 - Claim Procedure: - In the event of accidental hospitalisation of the cardholder, the claimant/claimant's representative to approach the account branch, and the branch would guide the customer on the documents required. On the receipt of these documents by the branch, as a special gesture for our debit cardholders, HDFC Bank would liaise with the insurance company for processing the claim. However receipt of documents by the branch does not construe acceptance of claim. In the event of accidental hospitalisation, the claimant has to inform the account branch immediately. As per policy the insurance company needs to be informed (through the bank) within 30 days of the accident.
- Free 25 cheque leaves per financial year. Additional chequebook of 25 leaves will be charged @ Rs 75/- per chequebook (plus taxes)
- Free Passbook issuance for all account holders
- Free Monthly E-Statements / Passbook facility available
- Third party transactions at Home and Non Home branch allowed only up to Rs.25,000/- (free for Senior Citizens)
- Free NetBanking, PhoneBanking, MobileBanking & InstaAlerts
- Special senior citizen rates for FDs

- 3) Facilities like Address Change, Phone Banking, Net Banking, InstaAlerts, Email Statement Registration, Debit Card Upgrade/Downgrade, Money Maximizer will have to be separately requested through e-Age Banking Form.
- 4) Customer notice for AMB non-maintenance will be sent during the end of the month in which AMB is not maintained. If in the subsequent month also, AMB is not maintained, then AMB non-maintenance charges for **both months** will be debited from my account. However, if in the subsequent month, AMB is maintained, then no AMB non-maintenance charges will be debited.
- 5) Other transaction charges for Branch Services, NetBanking, PhoneBanking & ATM are detailed in the schedule of charges.
- 6) I / We authorize the Bank to disclose, from time to time any information relating to my savings account to any parent/subsidiary, affiliate and associate of HDFC Bank, and to third parties engaged by the Bank, for purposes as detailed in the Terms & Conditions Booklet.
- 7) I / We confirm that I / we am/are in possession of and have read the Terms & Conditions Booklet, which details the rules governing account operations and the Schedule of Service Charges, which specifies the charges applicable for the account and related services.



CUSTOMERS DETAILS:-

I hereby declare that I am the primary account holder and a Senior Citizen with age _____ years as on present date (Age proof enclosed).

DoB Of Senior Citizen customer

d	d	/	m	m	/	y	y	y	y
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Attached is the copy of

Driving License
 Passport
 Ration Card
 Election ID Card
 Others (_____)

Note: If no age proof is attached, the customer will not be marked senior citizen and he/she will not be eligible for the benefits of the senior citizen account.

I confirm that my existing saving account is being converted to **Senior Citizen Saving Account** as per information given by bank officer Mr. / Ms. _____ and I have signed in his/her presence.

CUSTOMER(S)' NAME & SIGNATURE:-

_____ *Name of 1st Applicant*
 _____ *Name of 2nd Applicant*
 _____ *Name of 3rd Applicant*

_____ *Signature of 1st Applicant*
 _____ *Signature of 2nd Applicant*
 _____ *Signature of 3rd Applicant*

BANK OFFICIAL DECLARATION (FOR BRANCH USE)

I _____ employee code number _____ working as an employee of HDFC Bank confirm that I have personally met Mr. / Ms. _____. I also confirm that the customer has completed all conversion formalities / documentation in my presence.

Bank officer Signature: _____

Date: _____

Branch code: _____

Place: _____