

Health and Disaster Savings

ACCOUNT APPLICATION FORM

O.R. Number

A. Application

I, the undersigned, herein referred to as "Depositor", whose name, personal data, and other information are as inscribed in the schedule below, written by me or under my direction, hereby apply for **OIC Health and Disaster Savings**, herein referred to as "Health and Disaster Savings", of Oro Integrated Cooperative (OIC) herein referred to as the "Cooperative".

I acknowledge that the terms of the plan are set out below and in the corresponding Health and Disaster Savings Specifications. I have received, read, and agreed to the terms therein.

I certify the information set out below is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan.

B. Depositor Information

First Name						Middle	Name					Las	t Name)						Suffix	(
Date of	Mon	ith	Day	Year	-			Gender	M	F	Tax Id	lentification Number									
Birth														-				-			
Present Addi	ress																				

C. Health and Disaster Savings Specifications

Periodic Deposit in Pesos	Deposit Term					
PhP	☐ Annual	□ Semi-annual	Quarterly	☐ Monthly	□ Semi-monthly	□ Weekly

D. TERMS & CONDITIONS

- 1. Deposit minimum P500 per month or P6,000 per year maximum P2,500 per month or P30,000 per year for a minimum of 5 years.
- 2. Health & Disaster Savings earns 5% interest per annum, compounded quarterly.
- 3. Withdrawal is permitted in case of a Fire, Earthquake, Volcanic Eruption, Typhoon, Flood or Medical Care of an immediate family member.
- 4. Minimum amount of withdrawal is P1,000.

TO BE FILLED OUT BY OIC PERSONNEL
Health and Disaster Savings Account Number

- 5. If savings deposit exceeds P 5000, free insurance will be provided by OIC. Insurance Plan:
 - a. P6,500 for total damage to residential property on account of natural calamity (Earthquake, Volcanic Eruption, Typhoon, Floods)
 - b. P500 towards medical reimbursement because of the peril.
 - c. There will be a single coverage of insurance per event per property insured.
- 6. If the depositor does not deposit minimum P 6,000 per year (in the first 5 years) the account balance will be transferred to a regular savings account and will be subject to a pre termination penalty.
- 7. Withdrawals due to non-emergency i.e. towards non health/ disaster, will be subject to a pre termination penalty.
- 8. Minimum balance of P500 required for Health & Disaster Savings account to continue.
- 9. Depositor can withdraw total interest accumulated after completion of 5 years.
- 10. Pre termination Penalty: 3% * Account Balance * (No of days account active/ 365)

and conditions sectional in the policy of old fleaturand bisaster daving	gs without any reservations, upon approval of my application.
Signed this day of,, at	
DEPOSITOR SIGNATURE OVER PRINTED NAME	SIGNATURE OF AUTHORIZED PERSONNE
DATE SIGNED	DATE SIGNED

Date Opened

Initial Deposit