

**LETTER OF INDEMNITY
(FAMILY PENSION)**

To,
The Branch Manager,
State Bank of India,

This indemnity executed at _____ this _____ 20____ by
Shri/Smt. _____ wife of/son of/daughter of late Shri
_____ bind myself in favour of State Bank of India, a banking
company established under the State Bank of India Act, 1955 and having its Central Office at
Mumbai (hereinafter referred to as "the Bank" which term shall unless repugnant to the context,
include its successors and assigns) for any loss caused to the Bank for any wrong, excess or
overpayment of family pension (which term shall include any relief thereon), made to me/credited
to my account.

2. And whereas the Bank has on behalf of the Trustees of the Imperial Bank of India Employee's
Pension & Guaranteed fund/State Bank of India Employees' Pension Fund has agreed to pay and is
paying the family pension due to me by credit to my savings bank account at
_____ Branch of the Bank.

3. And whereas in terms of the Family Pension Scheme formulated by the Bank I am required to
open a special Savings Bank account (in single name) in which except family pension amount, no
other credit would be permissible.

4. Now this indemnity witnesseth that in pursuance of this agreement I do hereby covenant with
and undertake to the Bank to refund on demand (such demand being conclusive) and without
demur and without prejudice to the Bank's rights of set off or lien any wrong, excess or
overpayment made to me by way of credit to my above account on account of notice of my death
or/change in any other status of myself rendering me ineligible for family pension is not brought to
the notice of the Bank immediately or received by the Bank after considerable period or for any
other reason and agree that the Bank is entitled to recover the said amount by debit to my account.

5. That the Bank shall be entitled to furnish to the Trustees of the said Pension Fund or any
authority of the Bank, such information relating to the account, family pension or my other funds
and dealings as may be called for by such trustees or the Bank from time to time.

I hereby agree that the Bank is entitled to exercise even without a prior notice the right of set off on
account of any wrong, excess or over-payment made to my account against the balance standing to
my credit in the account and/or in any other account in my name and/or any other funds/securities
held or come to be held on my behalf of the Bank.

In witness whereof I have hereunto subscribed my name at _____ on the
_____ day of _____

WITNESS

BRANCH MANAGER

_____ **BRANCH**

(SIGNATURE)

P.F. Index No. _____