ORO INTEGRATED COOPERATIVE
Since 1966
www.orointegratedcoop.com

SAFE Plus

ACCOUNT APPLICATION FORM

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 Savings Annuity for Future Education Plus Agreement**, herein referred to as "SAFE Plus", of Oro Integrated Cooperative (OIC) herein referred to as the "Cooperative".

I acknowledge that the terms of the SAFE Plus are set out below and in the corresponding Safe Plus 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 SAFE Plus account.

B. Depositor Information

First Name	Middle Name	Last Name	Suffix

Date of Birth	Month	Day	Year	Gender	M F	Tax Identification Number
						- -

Present Address

**Upon applying for SAFE Plus, depositor should be below 55 years old.*

C. Nominee Information

SAFE Plus can only have one (1) nominee, it can be depositor's child, grandchild, niece or nephew whose age of the nominee is from zero (0) to twelve (12) years of age.

IT IS ESSENTIAL THAT THE NOMINEE'S NAME AND OTHER DATA RECORDED BELOW ARE EXACTLY AS THEY APPEAR ON THE NOMINEE'S CERTIFICATE OF LIVE BIRTH. ALL OTHER INFORMATION REQUESTED BELOW MUST BE COMPLETE AND ACCURATE. ERRORS OR OMISSIONS RELATING TO NOMINEE INFORMATION WILL PREVENT OIC FROM AWARDING THE SAFE PLUS TO THE SUPPOSED NOMINEE.

Please provide a photocopy of psa-authenticated birth certificate for each nominee.

Nominee *(Name **must** be exactly as appears on Certificate of Live Birth)*

First Name	Middle Name	Last Name	Suffix

Date of Birth	Month	Day	Year	Age	Gender	M F	Depositor's Relationship to Nominee
							☐ Child ☐ Grandchild ☐ Niece ☐ Nephew

Custodial Parent / Guardian Name (if not Subscriber)	Home Address

D. SAFE Plus Specifications

Deposit Term	Waiting Term	Periodic Deposit in Pesos	Deposit Term
____ years	____ years	PhP	☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly ☐ Semi-monthly ☐ Weekly

Deposit Term - 17years – Age of nominee OR 10 years, whichever is lower.
Waiting Term - 17years – Deposit Term + Age of Nominee

E. TERMS & CONDITIONS

1. SAFE Plus Savings earns 6% interest per annum, compounded quarterly.
2. Withdrawal is only permitted when child reaches 17 years of age or starts college
3. In case of death of the depositor, total accumulated deposit is matched, up to a maximum of P250,000; through insurance during the deposit period.
4. Withdrawal prior to nominee before reaching 17 years of age or starting college will be subject to a pre-termination penalty including recovery of the premium paid by OIC for free insurance for the current year.

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5. If the depositor does not deposit minimum P6,000 per year the account balance will be transferred to a regular savings account and will be subject to a pre-termination penalty.
6. The purpose of this savings account is to fund the education of the nominee and will not form part of the estate of the depositor.
7. In the event of demise of the depositor, he/she agrees to assign the accumulated balance and insurance amount (if any) of this savings account to the nominee.
8. Pre-termination Penalty:

Termination Date – Enrollment Date	Penalty Interest	Computation of Pre-termination Penalty
0 - 1yr.	100% Interest earned will be forfeited	
1yr. - 2yrs.	3%	*Accumulated Balance * Penalty Interest * (No of days since account open/365)*
2yrs. - 3 yrs.	2.5%	
3yrs. – waiting period	2%	

9. **The depositor agrees that the payment of benefits in case of Death will be made payable to Oro Integrated Cooperative provided that it will be put to the savings and can be withdrawn by the above stated nominee.**

I agree and authorize OIC to transfer the accumulated savings balance and insurance amount (if any) to the nominee on reaching legal age.

I HEREBY DECLARE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I promise to abide to the terms and conditions set forth in the policy of OIC Safe Plus without any reservations, upon approval of my application.

Signed this ____ day of _____, _____ at _____.

DEPOSITOR SIGNATURE OVER PRINTED NAME
DATE SIGNED _____

SIGNATURE OF AUTHORIZED PERSONNEL
DATE SIGNED _____

TO BE FILLED OUT BY OIC PERSONNEL

SAFE Plus Account Number	Initial Deposit	Date Opened	O.R. Number